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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                                             |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                      |
| 1a      | Name of plan<br>MERIT MEDICAL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN                                                                                                                                                                                                                                                                      |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                          |
| 1c      | Effective date of plan<br>01/01/1991                                                                                                                                                                                                                                                                                                        |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>MERIT MEDICAL SYSTEMS, INC.<br><br>1600 WEST MERIT PARKWAY<br>SOUTH JORDAN, UT 84095 |
| 2b      | Employer Identification Number (EIN)<br>87-0447695                                                                                                                                                                                                                                                                                          |
| 2c      | Plan Sponsor's telephone number<br>801-253-1600                                                                                                                                                                                                                                                                                             |
| 2d      | Business code (see instructions)<br>339110                                                                                                                                                                                                                                                                                                  |

**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. | 07/16/2026 | MICHAEL BALLE                                                |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 3834                                                                                                                                                                                                                                                   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 3324<br><b>6a(2)</b> 3237<br><b>6b</b> 10<br><b>6c</b> 639<br><b>6d</b> 3886<br><b>6e</b> 6<br><b>6f</b> 3892<br><b>6g(1)</b> 2251<br><b>6g(2)</b> 2451<br><b>6h</b> 101 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                                                                                                                                                                                                                        |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2T 3F 2E 3H 2F 2G 2J 2K 3D 2R

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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**11c** Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

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|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                                      |
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| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2025                                                 |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection.              |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                                   |                                                                                                                                                                                                                             |                                                      |
| A Name of plan<br>MERIT MEDICAL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN                                                                                                                                                                     |                                                                                                                                                                                                                             | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MERIT MEDICAL SYSTEMS, INC.                                                                                                                                                        |                                                                                                                                                                                                                             | D Employer Identification Number (EIN)<br>87-0447695 |

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64<br>65 71      | RECORDKEEPER                                                                                      | 104054                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

SOLTIS INVESTMENT ADVISORS, INC.

27-3188744

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | INVESTMENT ADVISOR                                                                                | 100783                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)     | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                          | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ARTISAN MID CAP INV - SS&C GLOBAL                                   | 2000 CROWN COLONY DRIVE<br>QUINCY, MA 02169 | 0.40%                                                                                                                                                              |
|                                                                     |                                             |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)     | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                          | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| COHEN & STEERS RLTY - SS&C GIDS, I                                  | 2000 CROWN COLONY DRIVE<br>QUINCY, MA 02169 | 0.40%                                                                                                                                                              |
|                                                                     |                                             |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)     | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                          | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DODGE & COX INCOME I - SS&C GIDS,                                   | 2000 CROWN COLONY DRIVE<br>QUINCY, MA 02169 | 0.08%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GP INTL OPP INV - ULTIMUS FUND SOL<br><br>31-1663251                                    | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| INVS GOLD SPL MIN A - INVESCO INVE<br>11 GREENWAY PLAZA, SUITE 100<br>HOUSTON, TX 77046 | 0.50%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MFS MID CAP VALUE R4 - MFS SERVICE<br><br>04-2865649                                    | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                         | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MORLEY SV 50 - I<br>1300 SW FIFTH AVENUE<br>PORTLAND, OR 97201                             | 0.25%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                    | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                         | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MTHW EM SMALL CO INV - BNY MELLON<br>500 ROSS STREET<br>15253-4426<br>PITTSBURGH, PA 53442 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                    | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                         | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| OAKMARK FUND INV - SS&C GIDS, INC<br>2000 CROWN COLONY DRIVE<br>QUINCY, MA 02169           | 0.35%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| OAKMARK INTL INV - SS&C GIDS, INC      2000 CROWN COLONY DRIVE<br>QUINCY, MA 02169 | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| TRP DIVERS MDCP GR - T. ROWE PRICE<br><br>52-2269240                               | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| TRP GLOBAL TECH - T. ROWE PRICE SE<br><br>52-2269240                               | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| TRP SPTM CNSRV INV - T. ROWE PRICE<br><br>52-2269240                | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| TRP SPTM MOD GR INV - T. ROWE PRIC<br><br>52-2269240                | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| TRP SPTM MOD INV - T. ROWE PRICE S<br><br>52-2269240                | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                   | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| WASATCH SMCP VAL INV - UMB FUND SE<br><br>39-1657495                                 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                              | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                   | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| WM BLAIR INTL GRTH N - SS&C GLOBAL      2000 CROWN COLONY DRIVE<br>QUINCY, MA 02169  | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                              | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                   | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| INVESCO VALUE OPPORTUNITIES CL Y      11 GREENWAY PLAZA STE 100<br>HOUSTON, TX 77046 | 0.10%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                          | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| INVESCO SMALL CAP VALUE CLASS Y 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                     | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                          | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GQG PARTNERS US QULTSELECT EQUITY 1 FREEDOM VALLEY DR OAKS, PA 19456        | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                     | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                          | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ALGER FOCUS EQUITY CL I 600 PLAZA ONE 6TH FL JERSITY CITY, NJ 07311         | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BARON FOCUSED GROWTH CLASS I<br>767 5TH AVE 49TH FL<br>NEW YORK, NY 10153              | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BARON HEALTH CARE FDRETAIL<br>767 5TH AVE 49TH FL<br>NEW YORK, NY 10153                | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DIAMOND HILL SELECT CLASS I<br>325 JOHN H MCCONNELL BLVD STE 200<br>COLUMBUS, OH 43215 | 0.10%                                                                                                                                                              |                                           |

**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<br>(see instructions)       | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FEDERATED HERMES MDT MID CAP GROWT                                  | 4000 ERICSSON DR<br>WARRENDALE, PA 15086-7515 | 0.15%                                                                                                                                                              |
|                                                                     |                                               |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)       | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| HARTFORD INTL VALUE FD CLASS I                                      | 100 MATSONFORD RD STE 300<br>RADNOR, PA 19087 | 0.15%                                                                                                                                                              |
|                                                                     |                                               |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)       | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| EP EMERGING MARKETS CLASS A                                         | LOTS 81 82 ST C STE 204<br>DORADO, PR 00646   | 0.08%                                                                                                                                                              |

**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<br>(see instructions)                 | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JPMORGAN GL BOND OPPORTUNITIES FUN                                  | 1111 POLARIS PARKWAY<br>COLUMBUS, OH 43240              | 0.40%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                         | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MATTHEWS ASIA DIVIDEND FUND                                         | 4 EMBARCADERO CENTER STE 550<br>SAN FRANCISCO, CA 94111 | 0.40%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                         | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MATTHEWS EMERGING MKTS EQUITY INVE                                  | 4 EMBARCADERO CENTER STE 550<br>SAN FRANCISCO, CA 94111 | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| NEEDHAM AGGRESSIVE GROWTH FUND<br>CL 445 PARK AVE 15TH FL<br>NEW YORK, NY 10022     | \$16.00                                                                                                                                                            |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ABSOLUTE CAPITAL DEFENDER FD INVES<br>101 PENNSYLVANIA BLVD<br>PITTSBURGH, PA 15228 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ABSOLUTE CAPITAL ASSET ALLOCATOR I<br>101 PENNSYLVANIA BLVD<br>PITTSBURGH, PA 15228 | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| OBERWEIS MICRO CAP FUND<br>3333 WARRENVILLE RD STE. 500<br>LISLE, IL 60532   | 0.40%                                   |                                                                                                                                                                    |
|                                                                              |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PIMCO GLOBAL ADVT STRATEGY BOND<br>CL<br>1633 BROADWAY<br>NEW YORK, NY 10019 | 0.40%                                   |                                                                                                                                                                    |
|                                                                              |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PIMCO RAE PLUS SMALL FUND A<br>1633 BROADWAY<br>NEW YORK, NY 10019           | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| SEMICONDUCTOR ULTRA SECTOR PRO<br>FD 7501 WISCONSIN AVE STE 1000 E TOWE<br>BETHESDA, MD 20814 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PGIM US REAL ESTATE CL Z 655 BROAD ST<br>NEWARK, NJ 07102                                     | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PUTNAM LARGE CAP VAL FUND CL Y 1 POST OFFICE SQ MAILZONE G3C<br>BOSTON, MA 02109              | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PUTNAM CORE BOND FUND CLASS Y<br>1 POST OFFICE SQ MAILZONE G3C<br>BOSTON, MA 02109 | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| RYDEX NASDAQ 100 INV CLASS<br>9601 BLACKWELL RD STE 500<br>ROCKVILLE, MD 20850     | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| TEMPLETON GLOBAL BOND CLASS A<br>100 FOUNTAIN PARKWAY<br>ST. PETERSBURG, FL 33716  | \$16.00                                                                                                                                                            |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ALLSPRING PRECIOUS METALS FUND INS 525 MARKET ST MAC A0103 122<br>SAN FRANCISCO, CA 94105 | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ALLSPRING REAL RETURN FUND INST 525 MARKET ST MAC A0103 122<br>SAN FRANCISCO, CA 94105    | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |                                                                                                       | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| A Name of plan<br>MERIT MEDICAL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                       | B Three-digit plan number (PN)                                                                  | 001 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>MERIT MEDICAL SYSTEMS, INC.                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                       | D Employer Identification Number (EIN)<br>87-0447695                                            |     |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)  |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2055 C                                                                                                                         |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY                                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| c EIN-PN 35-6941728-001                                                                                                                                                           |  | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7614016  |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2030 C                                                                                                                         |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY                                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| c EIN-PN 38-7010946-001                                                                                                                                                           |  | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18552535 |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2045 C                                                                                                                         |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY                                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| c EIN-PN 32-6199848-001                                                                                                                                                           |  | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12747698 |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2065 C                                                                                                                         |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY                                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| c EIN-PN 85-1763138-001                                                                                                                                                           |  | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1494132  |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2060 C                                                                                                                         |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY                                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| c EIN-PN 47-1088316-001                                                                                                                                                           |  | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4967411  |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2050 C                                                                                                                         |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY                                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| c EIN-PN 30-6303214-001                                                                                                                                                           |  | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10753268 |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2020 C                                                                                                                         |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY                                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| c EIN-PN 36-7594871-001                                                                                                                                                           |  | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2925590  |                                                                                                 |     |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                       | Schedule D (Form 5500) 2025 v. 250312                                                           |     |

|                                                                                       |                        |                                                                                                              |
|---------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2010 C                      |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY         |                        |                                                                                                              |
| <b>c</b> EIN-PN 32-6199795-001                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 148635   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2025 C                      |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY         |                        |                                                                                                              |
| <b>c</b> EIN-PN 37-6495447-001                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8401756  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2040 C                      |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY         |                        |                                                                                                              |
| <b>c</b> EIN-PN 35-6941729-001                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13839115 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2005 C                      |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY         |                        |                                                                                                              |
| <b>c</b> EIN-PN 61-6434302-001                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 710133   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2015 C                      |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY         |                        |                                                                                                              |
| <b>c</b> EIN-PN 35-6941654-001                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 248389   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2035 C                      |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY         |                        |                                                                                                              |
| <b>c</b> EIN-PN 36-7595013-001                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19388809 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY SV 150 - I                      |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO |                        |                                                                                                              |
| <b>c</b> EIN-PN 93-6274329-001                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2557809  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SCHDRS INTL EQ H1                      |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY                   |                        |                                                                                                              |
| <b>c</b> EIN-PN 46-4679164-072                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5027771  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP BLUE CHIP GR T2                    |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY         |                        |                                                                                                              |
| <b>c</b> EIN-PN 80-0470272-004                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14345745 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                        |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a):                                     |                        |                                                                                                              |
| <b>c</b> EIN-PN                                                                       | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |

**Part II****Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                   |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                   | 2025                                   |
|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection |

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

|                                                                                       |                                                      |
|---------------------------------------------------------------------------------------|------------------------------------------------------|
| A Name of plan<br>MERIT MEDICAL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN              | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MERIT MEDICAL SYSTEMS, INC. | D Employer Identification Number (EIN)<br>87-0447695 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 303191                | 385557          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  | 0                     | 37317           |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 0                     | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 2964                  | 2843            |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               | 0                     | 0               |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               | 0                     | 0               |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  | 3202552               | 3671695         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 49354169              | 123722812       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 109564402             | 72968341        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 | 0                     | 0               |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 6706231               | 8605447         |

| <b>1d</b> Employer-related investments:                               |              | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                         | <b>1d(1)</b> | 47972130              | 42224320        |
| (2) Employer real property .....                                      | <b>1d(2)</b> | 0                     | 0               |
| <b>1e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>1f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 217105639             | 251618332       |

**Liabilities**

|                                                                            |           |        |        |
|----------------------------------------------------------------------------|-----------|--------|--------|
| <b>1g</b> Benefit claims payable .....                                     | <b>1g</b> | 0      | 0      |
| <b>1h</b> Operating payables .....                                         | <b>1h</b> | 0      | 0      |
| <b>1i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0      | 0      |
| <b>1j</b> Other liabilities .....                                          | <b>1j</b> | 271051 | 265502 |
| <b>1k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 271051 | 265502 |

**Net Assets**

|                                                            |           |           |           |
|------------------------------------------------------------|-----------|-----------|-----------|
| <b>1l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 216834588 | 251352830 |
|------------------------------------------------------------|-----------|-----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 5320207    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 15159282   |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 4638619    |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 25118108  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 0          |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 288796     |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 288796    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 1802962    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1802962   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 147409    |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 21476226  |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 0         |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 48833501  |

**Expenses**

|                                                                                             |               |          |          |
|---------------------------------------------------------------------------------------------|---------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 13831281 |          |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  | 0        |          |
| (3) Other .....                                                                             | <b>2e(3)</b>  | 0        |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |          | 13831281 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |          | 265502   |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |          | 13838    |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |          | 0        |
| <b>i</b> Administrative expenses:                                                           |               |          |          |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  | 0        |          |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 0        |          |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  | 100783   |          |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 0        |          |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 0        |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 0        |          |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  | 0        |          |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  | 0        |          |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  | 0        |          |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> | 0        |          |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 103855   |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |          | 204638   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |          | 14315259 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 34518242 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  | 0        |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 0        |

**Part III Accountant's Opinion**

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

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

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

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

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

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

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

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

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                            | Yes                                 | No                                  | Amount         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>814106</b>  |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>1000000</b> |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>951</b>     |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>            |                |

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

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>MERIT MEDICAL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MERIT MEDICAL SYSTEMS, INC.                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>87-0447695                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1                                                                                               |
| 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):<br><br>EIN(s): 04-6568107                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                   | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2025 v. 250312                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ 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. ☐ 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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

# Merit Medical Systems, Inc. 401(k) Profit Sharing Plan

Employer Identification Number: 87-0447695  
Plan Number: 001

Financial Statements as of December 31, 2025 and  
2024, and for the Year Ended December 31, 2025,  
Supplemental Schedule as of December 31, 2025,  
and Independent Auditors' Report

**MERIT MEDICAL SYSTEMS, INC. 401(k) PROFIT SHARING PLAN**  
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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

## **INDEPENDENT AUDITOR'S REPORT**

To the Plan Participants and Plan Administrator of Merit Medical Systems, Inc. 401(k) Profit Sharing Plan.

### **Opinion**

We have audited the financial statements of Merit Medical Systems, Inc. 401(k) Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

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

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

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**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (held at end of year) as of December 31, 2025 and Schedule of Delinquent Participant Contributions for the year ended December 31, 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 management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Deloitte & Touche LLP*

June 26, 2026

**MERIT MEDICAL SYSTEMS, INC. 401(k) PROFIT SHARING PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**AS OF DECEMBER 31, 2025 AND 2024**

|                                    | <b>As of December 31,</b> |                       |
|------------------------------------|---------------------------|-----------------------|
|                                    | <b>2025</b>               | <b>2024</b>           |
| <b>ASSETS:</b>                     |                           |                       |
| Investments — at fair value        | \$ 247,523,763            | \$ 213,599,896        |
| Receivables:                       |                           |                       |
| Notes receivable from participants | 3,671,695                 | 3,202,552             |
| Employer contributions             | 385,557                   | 303,191               |
| Participant contributions          | 37,317                    | —                     |
| Total receivables                  | 4,094,569                 | 3,505,743             |
| Total assets                       | 251,618,332               | 217,105,639           |
| <b>LIABILITIES:</b>                |                           |                       |
| Excess contributions payable       | 265,502                   | 271,051               |
| Total liabilities                  | 265,502                   | 271,051               |
| NET ASSETS AVAILABLE FOR BENEFITS  | <u>\$ 251,352,830</u>     | <u>\$ 216,834,588</u> |

See accompanying notes to the financial statements.

**MERIT MEDICAL SYSTEMS, INC. 401(k) PROFIT SHARING PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEAR ENDED DECEMBER 31, 2025**

**ADDITIONS**

|                                                       |                   |
|-------------------------------------------------------|-------------------|
| <b>Contributions</b>                                  |                   |
| Employer                                              | \$ 5,320,207      |
| Participant                                           | 15,159,282        |
| Rollover                                              | 4,638,619         |
| Total contributions                                   | <u>25,118,108</u> |
| <b>Investment Income</b>                              |                   |
| Net appreciation in fair value of investments         | 21,623,635        |
| Interest and dividends                                | 1,802,962         |
| Total net investment income                           | <u>23,426,597</u> |
| Interest income on notes receivable from participants | 288,796           |
| Total additions                                       | <u>48,833,501</u> |

**DEDUCTIONS**

|                               |                     |
|-------------------------------|---------------------|
| Benefits paid to participants | (14,110,621)        |
| Administrative expenses       | (204,638)           |
| Total deductions              | <u>(14,315,259)</u> |

|                                                          |                   |
|----------------------------------------------------------|-------------------|
| <b>NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS</b> | <b>34,518,242</b> |
|----------------------------------------------------------|-------------------|

**NET ASSETS AVAILABLE FOR BENEFITS:**

|                   |                       |
|-------------------|-----------------------|
| Beginning of year | 216,834,588           |
| End of year       | <u>\$ 251,352,830</u> |

See accompanying notes to financial statements.

**MERIT MEDICAL SYSTEMS, INC. 401(k) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**AS OF DECEMBER 31, 2025 AND 2024 AND FOR THE YEAR ENDED DECEMBER 31, 2025**

**1. DESCRIPTION OF THE PLAN**

The following description of the Merit Medical Systems, Inc. 401(k) Profit Sharing Plan (the “Plan”) is provided for general information purposes only. Reference should be made to the Plan document for more complete information.

**General** — The Plan is a defined contribution plan covering substantially all employees in the United States who have completed 90 days of service for Merit Medical Systems, Inc. (the “Company”). The Board of Directors of the Company has appointed the 401(k) Plan Administration and Investment Committee to control and manage the operation and administration of the Plan. Fidelity Management Trust Company serves as the trustee of the Plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

**Contributions** — Each year, participants may contribute up to 100% of their eligible compensation, as defined in the Plan, through pre-tax payroll deductions and may make Roth (after-tax) elective deferrals to the Plan, subject to certain limitations under the Internal Revenue Code (“IRC”). The Company may elect to make discretionary matching contributions to the plan. During the year ended December 31, 2025, the Company made matching contributions to the plan, equal to 60% of the first 5% of total compensation that a participant contributed to the Plan. The match is calculated and funded on a per pay period basis with a year-end “true up” for annual compensation, if necessary.

**Participant Accounts** — Individual accounts are maintained for each Plan participant. Each participant’s account is credited with the participant’s contributions, the Company’s matching contributions, and Plan earnings, and is charged with withdrawals and an allocation of Plan losses and expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

**Investments** — Participants direct the investment of their contributions and Company matching contributions into various investment options offered by the Plan and may change investments and transfer amounts between funds daily. The Plan offers fund options with registered investment companies, common-collective trust funds, a stable value fund, shares of the Company’s stock, and a participant-directed brokerage account feature. Participants may direct their investments through a trustee-sponsored brokerage account, which offers a variety of mutual funds and the option to invest in individual stocks.

**Vesting** — Participants are vested immediately in their contributions, plus actual earnings thereon. Vesting in the Company’s contribution portion of their accounts is based on years of continuous service. A participant vests 20% per year of credited service and is 100% vested after five years of credited service.

**Notes Receivable from Participants** — Participants may borrow from their accounts up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant’s account and bear interest at rates commensurate with local prevailing rates at the time funds are borrowed as determined by the Plan administrator. Principal and interest are paid on a ratable basis through payroll deductions. Loans outstanding to participants as of December 31, 2025 will mature at various dates through 2032 with interest rates ranging from 4.25% to 9.5%.

**Payment of Benefits** — On termination of service due to death, disability or retirement, a participant may elect to receive distributions equal to of the value of the participant’s vested interest in his or her account as a lump-sum amount or installment payments. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Hardship distributions, subject to a \$500 minimum, may also be allowed from the participant deferral contribution balance for purchasing a primary residence, financing higher education, paying for necessary medical care, or alleviating certain other financial hardships.

**Forfeited Accounts** — When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account, as defined by the Plan, represents a forfeiture. As of December 31, 2025 and 2024, forfeited non-vested accounts totaled \$65,142 and \$74,094, respectively. Forfeitures of participants' non-vested accounts are used to pay Plan expenses or to reduce future Company matching contributions. During 2025, forfeited nonvested accounts were used by the Plan Administrator to fund Company matching contributions of \$281,278 and to fund administrative expenses of \$126,684.

**Rollovers** — Participants may elect to transfer part or all of an eligible rollover distribution received from an eligible employer-sponsored retirement plan or individual retirement account into the Plan. The Plan accepts transfers of amounts attributable to both pre-tax and Roth contributions.

**Administrative Expenses** — The Plan is sponsored by the Company, and certain administrative expenses of the Plan are paid by the Company as provided in the Plan document.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** — The accompanying financial statements have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America ("GAAP").

**Use of Estimates** — The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

**Risk and Uncertainties** — The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is 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 financial statements.

Included in investments at December 31, 2025 and 2024 are shares of the Company's common stock with a fair value of \$42,224,320 and \$47,972,130, respectively, held by the Plan within participant accounts. This investment represents 17.1% and 22.5% of total investments at December 31, 2025 and 2024, respectively. A significant decline in the market value of the Company's stock would significantly affect the net assets available for benefits.

**Contributions** — Employee contributions and the related employer matching contributions are recognized during the period in which employee contributions are withheld from compensation. Employee contributions and the related employer matching contributions withheld during the Plan year but not yet paid until after the Plan year ended are accrued and recorded as contributions receivable on the statements of net assets available for benefits.

**Payment of Benefits** — Benefit payments to participants are recorded upon distribution. There were no amounts allocated to accounts of former participants who elected to withdraw from the Plan but had not been paid at December 31, 2025 and 2024.

**Excess Contributions Payable** — The Plan is required to return contributions received during the Plan year in excess of IRC limits. As of December 31, 2025 and 2024, the total excess contribution payable was \$265,502 and \$271,051, respectively.

**Investment Valuation and Income Recognition** — The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

**Administrative Expenses** — Management fees and operating expenses charged to the Plan for investments in mutual funds, common-collective trust funds and the stable value fund are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments. Certain indirect administrative expenses are paid by the Company and are excluded from these financial statements. Expenses paid by the Plan include legal, accounting, trustee, recordkeeping, and other administrative fees and expenses associated with maintaining the Plan and are shown on the Statement of Changes in Net Assets Available for Benefits.

The Plan has a revenue-sharing agreement whereby certain investment managers return a portion of the investment fees to the recordkeeper to offset the Plan's administrative expenses. Future Plan expenses can be paid from any excess remaining revenue sharing amounts. For the year ended December 31, 2025, \$12,350 was used to offset Plan expenses. The Plan held undistributed administrative revenues of \$19,166 and \$6,586, at December 31, 2025 and 2024, respectively. Effective January 1, 2025, Participants are allocated credits from the trustee based on daily investment balances in funds, as established by the trustee.

**Notes Receivable from Participants** — Notes receivable from plan participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are recorded as distributions based on the terms of the Plan document.

### 3. FAIR VALUE MEASUREMENTS

The fair values of investments are classified based on the lowest level of any input that is significant to the fair value measurement. The Plan used the following methods to determine fair value for purposes of the accompanying financial statements:

Level 1 — Quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access on the report date.

Level 2 — Inputs (such as financial matrices, models, valuation techniques), other than quoted market prices included in Level 1, that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 — Inputs (such as professional appraisals, quoted prices from inactive markets that require adjustment based on significant assumptions or data that is not current, data from independent sources) that are unobservable for the asset or liability.

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

Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value.

*Interest-Bearing Cash* — Held primarily in short-term money market accounts, which are valued at cost plus accrued interest.

*Mutual Funds* — Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to

publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Common Stocks* — Valued at the closing price reported on the active market on which the individual securities are traded.

*Self-directed Brokerage Accounts* — Underlying investments consist of common stocks and mutual funds.

*Common-collective Trust Funds* — Valued at the net asset value of units of a bank collective trust. The net asset value as provided by the trustee is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to confirm that securities liquidations will be carried out in an orderly business manner.

*Stable Value Fund* — The Morley Stable Value Fund is a collective trust fund offered by the Principal Global Investors Trust Company whose objective is to provide preservation of capital, relatively stable returns consistent with its comparatively low risk profile and liquidity for benefit responsive payments. The fund is composed primarily of fully benefit-responsive investment contracts and is valued at the net asset value of units of the bank collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to confirm that securities liquidations will be carried out in an orderly business manner.

The following table provides the amount and corresponding level of hierarchy for the Plan's investments that were measured at fair value on a recurring basis as of December 31, 2025:

|                                          | Level 1               | Level 2     | Level 3     | Total                 |
|------------------------------------------|-----------------------|-------------|-------------|-----------------------|
| Interest-bearing cash                    | \$ 2,843              | \$ —        | \$ —        | \$ 2,843              |
| Mutual funds                             | 72,968,341            | —           | —           | 72,968,341            |
| Self-directed brokerage accounts         | 8,605,447             | —           | —           | 8,605,447             |
| Merit Medical Systems, Inc. common stock | 42,224,320            | —           | —           | 42,224,320            |
| Total assets in the fair value hierarchy | <u>\$ 123,800,951</u> | <u>\$ —</u> | <u>\$ —</u> | <u>\$ 123,800,951</u> |
| Investments measured at net asset value  |                       |             |             |                       |
| Common-collective trust funds            |                       |             |             | 121,165,003           |
| Stable value fund                        |                       |             |             | 2,557,809             |
| Total Investments — at fair value        |                       |             |             | <u>\$ 247,523,763</u> |

The following table provides the amount and corresponding level of hierarchy for the Plan's investments that were measured at fair value on a recurring basis as of December 31, 2024:

|                                          | Level 1               | Level 2     | Level 3     | Total                 |
|------------------------------------------|-----------------------|-------------|-------------|-----------------------|
| Interest-bearing cash                    | \$ 2,964              | \$ —        | \$ —        | \$ 2,964              |
| Mutual funds                             | 109,564,402           | —           | —           | 109,564,402           |
| Self-directed brokerage accounts         | 6,706,231             | —           | —           | 6,706,231             |
| Merit Medical Systems, Inc. common stock | 47,972,130            | —           | —           | 47,972,130            |
| Total assets in the fair value hierarchy | <u>\$ 164,245,727</u> | <u>\$ —</u> | <u>\$ —</u> | <u>\$ 164,245,727</u> |
| Investments measured at net asset value  |                       |             |             |                       |
| Common-collective trust funds            |                       |             |             | 46,868,757            |
| Stable value fund                        |                       |             |             | 2,485,412             |
| Total Investments — at fair value        |                       |             |             | <u>\$ 213,599,896</u> |

#### 4. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

**Exempt Transactions** — The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. Certain plan investments are shares of various mutual funds or money market accounts that are owned and managed by Fidelity Management Trust Company, who has been designated as investment custodian to the Plan. Certain Plan investments are shares of the Company's common stock. The Plan also issues loans to participants, which are secured by the vested balances in the participants' accounts. Therefore, these transactions qualify as exempt party-in-interest transactions.

At December 31, 2025 and 2024, the Plan held within participant accounts 479,060 and 495,990 shares, respectively, of the Company's common stock, with a fair value of \$42,224,320 and \$47,972,130, respectively, and with a cost basis of \$23,386,636 and \$23,456,293, respectively. During the year ended December 31, 2025 purchases of shares by the Plan totaled \$1,547,254 and sales of shares by the Plan totaled \$3,189,279.

Administrative revenues arise when investment managers return a portion of the investment fees to Fidelity Management Trust Company to offset the administrative expenses. Any excess resulting from this revenue sharing remains in an unallocated account from which future Plan expenses can be paid. During 2025, \$12,350 was used to offset Plan expenses paid from this unallocated account. The Plan held undistributed administrative revenues of \$19,166 and \$6,586 at December 31, 2025 and 2024, respectively.

**Nonexempt Transactions** — During 2025, the Company remitted \$814,106 in participant contributions to Fidelity Management Trust Company later than required under Department of Labor Regulation 2510.3-102. To remediate late remittance, the Company is in the process of calculating lost earnings related to the late remittances of participant contributions to be deposited into participant accounts. Additionally, the Company is in the process of filing IRS Form 5330 and remitting the related excise taxes. There were no late contributions during 2024.

#### 5. PLAN TERMINATION

Although it has not expressed any intention to do so, 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 that the Plan is terminated, participants would become 100% vested in their accounts.

#### 6. FEDERAL INCOME TAX STATUS

Effective January 1, 2016, the Plan was amended and restated through the adoption of an IRS pre-approved volume submitter plan document package that is covered by a favorable IRS advisory letter, dated June 30, 2020, in which the IRS determined that the form of the volume submitter document package later adopted by the Company met the applicable tax-qualification requirements. The Plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

# SUPPLEMENTAL SCHEDULES

MERIT MEDICAL SYSTEMS, INC. 401(k) PROFIT SHARING PLAN

EMPLOYER ID NO: 87-0447695 PLAN NO: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4a — SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FOR THE YEAR ENDED DECEMBER 31, 2025

| Plan Year | Check here if Late Participant Loan Repayments are included: | Participant Contributions Transferred Late to the Plan | Total that Constitute Nonexempt Prohibited Transactions |                                      |                                          | Total Fully Corrected Under VFCP and PTE 2002-51 |
|-----------|--------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|--------------------------------------|------------------------------------------|--------------------------------------------------|
|           |                                                              |                                                        | Contributions Not Corrected                             | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP |                                                  |
| 2025      | ( )                                                          | \$ 814,106                                             | \$ —                                                    | \$ 814,106                           | \$ —                                     | \$ —                                             |

**MERIT MEDICAL SYSTEMS, INC. 401(k) PROFIT SHARING PLAN**  
**EMPLOYER ID NO: 87-0447695 PLAN NO: 001**  
**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF**  
**YEAR)**  
**AS OF DECEMBER 31, 2025**

| Identity of Issue, Borrower,<br>Lessor or Similar Party       | Description of Investment, Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value | Cost | Current Value  |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------|----------------|
| *Fidelity Cash Reserves                                       | Interest Bearing Cash Funds                                                                                | **   | 2,843          |
| Cohen & Steers Realty Shares                                  | Registered Investment Company                                                                              | **   | 1,328,845      |
| Dodge & Cox Income Fund Class I                               | Registered Investment Company                                                                              | **   | 4,859,779      |
| *Fidelity Emerging Markets Fund                               | Registered Investment Company                                                                              | **   | 1,585,515      |
| *Fidelity Emerging Markets Index                              | Registered Investment Company                                                                              | **   | 1,258,139      |
| *Fidelity Government Money Market                             | Registered Investment Company                                                                              | **   | 19,166         |
| *Fidelity Inflation Protected Bond Index                      | Registered Investment Company                                                                              | **   | 1,085,081      |
| *Fidelity International Index                                 | Registered Investment Company                                                                              | **   | 2,591,632      |
| *Fidelity Mid Cap Index                                       | Registered Investment Company                                                                              | **   | 3,392,127      |
| *Fidelity Money Market                                        | Registered Investment Company                                                                              | **   | 4,618,631      |
| *Fidelity Small Cap Index                                     | Registered Investment Company                                                                              | **   | 2,889,726      |
| *Fidelity Spartan 500 Index                                   | Registered Investment Company                                                                              | **   | 32,204,494     |
| Janus Triton N                                                | Registered Investment Company                                                                              | **   | 2,216,712      |
| Massachusetts Financial Services Mid Cap Value Fund; Class R4 | Registered Investment Company                                                                              | **   | 2,766,290      |
| Oakmark Fund; Class 1                                         | Registered Investment Company                                                                              | **   | 6,274,567      |
| T Rowe Price Mid Cap Growth Fund                              | Registered Investment Company                                                                              | **   | 2,871,467      |
| Wasatch Small Cap Value Fund                                  | Registered Investment Company                                                                              | **   | 3,006,170      |
| Morley Stable Value Fund; Class 150                           | Stable Value Fund                                                                                          | **   | 2,557,809      |
| Schroder International Equity Trust; Class H1                 | Common Collective Trust Fund                                                                               | **   | 5,027,771      |
| T Rowe Price Blue Chip Growth T2                              | Common Collective Trust Fund                                                                               | **   | 14,345,745     |
| T Rowe Price Retirement 2005 Fund C                           | Common Collective Trust Fund                                                                               | **   | 710,133        |
| T Rowe Price Retirement 2010 Fund C                           | Common Collective Trust Fund                                                                               | **   | 148,635        |
| T Rowe Price Retirement 2015 Fund C                           | Common Collective Trust Fund                                                                               | **   | 248,389        |
| T Rowe Price Retirement 2020 Fund C                           | Common Collective Trust Fund                                                                               | **   | 2,925,590      |
| T Rowe Price Retirement 2025 Fund C                           | Common Collective Trust Fund                                                                               | **   | 8,401,756      |
| T Rowe Price Retirement 2030 Fund C                           | Common Collective Trust Fund                                                                               | **   | 18,552,535     |
| T Rowe Price Retirement 2035 Fund C                           | Common Collective Trust Fund                                                                               | **   | 19,388,809     |
| T Rowe Price Retirement 2040 Fund C                           | Common Collective Trust Fund                                                                               | **   | 13,839,115     |
| T Rowe Price Retirement 2045 Fund C                           | Common Collective Trust Fund                                                                               | **   | 12,747,698     |
| T Rowe Price Retirement 2050 Fund C                           | Common Collective Trust Fund                                                                               | **   | 10,753,268     |
| T Rowe Price Retirement 2055 Fund C                           | Common Collective Trust Fund                                                                               | **   | 7,614,016      |
| T Rowe Price Retirement 2060 Fund C                           | Common Collective Trust Fund                                                                               | **   | 4,967,411      |
| T Rowe Price Retirement 2065 Fund C                           | Common Collective Trust Fund                                                                               | **   | 1,494,132      |
| Self-directed Brokerage Account                               | Self-directed Brokerage Account                                                                            | **   | 8,605,447      |
| *Merit Medical Systems, Inc. Common Stock                     | Common Stock                                                                                               | **   | 42,224,320     |
| Total assets held for investment purposes                     |                                                                                                            |      | 247,523,763    |
|                                                               |                                                                                                            |      |                |
| *Notes receivable from participants                           | Interest rates of 4.25% to 9.5%, maturing through 2032 ***                                                 |      | 3,671,695      |
| Total                                                         |                                                                                                            |      | \$ 251,195,458 |

\* Party-in-interest

\*\* Cost information is not required for participant-directed investments and, therefore, is not included.

\*\*\* Net of \$103,637 in deemed loan distributions.

## EXHIBIT INDEX

Exhibit  
Number

Description

|      |                                                                                 |
|------|---------------------------------------------------------------------------------|
| 23.1 | <a href="#"><u>Consent of Independent Registered Public Accounting Firm</u></a> |
|------|---------------------------------------------------------------------------------|

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the Merit Medical Systems, Inc. 401(k) Plan Administration and Investment Committee has duly caused this annual report to be signed on its behalf by the undersigned hereunto duly authorized.

Merit Medical Systems, Inc.  
401(k) Profit Sharing Plan

Date: June 26, 2026

/s/ RAUL PARRA

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Raul Parra  
Chief Financial Officer and Treasurer

## XBRL-Only Content Section

| Element                    | Value             |
|----------------------------|-------------------|
| dei:EntityCentralIndexKey# | 0000856982        |
| dei:DocumentType           | 11-K              |
| dei:DocumentPeriodEndDate  | December 31, 2025 |
| dei:AmendmentFlag          | false/false       |

# Merit Medical Systems, Inc. 401(k) Profit Sharing Plan

Employer Identification Number: 87-0447695  
Plan Number: 001

Financial Statements as of December 31, 2025 and  
2024, and for the Year Ended December 31, 2025,  
Supplemental Schedule as of December 31, 2025,  
and Independent Auditors' Report

**MERIT MEDICAL SYSTEMS, INC. 401(k) PROFIT SHARING PLAN**  
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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

## **INDEPENDENT AUDITOR'S REPORT**

To the Plan Participants and Plan Administrator of Merit Medical Systems, Inc. 401(k) Profit Sharing Plan.

### **Opinion**

We have audited the financial statements of Merit Medical Systems, Inc. 401(k) Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

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

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

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**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (held at end of year) as of December 31, 2025 and Schedule of Delinquent Participant Contributions for the year ended December 31, 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 management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Deloitte & Touche LLP*

June 26, 2026

**MERIT MEDICAL SYSTEMS, INC. 401(k) PROFIT SHARING PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**AS OF DECEMBER 31, 2025 AND 2024**

|                                    | <b>As of December 31,</b> |                       |
|------------------------------------|---------------------------|-----------------------|
|                                    | <b>2025</b>               | <b>2024</b>           |
| <b>ASSETS:</b>                     |                           |                       |
| Investments — at fair value        | \$ 247,523,763            | \$ 213,599,896        |
| Receivables:                       |                           |                       |
| Notes receivable from participants | 3,671,695                 | 3,202,552             |
| Employer contributions             | 385,557                   | 303,191               |
| Participant contributions          | 37,317                    | —                     |
| Total receivables                  | 4,094,569                 | 3,505,743             |
| Total assets                       | 251,618,332               | 217,105,639           |
| <b>LIABILITIES:</b>                |                           |                       |
| Excess contributions payable       | 265,502                   | 271,051               |
| Total liabilities                  | 265,502                   | 271,051               |
| NET ASSETS AVAILABLE FOR BENEFITS  | <u>\$ 251,352,830</u>     | <u>\$ 216,834,588</u> |

See accompanying notes to the financial statements.

**MERIT MEDICAL SYSTEMS, INC. 401(k) PROFIT SHARING PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEAR ENDED DECEMBER 31, 2025**

**ADDITIONS**

|                                                       |                   |
|-------------------------------------------------------|-------------------|
| <b>Contributions</b>                                  |                   |
| Employer                                              | \$ 5,320,207      |
| Participant                                           | 15,159,282        |
| Rollover                                              | 4,638,619         |
| Total contributions                                   | <u>25,118,108</u> |
| <b>Investment Income</b>                              |                   |
| Net appreciation in fair value of investments         | 21,623,635        |
| Interest and dividends                                | 1,802,962         |
| Total net investment income                           | <u>23,426,597</u> |
| Interest income on notes receivable from participants | 288,796           |
| Total additions                                       | <u>48,833,501</u> |

**DEDUCTIONS**

|                               |                     |
|-------------------------------|---------------------|
| Benefits paid to participants | (14,110,621)        |
| Administrative expenses       | (204,638)           |
| Total deductions              | <u>(14,315,259)</u> |

|                                                          |                   |
|----------------------------------------------------------|-------------------|
| <b>NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS</b> | <b>34,518,242</b> |
|----------------------------------------------------------|-------------------|

**NET ASSETS AVAILABLE FOR BENEFITS:**

|                   |                       |
|-------------------|-----------------------|
| Beginning of year | 216,834,588           |
| End of year       | <u>\$ 251,352,830</u> |

See accompanying notes to financial statements.

**MERIT MEDICAL SYSTEMS, INC. 401(k) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**AS OF DECEMBER 31, 2025 AND 2024 AND FOR THE YEAR ENDED DECEMBER 31, 2025**

**1. DESCRIPTION OF THE PLAN**

The following description of the Merit Medical Systems, Inc. 401(k) Profit Sharing Plan (the “Plan”) is provided for general information purposes only. Reference should be made to the Plan document for more complete information.

**General** — The Plan is a defined contribution plan covering substantially all employees in the United States who have completed 90 days of service for Merit Medical Systems, Inc. (the “Company”). The Board of Directors of the Company has appointed the 401(k) Plan Administration and Investment Committee to control and manage the operation and administration of the Plan. Fidelity Management Trust Company serves as the trustee of the Plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

**Contributions** — Each year, participants may contribute up to 100% of their eligible compensation, as defined in the Plan, through pre-tax payroll deductions and may make Roth (after-tax) elective deferrals to the Plan, subject to certain limitations under the Internal Revenue Code (“IRC”). The Company may elect to make discretionary matching contributions to the plan. During the year ended December 31, 2025, the Company made matching contributions to the plan, equal to 60% of the first 5% of total compensation that a participant contributed to the Plan. The match is calculated and funded on a per pay period basis with a year-end “true up” for annual compensation, if necessary.

**Participant Accounts** — Individual accounts are maintained for each Plan participant. Each participant’s account is credited with the participant’s contributions, the Company’s matching contributions, and Plan earnings, and is charged with withdrawals and an allocation of Plan losses and expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

**Investments** — Participants direct the investment of their contributions and Company matching contributions into various investment options offered by the Plan and may change investments and transfer amounts between funds daily. The Plan offers fund options with registered investment companies, common-collective trust funds, a stable value fund, shares of the Company’s stock, and a participant-directed brokerage account feature. Participants may direct their investments through a trustee-sponsored brokerage account, which offers a variety of mutual funds and the option to invest in individual stocks.

**Vesting** — Participants are vested immediately in their contributions, plus actual earnings thereon. Vesting in the Company’s contribution portion of their accounts is based on years of continuous service. A participant vests 20% per year of credited service and is 100% vested after five years of credited service.

**Notes Receivable from Participants** — Participants may borrow from their accounts up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant’s account and bear interest at rates commensurate with local prevailing rates at the time funds are borrowed as determined by the Plan administrator. Principal and interest are paid on a ratable basis through payroll deductions. Loans outstanding to participants as of December 31, 2025 will mature at various dates through 2032 with interest rates ranging from 4.25% to 9.5%.

**Payment of Benefits** — On termination of service due to death, disability or retirement, a participant may elect to receive distributions equal to of the value of the participant’s vested interest in his or her account as a lump-sum amount or installment payments. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Hardship distributions, subject to a \$500 minimum, may also be allowed from the participant deferral contribution balance for purchasing a primary residence, financing higher education, paying for necessary medical care, or alleviating certain other financial hardships.

**Forfeited Accounts** — When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account, as defined by the Plan, represents a forfeiture. As of December 31, 2025 and 2024, forfeited non-vested accounts totaled \$65,142 and \$74,094, respectively. Forfeitures of participants' non-vested accounts are used to pay Plan expenses or to reduce future Company matching contributions. During 2025, forfeited nonvested accounts were used by the Plan Administrator to fund Company matching contributions of \$281,278 and to fund administrative expenses of \$126,684.

**Rollovers** — Participants may elect to transfer part or all of an eligible rollover distribution received from an eligible employer-sponsored retirement plan or individual retirement account into the Plan. The Plan accepts transfers of amounts attributable to both pre-tax and Roth contributions.

**Administrative Expenses** — The Plan is sponsored by the Company, and certain administrative expenses of the Plan are paid by the Company as provided in the Plan document.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** — The accompanying financial statements have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America ("GAAP").

**Use of Estimates** — The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

**Risk and Uncertainties** — The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is 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 financial statements.

Included in investments at December 31, 2025 and 2024 are shares of the Company's common stock with a fair value of \$42,224,320 and \$47,972,130, respectively, held by the Plan within participant accounts. This investment represents 17.1% and 22.5% of total investments at December 31, 2025 and 2024, respectively. A significant decline in the market value of the Company's stock would significantly affect the net assets available for benefits.

**Contributions** — Employee contributions and the related employer matching contributions are recognized during the period in which employee contributions are withheld from compensation. Employee contributions and the related employer matching contributions withheld during the Plan year but not yet paid until after the Plan year ended are accrued and recorded as contributions receivable on the statements of net assets available for benefits.

**Payment of Benefits** — Benefit payments to participants are recorded upon distribution. There were no amounts allocated to accounts of former participants who elected to withdraw from the Plan but had not been paid at December 31, 2025 and 2024.

**Excess Contributions Payable** — The Plan is required to return contributions received during the Plan year in excess of IRC limits. As of December 31, 2025 and 2024, the total excess contribution payable was \$265,502 and \$271,051, respectively.

**Investment Valuation and Income Recognition** — The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

**Administrative Expenses** — Management fees and operating expenses charged to the Plan for investments in mutual funds, common-collective trust funds and the stable value fund are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments. Certain indirect administrative expenses are paid by the Company and are excluded from these financial statements. Expenses paid by the Plan include legal, accounting, trustee, recordkeeping, and other administrative fees and expenses associated with maintaining the Plan and are shown on the Statement of Changes in Net Assets Available for Benefits.

The Plan has a revenue-sharing agreement whereby certain investment managers return a portion of the investment fees to the recordkeeper to offset the Plan's administrative expenses. Future Plan expenses can be paid from any excess remaining revenue sharing amounts. For the year ended December 31, 2025, \$12,350 was used to offset Plan expenses. The Plan held undistributed administrative revenues of \$19,166 and \$6,586, at December 31, 2025 and 2024, respectively. Effective January 1, 2025, Participants are allocated credits from the trustee based on daily investment balances in funds, as established by the trustee.

**Notes Receivable from Participants** — Notes receivable from plan participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are recorded as distributions based on the terms of the Plan document.

### 3. FAIR VALUE MEASUREMENTS

The fair values of investments are classified based on the lowest level of any input that is significant to the fair value measurement. The Plan used the following methods to determine fair value for purposes of the accompanying financial statements:

Level 1 — Quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access on the report date.

Level 2 — Inputs (such as financial matrices, models, valuation techniques), other than quoted market prices included in Level 1, that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 — Inputs (such as professional appraisals, quoted prices from inactive markets that require adjustment based on significant assumptions or data that is not current, data from independent sources) that are unobservable for the asset or liability.

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

Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value.

*Interest-Bearing Cash* — Held primarily in short-term money market accounts, which are valued at cost plus accrued interest.

*Mutual Funds* — Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to

publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Common Stocks* — Valued at the closing price reported on the active market on which the individual securities are traded.

*Self-directed Brokerage Accounts* — Underlying investments consist of common stocks and mutual funds.

*Common-collective Trust Funds* — Valued at the net asset value of units of a bank collective trust. The net asset value as provided by the trustee is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to confirm that securities liquidations will be carried out in an orderly business manner.

*Stable Value Fund* — The Morley Stable Value Fund is a collective trust fund offered by the Principal Global Investors Trust Company whose objective is to provide preservation of capital, relatively stable returns consistent with its comparatively low risk profile and liquidity for benefit responsive payments. The fund is composed primarily of fully benefit-responsive investment contracts and is valued at the net asset value of units of the bank collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to confirm that securities liquidations will be carried out in an orderly business manner.

The following table provides the amount and corresponding level of hierarchy for the Plan's investments that were measured at fair value on a recurring basis as of December 31, 2025:

|                                          | Level 1               | Level 2     | Level 3     | Total                 |
|------------------------------------------|-----------------------|-------------|-------------|-----------------------|
| Interest-bearing cash                    | \$ 2,843              | \$ —        | \$ —        | \$ 2,843              |
| Mutual funds                             | 72,968,341            | —           | —           | 72,968,341            |
| Self-directed brokerage accounts         | 8,605,447             | —           | —           | 8,605,447             |
| Merit Medical Systems, Inc. common stock | 42,224,320            | —           | —           | 42,224,320            |
| Total assets in the fair value hierarchy | <u>\$ 123,800,951</u> | <u>\$ —</u> | <u>\$ —</u> | <u>\$ 123,800,951</u> |
| Investments measured at net asset value  |                       |             |             |                       |
| Common-collective trust funds            |                       |             |             | 121,165,003           |
| Stable value fund                        |                       |             |             | 2,557,809             |
| Total Investments — at fair value        |                       |             |             | <u>\$ 247,523,763</u> |

The following table provides the amount and corresponding level of hierarchy for the Plan's investments that were measured at fair value on a recurring basis as of December 31, 2024:

|                                          | Level 1               | Level 2     | Level 3     | Total                 |
|------------------------------------------|-----------------------|-------------|-------------|-----------------------|
| Interest-bearing cash                    | \$ 2,964              | \$ —        | \$ —        | \$ 2,964              |
| Mutual funds                             | 109,564,402           | —           | —           | 109,564,402           |
| Self-directed brokerage accounts         | 6,706,231             | —           | —           | 6,706,231             |
| Merit Medical Systems, Inc. common stock | 47,972,130            | —           | —           | 47,972,130            |
| Total assets in the fair value hierarchy | <u>\$ 164,245,727</u> | <u>\$ —</u> | <u>\$ —</u> | <u>\$ 164,245,727</u> |
| Investments measured at net asset value  |                       |             |             |                       |
| Common-collective trust funds            |                       |             |             | 46,868,757            |
| Stable value fund                        |                       |             |             | 2,485,412             |
| Total Investments — at fair value        |                       |             |             | <u>\$ 213,599,896</u> |

#### 4. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

**Exempt Transactions** — The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. Certain plan investments are shares of various mutual funds or money market accounts that are owned and managed by Fidelity Management Trust Company, who has been designated as investment custodian to the Plan. Certain Plan investments are shares of the Company's common stock. The Plan also issues loans to participants, which are secured by the vested balances in the participants' accounts. Therefore, these transactions qualify as exempt party-in-interest transactions.

At December 31, 2025 and 2024, the Plan held within participant accounts 479,060 and 495,990 shares, respectively, of the Company's common stock, with a fair value of \$42,224,320 and \$47,972,130, respectively, and with a cost basis of \$23,386,636 and \$23,456,293, respectively. During the year ended December 31, 2025 purchases of shares by the Plan totaled \$1,547,254 and sales of shares by the Plan totaled \$3,189,279.

Administrative revenues arise when investment managers return a portion of the investment fees to Fidelity Management Trust Company to offset the administrative expenses. Any excess resulting from this revenue sharing remains in an unallocated account from which future Plan expenses can be paid. During 2025, \$12,350 was used to offset Plan expenses paid from this unallocated account. The Plan held undistributed administrative revenues of \$19,166 and \$6,586 at December 31, 2025 and 2024, respectively.

**Nonexempt Transactions** — During 2025, the Company remitted \$814,106 in participant contributions to Fidelity Management Trust Company later than required under Department of Labor Regulation 2510.3-102. To remediate late remittance, the Company is in the process of calculating lost earnings related to the late remittances of participant contributions to be deposited into participant accounts. Additionally, the Company is in the process of filing IRS Form 5330 and remitting the related excise taxes. There were no late contributions during 2024.

#### 5. PLAN TERMINATION

Although it has not expressed any intention to do so, 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 that the Plan is terminated, participants would become 100% vested in their accounts.

#### 6. FEDERAL INCOME TAX STATUS

Effective January 1, 2016, the Plan was amended and restated through the adoption of an IRS pre-approved volume submitter plan document package that is covered by a favorable IRS advisory letter, dated June 30, 2020, in which the IRS determined that the form of the volume submitter document package later adopted by the Company met the applicable tax-qualification requirements. The Plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

# SUPPLEMENTAL SCHEDULES

MERIT MEDICAL SYSTEMS, INC. 401(k) PROFIT SHARING PLAN

EMPLOYER ID NO: 87-0447695 PLAN NO: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4a — SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FOR THE YEAR ENDED DECEMBER 31, 2025

| Plan Year | Check here if Late Participant Loan Repayments are included: | Participant Contributions Transferred Late to the Plan | Total that Constitute Nonexempt Prohibited Transactions |                                      |                                          | Total Fully Corrected Under VFCP and PTE 2002-51 |
|-----------|--------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|--------------------------------------|------------------------------------------|--------------------------------------------------|
|           |                                                              |                                                        | Contributions Not Corrected                             | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP |                                                  |
| 2025      | ( )                                                          | \$ 814,106                                             | \$ —                                                    | \$ 814,106                           | \$ —                                     | \$ —                                             |

**MERIT MEDICAL SYSTEMS, INC. 401(k) PROFIT SHARING PLAN**  
**EMPLOYER ID NO: 87-0447695 PLAN NO: 001**  
**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF**  
**YEAR)**  
**AS OF DECEMBER 31, 2025**

| <b>Identity of Issue, Borrower,<br/>Lessor or Similar Party</b> | <b>Description of Investment, Including Maturity Date,<br/>Rate of Interest, Collateral, Par or Maturity Value</b> | <b>Cost</b> | <b>Current Value</b> |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| *Fidelity Cash Reserves                                         | Interest Bearing Cash Funds                                                                                        | **          | 2,843                |
| Cohen & Steers Realty Shares                                    | Registered Investment Company                                                                                      | **          | 1,328,845            |
| Dodge & Cox Income Fund Class I                                 | Registered Investment Company                                                                                      | **          | 4,859,779            |
| *Fidelity Emerging Markets Fund                                 | Registered Investment Company                                                                                      | **          | 1,585,515            |
| *Fidelity Emerging Markets Index                                | Registered Investment Company                                                                                      | **          | 1,258,139            |
| *Fidelity Government Money Market                               | Registered Investment Company                                                                                      | **          | 19,166               |
| *Fidelity Inflation Protected Bond Index                        | Registered Investment Company                                                                                      | **          | 1,085,081            |
| *Fidelity International Index                                   | Registered Investment Company                                                                                      | **          | 2,591,632            |
| *Fidelity Mid Cap Index                                         | Registered Investment Company                                                                                      | **          | 3,392,127            |
| *Fidelity Money Market                                          | Registered Investment Company                                                                                      | **          | 4,618,631            |
| *Fidelity Small Cap Index                                       | Registered Investment Company                                                                                      | **          | 2,889,726            |
| *Fidelity Spartan 500 Index                                     | Registered Investment Company                                                                                      | **          | 32,204,494           |
| Janus Triton N                                                  | Registered Investment Company                                                                                      | **          | 2,216,712            |
| Massachusetts Financial Services Mid Cap Value Fund; Class R4   | Registered Investment Company                                                                                      | **          | 2,766,290            |
| Oakmark Fund; Class 1                                           | Registered Investment Company                                                                                      | **          | 6,274,567            |
| T Rowe Price Mid Cap Growth Fund                                | Registered Investment Company                                                                                      | **          | 2,871,467            |
| Wasatch Small Cap Value Fund                                    | Registered Investment Company                                                                                      | **          | 3,006,170            |
| Morley Stable Value Fund; Class 150                             | Stable Value Fund                                                                                                  | **          | 2,557,809            |
| Schroder International Equity Trust; Class H1                   | Common Collective Trust Fund                                                                                       | **          | 5,027,771            |
| T Rowe Price Blue Chip Growth T2                                | Common Collective Trust Fund                                                                                       | **          | 14,345,745           |
| T Rowe Price Retirement 2005 Fund C                             | Common Collective Trust Fund                                                                                       | **          | 710,133              |
| T Rowe Price Retirement 2010 Fund C                             | Common Collective Trust Fund                                                                                       | **          | 148,635              |
| T Rowe Price Retirement 2015 Fund C                             | Common Collective Trust Fund                                                                                       | **          | 248,389              |
| T Rowe Price Retirement 2020 Fund C                             | Common Collective Trust Fund                                                                                       | **          | 2,925,590            |
| T Rowe Price Retirement 2025 Fund C                             | Common Collective Trust Fund                                                                                       | **          | 8,401,756            |
| T Rowe Price Retirement 2030 Fund C                             | Common Collective Trust Fund                                                                                       | **          | 18,552,535           |
| T Rowe Price Retirement 2035 Fund C                             | Common Collective Trust Fund                                                                                       | **          | 19,388,809           |
| T Rowe Price Retirement 2040 Fund C                             | Common Collective Trust Fund                                                                                       | **          | 13,839,115           |
| T Rowe Price Retirement 2045 Fund C                             | Common Collective Trust Fund                                                                                       | **          | 12,747,698           |
| T Rowe Price Retirement 2050 Fund C                             | Common Collective Trust Fund                                                                                       | **          | 10,753,268           |
| T Rowe Price Retirement 2055 Fund C                             | Common Collective Trust Fund                                                                                       | **          | 7,614,016            |
| T Rowe Price Retirement 2060 Fund C                             | Common Collective Trust Fund                                                                                       | **          | 4,967,411            |
| T Rowe Price Retirement 2065 Fund C                             | Common Collective Trust Fund                                                                                       | **          | 1,494,132            |
| Self-directed Brokerage Account                                 | Self-directed Brokerage Account                                                                                    | **          | 8,605,447            |
| *Merit Medical Systems, Inc. Common Stock                       | Common Stock                                                                                                       | **          | 42,224,320           |
| Total assets held for investment purposes                       |                                                                                                                    |             | 247,523,763          |
|                                                                 |                                                                                                                    |             |                      |
| *Notes receivable from participants                             | Interest rates of 4.25% to 9.5%, maturing through 2032 ***                                                         |             | 3,671,695            |
| Total                                                           |                                                                                                                    |             | \$ 251,195,458       |

\* Party-in-interest

\*\* Cost information is not required for participant-directed investments and, therefore, is not included.

\*\*\* Net of \$103,637 in deemed loan distributions.

## EXHIBIT INDEX

Exhibit  
Number

Description

|      |                                                                                 |
|------|---------------------------------------------------------------------------------|
| 23.1 | <a href="#"><u>Consent of Independent Registered Public Accounting Firm</u></a> |
|------|---------------------------------------------------------------------------------|

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the Merit Medical Systems, Inc. 401(k) Plan Administration and Investment Committee has duly caused this annual report to be signed on its behalf by the undersigned hereunto duly authorized.

Merit Medical Systems, Inc.  
401(k) Profit Sharing Plan

Date: June 26, 2026

/s/ RAUL PARRA

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Raul Parra  
Chief Financial Officer and Treasurer

## XBRL-Only Content Section

| Element                    | Value             |
|----------------------------|-------------------|
| dei:EntityCentralIndexKey# | 0000856982        |
| dei:DocumentType           | 11-K              |
| dei:DocumentPeriodEndDate  | December 31, 2025 |
| dei:AmendmentFlag          | false/false       |

# Merit Medical Systems, Inc. 401(k) Profit Sharing Plan

Employer Identification Number: 87-0447695  
Plan Number: 001

Financial Statements as of December 31, 2025 and  
2024, and for the Year Ended December 31, 2025,  
Supplemental Schedule as of December 31, 2025,  
and Independent Auditors' Report

**MERIT MEDICAL SYSTEMS, INC. 401(k) PROFIT SHARING PLAN**  
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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

## INDEPENDENT AUDITOR'S REPORT

To the Plan Participants and Plan Administrator of Merit Medical Systems, Inc. 401(k) Profit Sharing Plan.

### Opinion

We have audited the financial statements of Merit Medical Systems, Inc. 401(k) Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

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**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (held at end of year) as of December 31, 2025 and Schedule of Delinquent Participant Contributions for the year ended December 31, 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 management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Deloitte & Touche LLP*

June 26, 2026

**MERIT MEDICAL SYSTEMS, INC. 401(k) PROFIT SHARING PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**AS OF DECEMBER 31, 2025 AND 2024**

|                                    | <b>As of December 31,</b> |                       |
|------------------------------------|---------------------------|-----------------------|
|                                    | <b>2025</b>               | <b>2024</b>           |
| <b>ASSETS:</b>                     |                           |                       |
| Investments — at fair value        | \$ 247,523,763            | \$ 213,599,896        |
| Receivables:                       |                           |                       |
| Notes receivable from participants | 3,671,695                 | 3,202,552             |
| Employer contributions             | 385,557                   | 303,191               |
| Participant contributions          | 37,317                    | —                     |
| Total receivables                  | 4,094,569                 | 3,505,743             |
| Total assets                       | 251,618,332               | 217,105,639           |
| <b>LIABILITIES:</b>                |                           |                       |
| Excess contributions payable       | 265,502                   | 271,051               |
| Total liabilities                  | 265,502                   | 271,051               |
| NET ASSETS AVAILABLE FOR BENEFITS  | <u>\$ 251,352,830</u>     | <u>\$ 216,834,588</u> |

See accompanying notes to the financial statements.

**MERIT MEDICAL SYSTEMS, INC. 401(k) PROFIT SHARING PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEAR ENDED DECEMBER 31, 2025**

**ADDITIONS**

|                                                       |                   |
|-------------------------------------------------------|-------------------|
| <b>Contributions</b>                                  |                   |
| Employer                                              | \$ 5,320,207      |
| Participant                                           | 15,159,282        |
| Rollover                                              | 4,638,619         |
| Total contributions                                   | <u>25,118,108</u> |
| <b>Investment Income</b>                              |                   |
| Net appreciation in fair value of investments         | 21,623,635        |
| Interest and dividends                                | 1,802,962         |
| Total net investment income                           | <u>23,426,597</u> |
| Interest income on notes receivable from participants | 288,796           |
| Total additions                                       | <u>48,833,501</u> |

**DEDUCTIONS**

|                               |                     |
|-------------------------------|---------------------|
| Benefits paid to participants | (14,110,621)        |
| Administrative expenses       | (204,638)           |
| Total deductions              | <u>(14,315,259)</u> |

|                                                          |                   |
|----------------------------------------------------------|-------------------|
| <b>NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS</b> | <b>34,518,242</b> |
|----------------------------------------------------------|-------------------|

**NET ASSETS AVAILABLE FOR BENEFITS:**

|                   |                       |
|-------------------|-----------------------|
| Beginning of year | 216,834,588           |
| End of year       | <u>\$ 251,352,830</u> |

See accompanying notes to financial statements.

**MERIT MEDICAL SYSTEMS, INC. 401(k) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**AS OF DECEMBER 31, 2025 AND 2024 AND FOR THE YEAR ENDED DECEMBER 31, 2025**

**1. DESCRIPTION OF THE PLAN**

The following description of the Merit Medical Systems, Inc. 401(k) Profit Sharing Plan (the “Plan”) is provided for general information purposes only. Reference should be made to the Plan document for more complete information.

**General** — The Plan is a defined contribution plan covering substantially all employees in the United States who have completed 90 days of service for Merit Medical Systems, Inc. (the “Company”). The Board of Directors of the Company has appointed the 401(k) Plan Administration and Investment Committee to control and manage the operation and administration of the Plan. Fidelity Management Trust Company serves as the trustee of the Plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

**Contributions** — Each year, participants may contribute up to 100% of their eligible compensation, as defined in the Plan, through pre-tax payroll deductions and may make Roth (after-tax) elective deferrals to the Plan, subject to certain limitations under the Internal Revenue Code (“IRC”). The Company may elect to make discretionary matching contributions to the plan. During the year ended December 31, 2025, the Company made matching contributions to the plan, equal to 60% of the first 5% of total compensation that a participant contributed to the Plan. The match is calculated and funded on a per pay period basis with a year-end “true up” for annual compensation, if necessary.

**Participant Accounts** — Individual accounts are maintained for each Plan participant. Each participant’s account is credited with the participant’s contributions, the Company’s matching contributions, and Plan earnings, and is charged with withdrawals and an allocation of Plan losses and expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

**Investments** — Participants direct the investment of their contributions and Company matching contributions into various investment options offered by the Plan and may change investments and transfer amounts between funds daily. The Plan offers fund options with registered investment companies, common-collective trust funds, a stable value fund, shares of the Company’s stock, and a participant-directed brokerage account feature. Participants may direct their investments through a trustee-sponsored brokerage account, which offers a variety of mutual funds and the option to invest in individual stocks.

**Vesting** — Participants are vested immediately in their contributions, plus actual earnings thereon. Vesting in the Company’s contribution portion of their accounts is based on years of continuous service. A participant vests 20% per year of credited service and is 100% vested after five years of credited service.

**Notes Receivable from Participants** — Participants may borrow from their accounts up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant’s account and bear interest at rates commensurate with local prevailing rates at the time funds are borrowed as determined by the Plan administrator. Principal and interest are paid on a ratable basis through payroll deductions. Loans outstanding to participants as of December 31, 2025 will mature at various dates through 2032 with interest rates ranging from 4.25% to 9.5%.

**Payment of Benefits** — On termination of service due to death, disability or retirement, a participant may elect to receive distributions equal to of the value of the participant’s vested interest in his or her account as a lump-sum amount or installment payments. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Hardship distributions, subject to a \$500 minimum, may also be allowed from the participant deferral contribution balance for purchasing a primary residence, financing higher education, paying for necessary medical care, or alleviating certain other financial hardships.

**Forfeited Accounts** — When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account, as defined by the Plan, represents a forfeiture. As of December 31, 2025 and 2024, forfeited non-vested accounts totaled \$65,142 and \$74,094, respectively. Forfeitures of participants' non-vested accounts are used to pay Plan expenses or to reduce future Company matching contributions. During 2025, forfeited nonvested accounts were used by the Plan Administrator to fund Company matching contributions of \$281,278 and to fund administrative expenses of \$126,684.

**Rollovers** — Participants may elect to transfer part or all of an eligible rollover distribution received from an eligible employer-sponsored retirement plan or individual retirement account into the Plan. The Plan accepts transfers of amounts attributable to both pre-tax and Roth contributions.

**Administrative Expenses** — The Plan is sponsored by the Company, and certain administrative expenses of the Plan are paid by the Company as provided in the Plan document.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** — The accompanying financial statements have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America ("GAAP").

**Use of Estimates** — The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

**Risk and Uncertainties** — The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is 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 financial statements.

Included in investments at December 31, 2025 and 2024 are shares of the Company's common stock with a fair value of \$42,224,320 and \$47,972,130, respectively, held by the Plan within participant accounts. This investment represents 17.1% and 22.5% of total investments at December 31, 2025 and 2024, respectively. A significant decline in the market value of the Company's stock would significantly affect the net assets available for benefits.

**Contributions** — Employee contributions and the related employer matching contributions are recognized during the period in which employee contributions are withheld from compensation. Employee contributions and the related employer matching contributions withheld during the Plan year but not yet paid until after the Plan year ended are accrued and recorded as contributions receivable on the statements of net assets available for benefits.

**Payment of Benefits** — Benefit payments to participants are recorded upon distribution. There were no amounts allocated to accounts of former participants who elected to withdraw from the Plan but had not been paid at December 31, 2025 and 2024.

**Excess Contributions Payable** — The Plan is required to return contributions received during the Plan year in excess of IRC limits. As of December 31, 2025 and 2024, the total excess contribution payable was \$265,502 and \$271,051, respectively.

**Investment Valuation and Income Recognition** — The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

**Administrative Expenses** — Management fees and operating expenses charged to the Plan for investments in mutual funds, common-collective trust funds and the stable value fund are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments. Certain indirect administrative expenses are paid by the Company and are excluded from these financial statements. Expenses paid by the Plan include legal, accounting, trustee, recordkeeping, and other administrative fees and expenses associated with maintaining the Plan and are shown on the Statement of Changes in Net Assets Available for Benefits.

The Plan has a revenue-sharing agreement whereby certain investment managers return a portion of the investment fees to the recordkeeper to offset the Plan's administrative expenses. Future Plan expenses can be paid from any excess remaining revenue sharing amounts. For the year ended December 31, 2025, \$12,350 was used to offset Plan expenses. The Plan held undistributed administrative revenues of \$19,166 and \$6,586, at December 31, 2025 and 2024, respectively. Effective January 1, 2025, Participants are allocated credits from the trustee based on daily investment balances in funds, as established by the trustee.

**Notes Receivable from Participants** — Notes receivable from plan participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are recorded as distributions based on the terms of the Plan document.

### 3. FAIR VALUE MEASUREMENTS

The fair values of investments are classified based on the lowest level of any input that is significant to the fair value measurement. The Plan used the following methods to determine fair value for purposes of the accompanying financial statements:

Level 1 — Quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access on the report date.

Level 2 — Inputs (such as financial matrices, models, valuation techniques), other than quoted market prices included in Level 1, that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 — Inputs (such as professional appraisals, quoted prices from inactive markets that require adjustment based on significant assumptions or data that is not current, data from independent sources) that are unobservable for the asset or liability.

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

Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value.

*Interest-Bearing Cash* — Held primarily in short-term money market accounts, which are valued at cost plus accrued interest.

*Mutual Funds* — Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to

publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Common Stocks* — Valued at the closing price reported on the active market on which the individual securities are traded.

*Self-directed Brokerage Accounts* — Underlying investments consist of common stocks and mutual funds.

*Common-collective Trust Funds* — Valued at the net asset value of units of a bank collective trust. The net asset value as provided by the trustee is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to confirm that securities liquidations will be carried out in an orderly business manner.

*Stable Value Fund* — The Morley Stable Value Fund is a collective trust fund offered by the Principal Global Investors Trust Company whose objective is to provide preservation of capital, relatively stable returns consistent with its comparatively low risk profile and liquidity for benefit responsive payments. The fund is composed primarily of fully benefit-responsive investment contracts and is valued at the net asset value of units of the bank collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to confirm that securities liquidations will be carried out in an orderly business manner.

The following table provides the amount and corresponding level of hierarchy for the Plan's investments that were measured at fair value on a recurring basis as of December 31, 2025:

|                                          | Level 1               | Level 2     | Level 3     | Total                 |
|------------------------------------------|-----------------------|-------------|-------------|-----------------------|
| Interest-bearing cash                    | \$ 2,843              | \$ —        | \$ —        | \$ 2,843              |
| Mutual funds                             | 72,968,341            | —           | —           | 72,968,341            |
| Self-directed brokerage accounts         | 8,605,447             | —           | —           | 8,605,447             |
| Merit Medical Systems, Inc. common stock | 42,224,320            | —           | —           | 42,224,320            |
| Total assets in the fair value hierarchy | <u>\$ 123,800,951</u> | <u>\$ —</u> | <u>\$ —</u> | <u>\$ 123,800,951</u> |
| Investments measured at net asset value  |                       |             |             |                       |
| Common-collective trust funds            |                       |             |             | 121,165,003           |
| Stable value fund                        |                       |             |             | 2,557,809             |
| Total Investments — at fair value        |                       |             |             | <u>\$ 247,523,763</u> |

The following table provides the amount and corresponding level of hierarchy for the Plan's investments that were measured at fair value on a recurring basis as of December 31, 2024:

|                                          | Level 1               | Level 2     | Level 3     | Total                 |
|------------------------------------------|-----------------------|-------------|-------------|-----------------------|
| Interest-bearing cash                    | \$ 2,964              | \$ —        | \$ —        | \$ 2,964              |
| Mutual funds                             | 109,564,402           | —           | —           | 109,564,402           |
| Self-directed brokerage accounts         | 6,706,231             | —           | —           | 6,706,231             |
| Merit Medical Systems, Inc. common stock | 47,972,130            | —           | —           | 47,972,130            |
| Total assets in the fair value hierarchy | <u>\$ 164,245,727</u> | <u>\$ —</u> | <u>\$ —</u> | <u>\$ 164,245,727</u> |
| Investments measured at net asset value  |                       |             |             |                       |
| Common-collective trust funds            |                       |             |             | 46,868,757            |
| Stable value fund                        |                       |             |             | 2,485,412             |
| Total Investments — at fair value        |                       |             |             | <u>\$ 213,599,896</u> |

#### 4. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

**Exempt Transactions** — The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. Certain plan investments are shares of various mutual funds or money market accounts that are owned and managed by Fidelity Management Trust Company, who has been designated as investment custodian to the Plan. Certain Plan investments are shares of the Company's common stock. The Plan also issues loans to participants, which are secured by the vested balances in the participants' accounts. Therefore, these transactions qualify as exempt party-in-interest transactions.

At December 31, 2025 and 2024, the Plan held within participant accounts 479,060 and 495,990 shares, respectively, of the Company's common stock, with a fair value of \$42,224,320 and \$47,972,130, respectively, and with a cost basis of \$23,386,636 and \$23,456,293, respectively. During the year ended December 31, 2025 purchases of shares by the Plan totaled \$1,547,254 and sales of shares by the Plan totaled \$3,189,279.

Administrative revenues arise when investment managers return a portion of the investment fees to Fidelity Management Trust Company to offset the administrative expenses. Any excess resulting from this revenue sharing remains in an unallocated account from which future Plan expenses can be paid. During 2025, \$12,350 was used to offset Plan expenses paid from this unallocated account. The Plan held undistributed administrative revenues of \$19,166 and \$6,586 at December 31, 2025 and 2024, respectively.

**Nonexempt Transactions** — During 2025, the Company remitted \$814,106 in participant contributions to Fidelity Management Trust Company later than required under Department of Labor Regulation 2510.3-102. To remediate late remittance, the Company is in the process of calculating lost earnings related to the late remittances of participant contributions to be deposited into participant accounts. Additionally, the Company is in the process of filing IRS Form 5330 and remitting the related excise taxes. There were no late contributions during 2024.

#### 5. PLAN TERMINATION

Although it has not expressed any intention to do so, 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 that the Plan is terminated, participants would become 100% vested in their accounts.

#### 6. FEDERAL INCOME TAX STATUS

Effective January 1, 2016, the Plan was amended and restated through the adoption of an IRS pre-approved volume submitter plan document package that is covered by a favorable IRS advisory letter, dated June 30, 2020, in which the IRS determined that the form of the volume submitter document package later adopted by the Company met the applicable tax-qualification requirements. The Plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

# SUPPLEMENTAL SCHEDULES

MERIT MEDICAL SYSTEMS, INC. 401(k) PROFIT SHARING PLAN

EMPLOYER ID NO: 87-0447695 PLAN NO: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4a — SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FOR THE YEAR ENDED DECEMBER 31, 2025

| Plan Year | Check here if Late Participant Loan Repayments are included: | Participant Contributions Transferred Late to the Plan | Total that Constitute Nonexempt Prohibited Transactions |                                      |                                          | Total Fully Corrected Under VFCP and PTE 2002-51 |
|-----------|--------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|--------------------------------------|------------------------------------------|--------------------------------------------------|
|           |                                                              |                                                        | Contributions Not Corrected                             | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP |                                                  |
| 2025      | ( )                                                          | \$ 814,106                                             | \$ —                                                    | \$ 814,106                           | \$ —                                     | \$ —                                             |

**MERIT MEDICAL SYSTEMS, INC. 401(k) PROFIT SHARING PLAN**  
**EMPLOYER ID NO: 87-0447695 PLAN NO: 001**  
**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF**  
**YEAR)**  
**AS OF DECEMBER 31, 2025**

| Identity of Issue, Borrower,<br>Lessor or Similar Party       | Description of Investment, Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value | Cost | Current Value  |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------|----------------|
| *Fidelity Cash Reserves                                       | Interest Bearing Cash Funds                                                                                | **   | 2,843          |
| Cohen & Steers Realty Shares                                  | Registered Investment Company                                                                              | **   | 1,328,845      |
| Dodge & Cox Income Fund Class I                               | Registered Investment Company                                                                              | **   | 4,859,779      |
| *Fidelity Emerging Markets Fund                               | Registered Investment Company                                                                              | **   | 1,585,515      |
| *Fidelity Emerging Markets Index                              | Registered Investment Company                                                                              | **   | 1,258,139      |
| *Fidelity Government Money Market                             | Registered Investment Company                                                                              | **   | 19,166         |
| *Fidelity Inflation Protected Bond Index                      | Registered Investment Company                                                                              | **   | 1,085,081      |
| *Fidelity International Index                                 | Registered Investment Company                                                                              | **   | 2,591,632      |
| *Fidelity Mid Cap Index                                       | Registered Investment Company                                                                              | **   | 3,392,127      |
| *Fidelity Money Market                                        | Registered Investment Company                                                                              | **   | 4,618,631      |
| *Fidelity Small Cap Index                                     | Registered Investment Company                                                                              | **   | 2,889,726      |
| *Fidelity Spartan 500 Index                                   | Registered Investment Company                                                                              | **   | 32,204,494     |
| Janus Triton N                                                | Registered Investment Company                                                                              | **   | 2,216,712      |
| Massachusetts Financial Services Mid Cap Value Fund; Class R4 | Registered Investment Company                                                                              | **   | 2,766,290      |
| Oakmark Fund; Class 1                                         | Registered Investment Company                                                                              | **   | 6,274,567      |
| T Rowe Price Mid Cap Growth Fund                              | Registered Investment Company                                                                              | **   | 2,871,467      |
| Wasatch Small Cap Value Fund                                  | Registered Investment Company                                                                              | **   | 3,006,170      |
| Morley Stable Value Fund; Class 150                           | Stable Value Fund                                                                                          | **   | 2,557,809      |
| Schroder International Equity Trust; Class H1                 | Common Collective Trust Fund                                                                               | **   | 5,027,771      |
| T Rowe Price Blue Chip Growth T2                              | Common Collective Trust Fund                                                                               | **   | 14,345,745     |
| T Rowe Price Retirement 2005 Fund C                           | Common Collective Trust Fund                                                                               | **   | 710,133        |
| T Rowe Price Retirement 2010 Fund C                           | Common Collective Trust Fund                                                                               | **   | 148,635        |
| T Rowe Price Retirement 2015 Fund C                           | Common Collective Trust Fund                                                                               | **   | 248,389        |
| T Rowe Price Retirement 2020 Fund C                           | Common Collective Trust Fund                                                                               | **   | 2,925,590      |
| T Rowe Price Retirement 2025 Fund C                           | Common Collective Trust Fund                                                                               | **   | 8,401,756      |
| T Rowe Price Retirement 2030 Fund C                           | Common Collective Trust Fund                                                                               | **   | 18,552,535     |
| T Rowe Price Retirement 2035 Fund C                           | Common Collective Trust Fund                                                                               | **   | 19,388,809     |
| T Rowe Price Retirement 2040 Fund C                           | Common Collective Trust Fund                                                                               | **   | 13,839,115     |
| T Rowe Price Retirement 2045 Fund C                           | Common Collective Trust Fund                                                                               | **   | 12,747,698     |
| T Rowe Price Retirement 2050 Fund C                           | Common Collective Trust Fund                                                                               | **   | 10,753,268     |
| T Rowe Price Retirement 2055 Fund C                           | Common Collective Trust Fund                                                                               | **   | 7,614,016      |
| T Rowe Price Retirement 2060 Fund C                           | Common Collective Trust Fund                                                                               | **   | 4,967,411      |
| T Rowe Price Retirement 2065 Fund C                           | Common Collective Trust Fund                                                                               | **   | 1,494,132      |
| Self-directed Brokerage Account                               | Self-directed Brokerage Account                                                                            | **   | 8,605,447      |
| *Merit Medical Systems, Inc. Common Stock                     | Common Stock                                                                                               | **   | 42,224,320     |
| Total assets held for investment purposes                     |                                                                                                            |      | 247,523,763    |
|                                                               |                                                                                                            |      |                |
| *Notes receivable from participants                           | Interest rates of 4.25% to 9.5%, maturing through 2032 ***                                                 |      | 3,671,695      |
| Total                                                         |                                                                                                            |      | \$ 251,195,458 |

\* Party-in-interest

\*\* Cost information is not required for participant-directed investments and, therefore, is not included.

\*\*\* Net of \$103,637 in deemed loan distributions.

## EXHIBIT INDEX

Exhibit  
Number

Description

|      |                                                                                 |
|------|---------------------------------------------------------------------------------|
| 23.1 | <a href="#"><u>Consent of Independent Registered Public Accounting Firm</u></a> |
|------|---------------------------------------------------------------------------------|

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the Merit Medical Systems, Inc. 401(k) Plan Administration and Investment Committee has duly caused this annual report to be signed on its behalf by the undersigned hereunto duly authorized.

Merit Medical Systems, Inc.  
401(k) Profit Sharing Plan

Date: June 26, 2026

/s/ RAUL PARRA

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Raul Parra  
Chief Financial Officer and Treasurer

## XBRL-Only Content Section

| Element                    | Value             |
|----------------------------|-------------------|
| dei:EntityCentralIndexKey# | 0000856982        |
| dei:DocumentType           | 11-K              |
| dei:DocumentPeriodEndDate  | December 31, 2025 |
| dei:AmendmentFlag          | false/false       |