Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

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:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF TERADYNE, INC.

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1980

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TERADYNE, INC. & SUBSIDIARIES

600 RIVERPARK DRIVE
MAILSTOP 600-2-1
NORTH READING, MA 01864

2b Employer Identification Number (EIN) 04-2272148

2c Plan Sponsor's telephone number 978-370-2700

2d Business code (see instructions) 335900

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.	09/28/2026	DAVID SHOREY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

RETIREMENT PLAN COMMITTEE FOR EMPLOYEES OF TERADYNE, INC.
TERADYNE, INC.
600 RIVERPARK DRIVE
NORTH READING, MA 01864

3b Administrator's EIN: 04-2688220

3c Administrator's telephone number: 978-370-2700

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1028
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	329
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	315
b	Retired or separated participants receiving benefits	**6b**	71
c	Other retired or separated participants entitled to future benefits	**6c**	570
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	956
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	16
f	Total. Add lines **6d** and **6e**.	**6f**	972
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ 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)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF TERADYNE, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TERADYNE, INC. & SUBSIDIARIES

D Employer Identification Number (EIN)
04-2272148

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	81414742
b Actuarial value	**2b**	82938542

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	28	2666157	2666157
b For terminated vested participants	671	34953107	34953107
c For active participants	329	28713525	28775785
d Total	1028	66332789	66395049

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

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

5 Effective interest rate	**5**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	715873
b Expected plan-related expenses	**6b**	420000
c Target normal cost	**6c**	1135873

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/17/2026
Date

JUSTIN D. KEAR
Type or print name of actuary

26-07884
Most recent enrollment number

AON CONSULTING, INC.
Firm name

617-482-3100
Telephone number (including area code)

MSC# 17894 PO BOX 7505
FORT WASHINGTON, PA 19034

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	27933180	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	27933180	0
10	Interest on line 9 using prior year's actual return of 1.17 %	326818	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	13000000	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	15259998	0

Part III Funding Percentages

14	Funding target attainment percentage	14	101.93 %
15	Adjusted funding target attainment percentage	15	118.42 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	131.52 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1135873
b Excess assets, if applicable, but not greater than line 31a	**31b**	1135873

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
RETIREMENT PLAN FOR EMPLOYEES OF TERADYNE, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TERADYNE, INC. & SUBSIDIARIES

D Employer Identification Number (EIN)
04-2272148

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

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

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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64 50	NONE	193284	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SSGA

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 51	NONE	156250	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

AON CONSULTING, INC

22-2230064

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	129780	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

BDO USA, P.C.

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	33756	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRIEN D WARD ESQ.

22-5969535

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	25288	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CURCIO WEBB

36-4171366

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	19000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
RETIREMENT PLAN FOR EMPLOYEES OF TERADYNE, INC.

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TERADYNE, INC. & SUBSIDIARIES

D Employer Identification Number (EIN)
04-2272148

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

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG US GOVT BOND INDEX NL

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-142	C	1268976

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA 3 10 YR US CREDIT INDEX FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-477	C	9943474

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA HY BOND INDEX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3508891-001	C	4054488

a Name of MTIA, CCT, PSA, or 103-12 IE: 20 YR US TREASURY STRIPS INDEX FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-169	C	109841

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL DEFENSIVE EQUITY NL CTF

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-6399427-001	C	4029132

a Name of MTIA, CCT, PSA, or 103-12 IE: INT CORP BOND NL FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-297	C	11025928

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG CORP BOND NL FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-296	C	49405456

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 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 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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
RETIREMENT PLAN FOR EMPLOYEES OF TERADYNE, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TERADYNE, INC. & SUBSIDIARIES

D Employer Identification Number (EIN)
04-2272148

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	193005	179281
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	796626	632853
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	80599111	79837295
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	81588742	80649429
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	174000	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	174000	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	81414742	80649429

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	30826	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		30826
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		6468813
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6499639
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6545823	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	49503	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		6595326
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	22300	
(3) Recordkeeping fees	2i(3)	193284	
(4) IQPA audit fees	2i(4)	33756	
(5) Investment advisory and investment management fees	2i(5)	156250	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	129780	
(8) Legal fees	2i(8)	25288	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	108968	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		669626
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7264952
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-765313
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: BDO USA, P.C. **(2)** EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 583305.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

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
RETIREMENT PLAN FOR EMPLOYEES OF TERADYNE, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TERADYNE, INC. & SUBSIDIARIES

D Employer Identification Number (EIN)
04-2272148

Part I Distributions

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

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

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

EIN(s): 04-3573382

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** 56

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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: 5.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 89.0 %
High-Yield Debt: 5.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.0 % Other: 0.0 %

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Retirement Plan for Employees of Teradyne, Inc.

Financial Statements
and ERISA-Required Supplemental Schedules
Years Ended December 31, 2025 and 2024

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.

Retirement Plan for Employees of Teradyne, Inc.

Financial Statements and ERISA-Required Supplemental Schedules

Years Ended December 31, 2025 and 2024

Retirement Plan for Employees of Teradyne, Inc.

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Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

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Independent Auditor's Report

To the Plan Administrator
Retirement Plan for Employees of Teradyne, Inc.
North Reading, Massachusetts

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

We have performed audits of the financial statements of Retirement Plan for Employees of Teradyne, Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.



Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules, Form 5500 - Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2025, and Form 5500 - Schedule H, Line 4(j) - Schedule of Reportable Transactions 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to

prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

BDO USA, P.C.

September 24, 2026

Financial Statements

Retirement Plan for Employees of Teradyne, Inc.

Statements of Net Assets Available for Benefits

December 31,	**2025**	2024
Assets		
Investments, at fair value:		
Collective investment trust funds	**$ 79,837,295**	$ 80,599,111
Short-term investment fund	**632,853**	796,626
Total Investments	**80,470,148**	81,395,737
Due from Broker	**177,000**	190,000
Interest Receivable	**2,281**	3,005
Total Assets	**80,649,429**	81,588,742
Liabilities:		
Due to broker	**-**	174,000
Net Assets Available for Benefits	**$ 80,649,429**	$ 81,414,742

See accompanying notes to financial statements.

Retirement Plan for Employees of Teradyne, Inc.

Statements of Changes in Net Assets Available for Benefits

Years ended December 31,	**2025**	2024
Additions:		
Investment Income:		
Net appreciation in fair value of investments	**$ 6,468,813**	$ 1,240,483
Interest and dividends	**30,826**	50,831
Total Investment Income	**6,499,639**	1,291,314
Deductions:		
Benefits paid to participants	**6,545,823**	8,592,697
Retiree Group Purchase of Annuity Contracts (Note 1)	**49,503**	23,386,043
Administrative expenses	**669,626**	514,864
Total Deductions	**7,264,952**	32,493,604
Net Decrease	**(765,313)**	(31,202,290)
Net Assets Available for Benefits, beginning of year	**81,414,742**	112,617,032
Net Assets Available for Benefits, end of year	**$ 80,649,429**	$ 81,414,742

See accompanying notes to financial statements.

1. Description of Plan

The following description of the Retirement Plan for Employees of Teradyne, Inc. (the Plan) is provided for general information purposes only. Participants should refer to the plan document for more complete information.

General

The Plan is a noncontributory, defined benefit pension plan providing retirement, disability, and death benefits to a portion of United States employees of Teradyne, Inc. and certain of its subsidiaries (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the Internal Revenue Code (IRC). The Plan is not offered to employees hired after December 31, 1999.

Effective January 1, 2000, the Plan was amended, and all participants accruing benefits had the option to continue accruing benefits in the Plan or to freeze their benefits in the Plan and be eligible to receive an annual discretionary matching contribution in the Teradyne, Inc. Savings Plan (the Savings Plan). By comparison, participants electing to continue to accrue benefits in the Plan are not eligible to receive a Savings Plan matching contribution.

Participant benefits are based on several factors including: compensation levels, years of service, and when service took place, as provided for in the plan document. Participants also have various benefit payment options as indicated in the plan document.

On September 23, 2024, the Plan agreed to settle a portion of the Plan's obligation for current retirees receiving monthly benefits through the purchase of a group annuity contract from Massachusetts Mutual Life Insurance Company. The contract provides for the insurance company to assume the Plan's current annuity obligations for approximately 132 retired participants beginning December 1, 2024. As a result of the annuity contract purchase, the Plan was able to transfer and reduce their current and future pension benefit obligation by approximately $23.4 million. The effect of this reduction is reflected in the actuarial present value of accumulated Plan benefits as of January 1, 2025. A transfer of $49,503 to the MassMutual Annuity Buyout was noted for 2025.

Vesting

Vesting is full and immediate upon death, disability, or retirement. Upon termination of employment for reasons other than those listed above, a participant is entitled to receive a deferred vested benefit payable beginning at normal retirement age, equal to his/her accrued benefit at the date of termination. All participants are now vested, although a portion of the deferred benefit will not vest until certain age and service requirements are met.

Contributions

The Company's contributions to the Plan are based upon actuarially computed amounts intended to provide the Plan with assets sufficient to pay benefits to the Plan's participants pursuant to the terms of the Plan. The method of actuarial computation that has been used is the "unit credit cost method." Additionally, the annual contribution amount is intended to meet the minimum funding requirements of ERISA, but not to exceed the maximum tax-deductible limit. The Company did not have a required minimum contribution for the 2025 or 2024 plan years, and no contributions were made.

2. Summary of Accounting Policies

Basis of Presentation

The financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount 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.

Collective investment trust funds represent investments with various investment managers. Units held in the collective trust funds are valued at the unit price as reported by the investment managers based on the asset value of the underlying investments. Underlying investments in equity securities are valued at the last reported sales price, and underlying investments in fixed income securities are generally valued using methods based upon market transactions for comparable securities.

The short-term investment fund consists of cash and cash equivalents which are highly liquid investments with a maturity date of three months or less when purchased.

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

Due From/To Brokers

Due from brokers and due to brokers may include cash or securities maintained with brokers and counterparties for margin account balances, collateral held in conjunction with the Plan's investment portfolio, and the amounts due to/from brokers for the settlement of purchase and sale transactions. These balances are not considered cash and short-term investments of the Plan. Certain amounts due from brokers' unsettled securities transactions have been reported on a net-by-counterparty basis, where, in accordance with contractual rights and/or investment manager's opinion, there is a right of offset in the event of bankruptcy or default by the broker. As of December 31, 2025 and 2024, the Plan's due to brokers for unsettled securities sale and purchase transactions was approximately $0 and $(174,000) and due from brokers was approximately $177,000 and $190,000, respectively.

Administrative Expenses

The Plan is responsible for paying all expenses incurred in the administration of the Plan, except to the extent such expenses are paid by the Company. Any expenses paid by the Company are excluded from these financial statements.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Subsequent Events

The Plan evaluated all events and transactions that occurred after December 31, 2025, through September 24, 2026, the date these financial statements were available to be issued.

3. Certified Investments

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, State Street Bank and Trust Company, a qualified institution, has certified as to the completeness and accuracy of all the investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, the related investment activity reflected on the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules, Form 5500 - Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025, and Form 5500 - Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2025. The Plan's independent auditor did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

4. Plan Termination

While the Company has not expressed any intent to discontinue its contributions, it is free to do so any time, subject to the restrictions set forth in ERISA. In the event such discontinuance results in the termination of the Plan, benefits continue to be non-forfeitable. The net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a) Annuity benefits to former employees or their beneficiaries who have been receiving benefits for at least three years, or those employees eligible to retire during that three-year period who would have been receiving benefits if they had retired with the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations (discussed below).

c) All other uninsured vested benefits.

d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

5. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to employees for service they have rendered through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) present employees or their beneficiaries, and (c) beneficiaries of deceased employees. Benefits are based on the participant's average annual compensation, years of credited service, and social security income, as defined in the plan document.

The actuarially computed present value of accumulated plan benefits under the Plan is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment between (by means such as for death, disability, withdrawal, or retirement) the valuation date and the expected date of payment. These amounts were calculated by actuaries from Aon as of the beginning of the plan years for 2025 and 2024 as follows:

December 31,	**2025**	2024
Actuarial Present Value of Accumulated Plan Benefits		
Participants currently receiving payments	**$ 2,804,311**	$ 18,031,079
Other participants	**68,133,986**	82,855,037
Total Vested Benefits	**70,938,297**	100,886,116
Nonvested Benefits	**60,563**	60,832
Total Actuarial Present Value of Accumulated Plan Benefits	**$ 70,998,860**	$ 100,946,948

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The change in the present value of accumulated plan benefits from December 31, 2024, to December 31, 2025, was as follows:

Year ended December 31, 2025		
Actuarial Present Value of Accumulated Plan Benefits, beginning of year	$	100,946,948
Increase (Decrease) Attributable to		
Increase due to interest accumulated during the year		3,958,975
Benefits paid		(31,978,740)
Increase due to changes in assumptions		(3,328,247)
Other changes including benefits accumulation and experience gains and losses		1,399,924
Net Decrease		(29,948,088)
Actuarial Present Value of Accumulated Plan Benefits, end of year	$	70,998,860

Changes in actuarial assumptions decreased the present value of accumulated plan benefits as of December 31, 2025, primarily due to the increase in the accrued benefit discount rate and change in mortality tables. The more significant assumptions underlying the actuarial computations as of December 31, 2025 and 2024, are as follows:

Years ended December 31,	**2025**	2024
Accrued benefits interest rate	**5.05%**	4.65%
Mortality basis	**2012 Base Mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d) & projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)**	2024 generational mortality table for annuitants and non-annuitants per IRS Notice 2022-22
Normal retirement age	**Age 64**	Age 64

In both 2025 and 2024, active participants were assumed to elect a lump-sum benefit 35% of the time, and terminated vested participants were assumed to elect a lump-sum benefit 2% of the time.

The salary increase assumption was 2.3% inflation plus merit increase schedule in 2025 and 2024. The Social Security wage base assumption was 2.8% in 2025 and 2024.

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

6. Fair Value Measurement

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest

priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

There have been no changes in methodologies used at December 31, 2025 and 2024.

The methods described in Note 2 may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes that its valuation methods are appropriate and consistent with those of other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

December 31, 2025

	Level 1	Level 2	Level 3	Total
Investment Assets				
Short-term investment fund	$ 632,853	$ -	$ -	$ 632,853
Collective investment trust funds	-	79,837,295	-	79,837,295
Total Investments	$ 632,853	$ 79,837,295	$ -	$ 80,470,148

December 31, 2024

	Level 1	Level 2	Level 3	Total
Investment Assets				
Short-term investment fund	$ 796,626	$ -	$ -	$ 796,626
Collective investment trust funds	-	80,599,111	-	80,599,111
Total Investments	$ 796,626	$ 80,599,111	$ -	$ 81,395,737

7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits. As of December 31, 2025 and 2024, there were three and two investments held that individually accounted for more than 10% of total investments, respectively. See the supplemental Schedule of Assets (Held at End of Year) for a complete listing of investments held at December 31, 2025.

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

8. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated October 31, 2016, that the Plan is designed in accordance with applicable sections of the IRC. The Plan has been amended since the date of the letter; however, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and continues to be tax exempt. Therefore, no provision for income taxes has been recorded.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Party-in-Interest Transactions

The Plan’s investments include units of common trust funds and short-term investment funds managed by State Street Bank and Trust Company. The Plan also pays various service providers for plan administrative expenses. These transactions qualify as exempt party-in-interest transactions.

ERISA-Required Supplemental Schedules

Retirement Plan for Employees of Teradyne, Inc.

Form 5500 - Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

EIN: 04-2272148 **Plan Number: 002**

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Shares		
*	**State Street Bank and Trust Company**			
	SSGA HY VERY BOND INDEX	217,387	$ 2,787,835	$ 4,054,488
	3-10 YEAR US TREAS INDX NL FU	502,373	9,618,747	9,943,474
	LONG US GOVT INDEX FD	32,811	1,228,055	1,268,976
	SSGA 20+YR US TREA STRIP IN FD SSGA 20+YR	9,418	136,866	109,841
	GLOBAL DEFENSIVE EQUITY NL CTF ZVNM	161,404	1,903,795	4,029,132
	SSGA SYSTEMATIC HQ INT CORP BOND NL FUND	636,564	9,785,263	11,025,928
	SSGA SYSTEMATIC HQ LONG CORP BOND NL FD	2,809,354	41,046,473	49,405,456
	Short-term investment fund	632,853	632,853	632,853
		5,002,164	$ 67,139,887	$ 80,470,148

* Represents a party-in-interest to the Plan as defined by ERISA

Retirement Plan for Employees of Teradyne, Inc.

Form 5500 - Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 04-2272148 **Plan Number: 002**

Year ended December 31, 2025

	(a) Identify of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
	Category (iii) Series Transactions						
*	State Street Bank & Trust Company	Short-Term Investment Fund	$ 4,340,381	$ 4,504,154	$ 4,504,154	$ 8,844,535	$ -
*	State Street Bank & Trust Company	INT CORP BOND NL FUND	5,700,000	2,608,000	2,386,439	8,308,000	221,561
*	State Street Bank & Trust Company	LONG CORP BOND NL FUND	142,000	8,346,000	7,356,436	8,488,000	989,564

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

There were no category (i) (ii) or (iv) transactions.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Retirement Plan for Employees of Teradyne, Inc.
EIN: 04-2272148 PN: 002

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49		2	23 $246,296				3			
50-54			29 $201,875	34 $236,631			6			
55-59			26 $214,875	24 $220,789	11			1	3	
60-64		1	25 $243,153	19	16	20 $237,279	3	1	10	16
65-69			10	9	3	5	6		1	10
70+	1	1		3			3			4

N-329

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Retirement Plan for Employees of Teradyne, Inc.
EIN: 04-2272148 PN: 002

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Salary Increases	
Minimum Funding Target Normal Cost	2.30% inflation plus merit increase (See Table 1)
Maximum Tax Expected Benefit Increase	2.30% inflation plus merit increase (See Table 1)
Social Security Wage Base Increases	Future wage indices are based on 2.30% inflation plus 0.50% (i.e. 2.80%).
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 64
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)
Withdrawal Rates	See Table 3
Disability Rates	None
Optional Payment Form Election	35% of actives elect a lump sum payment upon termination. 2% of terminated vested participants elect a lump sum. All other participants are assumed to elect the normal form of payment.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Retirement Plan for Employees of Teradyne, Inc.
EIN: 04-2272148 PN: 002

Optional Payment Form Interest Rate	Set equal to the interest rates used for Minimum Funding Purposes or Maximum Tax Purposes, if applicable.
Optional Payment Form Conversion Mortality	Current IRC section 417(e)(3) table for lump sums.
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year.
Surviving Spouse Benefit	It is assumed that 85% of males and 65% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2024 estimated pensionable earning rolled forward one year with the salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the IRC section 401(a)(17) compensation limit of $350,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	5.20%
2024 Plan Year	5.10%
2025 Plan Year	5.70%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	$420,000. Prior year's actual administrative expenses paid from the trust (without PBGC premiums) increased by 3%, plus expected PBGC premiums for the current year, rounded to the nearest $10,000s
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Table 1

Salary Increase Rates

Age	Rate
<45	N/A
45	3.30%
46	3.30%
47	3.30%
48	3.30%
49	3.30%
50	3.05%
51	3.05%
52	3.05%
53	3.05%
54	3.05%
55	2.55%
56	2.55%
57	2.55%
58	2.55%
59	2.55%
60+	2.30%

Table 2

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	6.00%
58	6.00%
59	7.00%
60	8.00%
61	9.00%
62	10.00%
63	11.00%
64	12.50%
65	15.00%
66	25.00%
67	25.00%
68	25.00%
69	40.00%
70+	100.00%

Table 3

Withdrawal Rates

Age	Rate
<45	N/A
45	5.50%
46	5.50%
47	5.50%
48	5.50%
49	5.50%
50	5.00%
51	5.00%
52	5.00%
53	5.00%
54	5.00%
55+	6.00%

Plan Name	**Retirement Plan For Employees of Teradyne, Inc.**
Plan Sponsor EIN	**04-2272148**
ERISA Plan No.	**002**
Plan Year End	**12/31/2025**

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF TERADYNE, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TERADYNE, INC. & SUBSIDIARIES

D Employer Identification Number (EIN)
04-2272148

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	81,414,742
b Actuarial value	**2b**	82,938,542

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	28	2,666,157	2,666,157
b For terminated vested participants	671	34,953,107	34,953,107
c For active participants	329	28,713,525	28,775,785
d Total	1,028	66,332,789	66,395,049

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

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

5 Effective interest rate	**5**	5.36%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	715,873
b Expected plan-related expenses	**6b**	420,000
c Target normal cost	**6c**	1,135,873

Statement by Enrolled Actuary

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

SIGN HERE

Justin D Kear JDK
Signature of actuary

9/17/2026
Date

Justin D. Kear
Type or print name of actuary

2607884
Most recent enrollment number

AON CONSULTING, INC.
Firm name

617-482-3100
Telephone number (including area code)

MSC# 17894 PO BOX 7505

FORT WASHINGTON PA 19034
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	27,933,180	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	27,933,180	0
10	Interest on line 9 using prior year's actual return of 1.17%	326,818	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	13,000,000	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	15,259,998	0

Part III Funding Percentages

14	Funding target attainment percentage	14	101.93 %
15	Adjusted funding target attainment percentage	15	118.42 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	131.52 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1,135,873
b Excess assets, if applicable, but not greater than line 31a	**31b**	1,135,873

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Retirement Plan for Employees of Teradyne, Inc.
EIN: 04-2272148 PN: 002

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	6.00%	0.9025	3.11
58.5	6.00%	0.8484	2.98
59.5	7.00%	0.7974	3.32
60.5	8.00%	0.7416	3.59
61.5	9.00%	0.6823	3.78
62.5	10.00%	0.6209	3.88
63.5	11.00%	0.5588	3.90
64.5	12.50%	0.4973	4.01
65.5	15.00%	0.4352	4.28
66.5	25.00%	0.3699	6.15
67.5	25.00%	0.2774	4.68
68.5	25.00%	0.2081	3.56
69.5	40.00%	0.1560	4.34
70	100.00%	0.0936	6.55
	Weighted Average		63.59

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Retirement Plan for Employees of Teradyne, Inc.
EIN: 04-2272148 PN: 002

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Salary Increases	
Minimum Funding Target Normal Cost	2.30% inflation plus merit increase (See Table 1)
Maximum Tax Expected Benefit Increase	2.30% inflation plus merit increase (See Table 1)
Social Security Wage Base Increases	Future wage indices are based on 2.30% inflation plus 0.50% (i.e. 2.80%).
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 64
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)
Withdrawal Rates	See Table 3
Disability Rates	None
Optional Payment Form Election	35% of actives elect a lump sum payment upon termination. 2% of terminated vested participants elect a lump sum. All other participants are assumed to elect the normal form of payment.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Retirement Plan for Employees of Teradyne, Inc.
EIN: 04-2272148 PN: 002

Optional Payment Form Interest Rate	Set equal to the interest rates used for Minimum Funding Purposes or Maximum Tax Purposes, if applicable.
Optional Payment Form Conversion Mortality	Current IRC section 417(e)(3) table for lump sums.
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year.
Surviving Spouse Benefit	It is assumed that 85% of males and 65% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2024 estimated pensionable earning rolled forward one year with the salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the IRC section 401(a)(17) compensation limit of $350,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	5.20%
2024 Plan Year	5.10%
2025 Plan Year	5.70%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	$420,000. Prior year's actual administrative expenses paid from the trust (without PBGC premiums) increased by 3%, plus expected PBGC premiums for the current year, rounded to the nearest $10,000s
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Retirement Plan for Employees of Teradyne, Inc.
EIN: 04-2272148 PN: 002

Table 1

Salary Increase Rates

Age	Rate
<45	N/A
45	3.30%
46	3.30%
47	3.30%
48	3.30%
49	3.30%
50	3.05%
51	3.05%
52	3.05%
53	3.05%
54	3.05%
55	2.55%
56	2.55%
57	2.55%
58	2.55%
59	2.55%
60+	2.30%

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Retirement Plan for Employees of Teradyne, Inc.
EIN: 04-2272148 PN: 002

Table 2

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	6.00%
58	6.00%
59	7.00%
60	8.00%
61	9.00%
62	10.00%
63	11.00%
64	12.50%
65	15.00%
66	25.00%
67	25.00%
68	25.00%
69	40.00%
70+	100.00%

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Retirement Plan for Employees of Teradyne, Inc.
EIN: 04-2272148 PN: 002

Table 3

Withdrawal Rates

Age	Rate
<45	N/A
45	5.50%
46	5.50%
47	5.50%
48	5.50%
49	5.50%
50	5.00%
51	5.00%
52	5.00%
53	5.00%
54	5.00%
55+	6.00%

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Retirement Plan for Employees of Teradyne, Inc.
EIN: 04-2272148 PN: 002

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	January 1, 1980. Restated effective January 1, 2013. As amended through December 31, 2018.
Eligibility	Effective December 31, 1999, the plan was closed to new participants. Existing participants elected to continue to accrue benefits in the Retirement Plan or to freeze their accrued benefit. Effective December 31, 2009 the accrued benefit for Final Average Pay Supplemental Plan members was frozen.
Normal Retirement	
Eligibility	Later of (1) or (2): (1) Age 65. (2) Five years of service.
Benefit	Participant's benefit equals (1) + (2) + (3). The accrued benefit is reduced if commencement is prior to Social Security normal retirement age (see Early Retirement). (1) An accrued benefit based upon 1995 – 1999 average compensation and service prior to December 31, 1999 using 1999 covered compensation as specified by the plan. (2) For each year of service after December 31, 1999 (total service not to exceed 35 years) the sum of (a) and (b). (a) 0.75% of annual compensation less than covered compensation. (b) 1.5% of annual compensation greater than covered compensation. (3) For each year of service in excess of 35 years, 1.0% of annual compensation. Subject to minimum accrued benefits as of December 31, 1988, December 31, 1993 and December 31, 1999.

Early Retirement

Eligibility

Age 55 and 10 years of service.

Benefit

Effective January 1, 1993 the accrued normal retirement benefit is reduced by the following schedule:

Number of Years Before Social Security Normal Retirement Age	Percent Reduction
1	6.67%
2	13.33%
3	20.00%
4	26.67%
5	33.33%
6	36.67%
7	40.00%
8	43.33%
9	46.67%
10	50.00%
11	54.13%
12	57.87%

Vested Retirement

Eligibility

Three years of service; vesting at 20% per year until 100% vested at the end of seven years.

Benefit

Accrued normal retirement benefit multiplied by the vesting percentage and payable at age Social Security normal retirement age or as early as age 55 with 10 years of service. The benefit is reduced by the following schedule:

Number of Years Before Social Security Normal Retirement Age	Percent Reduction
1	10.1%
2	18.9%
3	26.6%
4	33.5%
5	39.6%
6	45.0%
7	49.8%
8	54.1%
9	58.0%
10	61.4%
11	64.6%
12	67.4%

Preretirement Spouse's Benefit

Eligibility	Spouses of active participants who die after becoming vested and spouses of vested terminated participants who die before benefits commence.
Benefit	If death occurs on or after earliest retirement age, an annual benefit equal to 50% of the benefit the participant would have received had he retired on the day preceding his death having elected a 50% joint and survivor annuity. If death occurs prior to earliest retirement age, an annual benefit equal to 50% of the benefit the participant would have received had he terminated his employment on the day preceding his death, survived to earliest retirement age, and elected a 50% joint and survivor annuity.

Disability Retirement

Eligibility	Any participant who becomes disabled as defined by the plan.
Benefit	An annual benefit equal to the accrued normal retirement benefit payable at normal retirement age or in a reduced amount if paid earlier.

Normal Form of Benefit	Life annuity, if single. 50% joint and survivor annuity, if married.
Optional Forms	Five year certain and life, 10 year certain and life, 20 year certain and life, 50% joint and survivor, 75% joint and survivor, or 100% joint and survivor. Effective February 2015, the plan offers a lump sum.

Definitions

Annual Compensation	Compensation as reported on income tax form W-2 excluding non-cash or reimbursement items and payments from other plans plus IRC section 125 and section 401(k) deferrals.
Covered Compensation	Thirty-five year average of the taxable wage bases under the Social Security Act ending in the year that the participant attains Social Security retirement age.
Actuarial Equivalence	Optional forms of payment are calculated based on 6% interest and the RP-2000 CH mortality table. Prior to January 1, 2005, the actuarial equivalence definition was based on 6% interest (5.5% for former Gen Rad, Inc. participants) and the Unisex Pension 1984 mortality table.

Social Security Normal Retirement Age	(1) Age 65 for participants whose year of birth is before 1938. (2) Age 66 for participants whose year of birth is after 1937 and before 1955. (3) Age 67 for participants whose year of birth is after 1954.
Former Participants in the GenRad, Inc. Pension Plan	Entitled to accrued benefit as of December 31, 2001 according to the terms of the former GenRad, Inc. Pension Plan.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Retirement Plan for Employees of Teradyne, Inc.
EIN: 04-2272148 PN: 002

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the expected return on assets from 5.10% to 5.70% to better reflect future expectations.

This assumption change did not reduce the funding shortfall by more than the thresholds stated in Income Revenue Code Section 430(h)(5). As such, approval by the Commissioner is not required.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Retirement Plan for Employees of Teradyne, Inc.
EIN: 04-2272148 PN: 002

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49		2	23 $246,296				3			
50-54			29 $201,875	34 $236,631			6			
55-59			26 $214,875	24 $220,789	11			1	3	
60-64		1	25 $243,153	19	16	20 $237,279	3	1	10	16
65-69			10	9	3	5	6		1	10
70+	1	1		3			3			4

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Schedule SB Attachment (Form 5500) — 2025 Plan Year
Retirement Plan for Employees of Teradyne, Inc.
EIN: 04-2272148 PN: 002

Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	519,204	1,998,020	238,409	2,755,633
2026	832,326	2,212,246	239,147	3,283,719
2027	1,213,482	2,395,296	236,881	3,845,659
2028	1,558,477	2,613,973	237,263	4,409,713
2029	1,821,137	2,692,330	235,152	4,748,619
2030	2,032,780	2,451,227	193,813	4,677,820
2031	2,259,763	2,496,570	190,309	4,946,642
2032	2,361,889	2,523,309	187,193	5,072,391
2033	2,436,486	2,536,112	183,544	5,156,142
2034	2,460,716	2,526,336	179,522	5,166,574
2035	2,468,088	2,524,474	175,271	5,167,833
2036	2,453,290	2,512,221	170,762	5,136,273
2037	2,432,803	2,475,529	165,970	5,074,302
2038	2,402,154	2,437,129	160,870	5,000,153
2039	2,367,595	2,385,346	155,136	4,908,077
2040	2,340,662	2,333,404	148,295	4,822,361
2041	2,290,511	2,269,553	142,615	4,702,679
2042	2,226,966	2,201,139	142,322	4,570,427
2043	2,151,795	2,126,820	135,288	4,413,903
2044	2,064,844	2,045,985	127,695	4,238,524
2045	1,975,621	1,958,287	117,470	4,051,378
2046	1,874,132	1,864,432	109,199	3,847,763
2047	1,763,961	1,764,603	100,647	3,629,211
2048	1,649,642	1,659,175	91,887	3,400,704
2049	1,532,201	1,548,783	83,027	3,164,011
2050	1,412,739	1,434,360	74,200	2,921,299
2051	1,292,513	1,317,128	65,550	2,675,191
2052	1,172,936	1,198,560	57,226	2,428,722
2053	1,055,512	1,080,318	49,367	2,185,197
2054	941,733	964,138	42,087	1,947,958
2055	833,024	851,721	35,478	1,720,223
2056	730,641	744,625	29,589	1,504,855
2057	635,581	644,158	24,440	1,304,179
2058	548,552	551,359	20,017	1,119,928
2059	469,928	466,942	16,283	953,153
2060	399,782	391,276	13,181	804,239
2061	337,913	324,436	10,639	672,988
2062	283,899	266,217	8,577	558,693
2063	237,158	216,196	6,915	460,269
2064	197,012	173,789	5,580	376,381
2065	162,744	138,296	4,506	305,546
2066	133,650	108,958	3,642	246,250
2067	109,069	84,996	2,942	197,007
2068	88,394	65,653	2,371	156,418
2069	71,086	50,214	1,903	123,203

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Retirement Plan for Employees of Teradyne, Inc.
EIN: 04-2272148 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2070	56,676	38,026	1,517	96,219
2071	44,753	28,508	1,199	74,460
2072	34,962	21,154	937	57,053
2073	26,993	15,532	721	43,246
2074	20,572	11,280	546	32,398

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Retirement Plan for Employees of Teradyne, Inc.
EIN: 04-2272148 PN: 002

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	6.00%	0.9025	3.11
58.5	6.00%	0.8484	2.98
59.5	7.00%	0.7974	3.32
60.5	8.00%	0.7416	3.59
61.5	9.00%	0.6823	3.78
62.5	10.00%	0.6209	3.88
63.5	11.00%	0.5588	3.90
64.5	12.50%	0.4973	4.01
65.5	15.00%	0.4352	4.28
66.5	25.00%	0.3699	6.15
67.5	25.00%	0.2774	4.68
68.5	25.00%	0.2081	3.56
69.5	40.00%	0.1560	4.34
70	100.00%	0.0936	6.55
	Weighted Average		63.59

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Retirement Plan for Employees of Teradyne, Inc.
EIN: 04-2272148 PN: 002

Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

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2058	548,552	551,359	20,017	1,119,928
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2061	337,913	324,436	10,639	672,988
2062	283,899	266,217	8,577	558,693
2063	237,158	216,196	6,915	460,269
2064	197,012	173,789	5,580	376,381
2065	162,744	138,296	4,506	305,546
2066	133,650	108,958	3,642	246,250
2067	109,069	84,996	2,942	197,007
2068	88,394	65,653	2,371	156,418
2069	71,086	50,214	1,903	123,203

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Retirement Plan for Employees of Teradyne, Inc.
EIN: 04-2272148 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2070	56,676	38,026	1,517	96,219
2071	44,753	28,508	1,199	74,460
2072	34,962	21,154	937	57,053
2073	26,993	15,532	721	43,246
2074	20,572	11,280	546	32,398

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Retirement Plan for Employees of Teradyne, Inc.
EIN: 04-2272148 PN: 002

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	January 1, 1980. Restated effective January 1, 2013. As amended through December 31, 2018.
Eligibility	Effective December 31, 1999, the plan was closed to new participants. Existing participants elected to continue to accrue benefits in the Retirement Plan or to freeze their accrued benefit. Effective December 31, 2009 the accrued benefit for Final Average Pay Supplemental Plan members was frozen.
Normal Retirement	
Eligibility	Later of (1) or (2): (1) Age 65. (2) Five years of service.
Benefit	Participant's benefit equals (1) + (2) + (3). The accrued benefit is reduced if commencement is prior to Social Security normal retirement age (see Early Retirement). (1) An accrued benefit based upon 1995 – 1999 average compensation and service prior to December 31, 1999 using 1999 covered compensation as specified by the plan. (2) For each year of service after December 31, 1999 (total service not to exceed 35 years) the sum of (a) and (b). (a) 0.75% of annual compensation less than covered compensation. (b) 1.5% of annual compensation greater than covered compensation. (3) For each year of service in excess of 35 years, 1.0% of annual compensation. Subject to minimum accrued benefits as of December 31, 1988, December 31, 1993 and December 31, 1999.

Early Retirement

Eligibility

Age 55 and 10 years of service.

Benefit

Effective January 1, 1993 the accrued normal retirement benefit is reduced by the following schedule:

Number of Years Before Social Security Normal Retirement Age	Percent Reduction
1	6.67%
2	13.33%
3	20.00%
4	26.67%
5	33.33%
6	36.67%
7	40.00%
8	43.33%
9	46.67%
10	50.00%
11	54.13%
12	57.87%

Vested Retirement

Eligibility

Three years of service; vesting at 20% per year until 100% vested at the end of seven years.

Benefit

Accrued normal retirement benefit multiplied by the vesting percentage and payable at age Social Security normal retirement age or as early as age 55 with 10 years of service. The benefit is reduced by the following schedule:

Number of Years Before Social Security Normal Retirement Age	Percent Reduction
1	10.1%
2	18.9%
3	26.6%
4	33.5%
5	39.6%
6	45.0%
7	49.8%
8	54.1%
9	58.0%
10	61.4%
11	64.6%
12	67.4%

Preretirement Spouse's Benefit

Eligibility	Spouses of active participants who die after becoming vested and spouses of vested terminated participants who die before benefits commence.
Benefit	If death occurs on or after earliest retirement age, an annual benefit equal to 50% of the benefit the participant would have received had he retired on the day preceding his death having elected a 50% joint and survivor annuity. If death occurs prior to earliest retirement age, an annual benefit equal to 50% of the benefit the participant would have received had he terminated his employment on the day preceding his death, survived to earliest retirement age, and elected a 50% joint and survivor annuity.

Disability Retirement

Eligibility	Any participant who becomes disabled as defined by the plan.
Benefit	An annual benefit equal to the accrued normal retirement benefit payable at normal retirement age or in a reduced amount if paid earlier.
Normal Form of Benefit	Life annuity, if single. 50% joint and survivor annuity, if married.
Optional Forms	Five year certain and life, 10 year certain and life, 20 year certain and life, 50% joint and survivor, 75% joint and survivor, or 100% joint and survivor. Effective February 2015, the plan offers a lump sum.

Definitions

Annual Compensation	Compensation as reported on income tax form W-2 excluding non-cash or reimbursement items and payments from other plans plus IRC section 125 and section 401(k) deferrals.
Covered Compensation	Thirty-five year average of the taxable wage bases under the Social Security Act ending in the year that the participant attains Social Security retirement age.
Actuarial Equivalence	Optional forms of payment are calculated based on 6% interest and the RP-2000 CH mortality table. Prior to January 1, 2005, the actuarial equivalence definition was based on 6% interest (5.5% for former Gen Rad, Inc. participants) and the Unisex Pension 1984 mortality table.

Social Security Normal Retirement Age	(1) Age 65 for participants whose year of birth is before 1938. (2) Age 66 for participants whose year of birth is after 1937 and before 1955. (3) Age 67 for participants whose year of birth is after 1954.
Former Participants in the GenRad, Inc. Pension Plan	Entitled to accrued benefit as of December 31, 2001 according to the terms of the former GenRad, Inc. Pension Plan.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Plan Name	**Retirement Plan For Employees of Teradyne, Inc.**
Plan Sponsor EIN	**04-2272148**
ERISA Plan No.	**002**
Plan Year End	**12/31/2025**

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Retirement Plan for Employees of Teradyne, Inc.
EIN: 04-2272148 PN: 002

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the expected return on assets from 5.10% to 5.70% to better reflect future expectations.

This assumption change did not reduce the funding shortfall by more than the thresholds stated in Income Revenue Code Section 430(h)(5). As such, approval by the Commissioner is not required.