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
TEVA PHARMACEUTICALS USA, INC. SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 510

1c Effective date of plan 02/12/2018

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)
TEVA PHARMACEUTICALS USA, INC.

400 INTERPACE PARKWAY
PARSIPPANY, NJ 07054

2b Employer Identification Number (EIN)
22-1734359

2c Plan Sponsor's telephone number
215-591-3000

2d Business code (see instructions)
325410

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2026	EDUARDO NASI CHEIDE DA GRACA
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	5084
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)**	5037
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4562
b	Retired or separated participants receiving benefits	**6b**	32
c	Other retired or separated participants entitled to future benefits	**6c**	3
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4597
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
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**	
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:

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

4C

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] 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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **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 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
TEVA PHARMACEUTICALS USA, INC. SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN

B Three-digit plan number (PN) ▶ 510

C Plan sponsor's name as shown on line 2a of Form 5500
TEVA PHARMACEUTICALS USA, INC.

D Employer Identification Number (EIN)
22-1734359

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

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

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

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

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

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

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

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

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

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

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

(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)

BANK OF AMERICA, NA

56-0906609

(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?
21 50	NONE	5000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	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: TORRILLO & ASSOCIATES, LLC
b EIN: 83-0414789
c Position: ACCOUNTANT
d Address: 36 REGENCY PLAZA
GLEN MILLS, PA 19342
e Telephone: 484-574-8782

Explanation: TORRILLO & ASSOCIATES, LLC MERGED WITH LBMC, PC ON JANUARY 1, 2026, THEREFORE AUDITORS ARE NOW LBMC, PC.

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 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
TEVA PHARMACEUTICALS USA, INC. SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN

B Three-digit plan number (PN) ▶ 510

C Plan sponsor's name as shown on line 2a of Form 5500
TEVA PHARMACEUTICALS USA, INC.

D Employer Identification Number (EIN)
22-1734359

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)	135	166
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2066	3813
(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)		
(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	2201	3979
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	2201	3979

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)	6709150	
(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)		6709150
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1778	
(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)		1778
(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)		
(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		6710928
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6704150	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		6704150
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	5000	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		5000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6709150
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1778
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: LBMC, PC **(2)** EIN: 62-1199757

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		100000
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.) ..... ☐ Yes ☐ No ☐ Not determined

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

Teva Pharmaceuticals USA, Inc. Supplemental Unemployment Benefit Plan

Financial Statements
As of and for the Years Ended
December 31, 2025 and 2024
And
Supplemental Schedules
As of and For the Year Ended
December 31, 2025



Teva Pharmaceuticals USA, Inc. Supplemental Unemployment Benefit Plan
Index

	Page(s)
Independent Auditor's Report	1 – 3
Financial Statements:	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Plan Benefit Obligations	6
Statements of Changes in Plan Benefit Obligations	7
Notes to Financial Statements	8 – 13
Supplemental Schedules:	
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)	S.1
Schedule H, Line 4(j) – Schedule of Reportable Transactions	S.2 – S.3

- The supplemental schedules included are presented for purposes of additional analysis and are not a required part of the financial statements but are required by the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Other schedules required by section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

LBMC

INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the Teva Pharmaceuticals USA, Inc. Supplemental Unemployment Benefit Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements

We have performed an audit of the accompanying financial statements of the Teva Pharmaceuticals USA, Inc. Supplemental Unemployment Benefit Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2025, the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the year then ended, and the related notes to the financial statements ("2025 Financial Statements").

Plan management, having determined it is permissible in the circumstances, has elected to have the audit of the 2025 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Plan management has obtained a certification from a qualified institution as of and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the 2025 Financial Statements* section:

- the amounts and disclosures in the 2025 Financial Statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the 2025 Financial Statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that Plan management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2025 Financial Statements

We conducted our audit 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 2025 Financial Statements* section of our report. We are required to be independent of the Teva Pharmaceuticals USA, Inc. Supplemental Unemployment Benefit Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Plan Management for the Financial Statements

Plan management is responsible for the preparation and fair presentation of the 2025 Financial Statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Plan management's election of the ERISA Section 103(a)(3)(C) audit does not affect Plan management's responsibility for the financial statements.

In preparing the 2025 Financial Statements, Plan management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Teva Pharmaceuticals USA, Inc. Supplemental Unemployment Benefit Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2025 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the 2025 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 Teva Pharmaceuticals USA, Inc. Supplemental Unemployment Benefit Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by Plan management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Teva Pharmaceuticals USA, Inc. Supplemental Unemployment Benefit Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2025 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter – 2025 Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2025 and 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of Plan management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Other Matter – Auditor's Report on the 2024 Financial Statements

The financial statements of the Teva Pharmaceuticals USA, Inc. Supplemental Unemployment Benefit Plan as of and for the year ended December 31, 2024, were audited by Torrillo & Associates, LLC, which was acquired by LBMC, PC. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated September 30, 2025, indicated that in their opinion (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2024 supplemental schedules, other than the information in the 2024 supplemental schedules that agrees to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2024 supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that Plan management determined meets the requirements of ERISA Section 103(a)(3)(C).

LBMC, PC

Glen Mills, Pennsylvania
October 2, 2026

Teva Pharmaceuticals USA, Inc. Supplemental Unemployment Benefit Plan
Statements of Net Assets Available for Benefits
As of December 31, 2025 and 2024

	2025	2024
Assets:		
Investments, at fair value	$ 3,813	$ 2,066
Receivables:		
Accrued income	166	135
Total receivables	166	135
Total assets	3,979	2,201
Liabilities:	-	-
Net assets available for benefits	$ 3,979	$ 2,201

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

Teva Pharmaceuticals USA, Inc. Supplemental Unemployment Benefit Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2025 and 2024

	2025	2024
Additions:		
Investment income:		
Interest and dividend income	$ 1,778	$ 1,410
Investment income	1,778	1,410
Contributions:		
Employer's	6,709,150	4,555,518
Total additions	6,710,928	4,556,928
Deductions:		
Benefits paid to participants	6,704,150	4,550,518
Administrative expenses	5,000	5,000
Total deductions	6,709,150	4,555,518
Net increase in net assets available for benefits	1,778	1,410
Net assets available for benefits:		
Beginning of year	2,201	791
End of year	$ 3,979	$ 2,201

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

Teva Pharmaceuticals USA, Inc. Supplemental Unemployment Benefit Plan
Statements of Plan Benefit Obligations
As of December 31, 2025 and 2024

	2025	2024
Unemployment benefit obligations	$ 622,462	$ 990,891

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

Teva Pharmaceuticals USA, Inc. Supplemental Unemployment Benefit Plan
Statements of Changes in Plan Benefit Obligations
For the Years Ended December 31, 2025 and 2024

	Year Ended December 31, 2025	Year Ended December 31, 2024
Obligations for current unemployment benefit coverage, at estimated amounts		
Balance at beginning of year	$ 990,891	$ 468,180
Unemployment benefit payments	(6,704,150)	(4,550,518)
Net change during the year attributed to benefits accumulated and other changes	6,335,721	5,073,229
Balance at end of year	$ 622,462	$ 990,891

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

1. Description of Plan

The following brief description of the Teva Pharmaceuticals USA, Inc. Supplemental Unemployment Benefit Plan (the "Plan") provides only general information. The Plan is a welfare plan subject to certain provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and Section 501 of the Internal Revenue Code ("IRC"). Participants should refer to the Plan document for more complete information. The Plan is sponsored by Teva Pharmaceuticals USA, Inc. (the "Company"). The trustee for the Plan is Bank of America, N.A. The Company is the recordkeeper of the Plan.

General

The Plan was established on February 12, 2018. It provides a structured payout of separation benefits to eligible employees who experience an involuntary loss of employment. The Plan provides supplemental unemployment compensation benefits which reflect the Company's commitment to assist the employment transition of eligible employees who suffer an involuntary qualifying termination from employment with the Company. The Plan operates as a supplemental unemployment compensation benefit plan as first described by the Internal Revenue Service in Revenue Ruling 56-249 as supplemented and modified from time to time, including by Revenue Ruling 90-72 and as defined in Code Section 501(c)(17)(D).

Eligibility

The Plan covers full-time or part-time US-based, non-union Teva employees who have provided the Company a waiver and release. These eligible employees receive separation pay and/or benefits in the following circumstances (subject to satisfaction of other conditions in the Plan document):

- Elimination of position;
- Material change in job responsibilities;
- Reduction in force; or
- Other instances, in the Company's discretion, as determined by the individual situation.

Full-time or part-time US-based, non-union Teva employees are ineligible to receive separation pay and/or benefits in certain circumstances which are detailed in the Plan document, including but not limited to:

- Employee has a written employment contract which provides for separation, severance, or termination payments;
- Employee is offered similar employment by the Company or becomes employed with an employer other than the Company;
- Employee is age 62 or older on his or her termination date and has informed the Company that he or she is retiring and will not seek new employment;
- Separation due to voluntary resignation;
- Separation due to voluntary retirement;
- Separation due to permanent disability;
- Separation due to employee's death; or
- Separation for misconduct, or violation of company policies, procedures, practices or Ethics and Code of Conduct.

In addition to being subject to an involuntary separation from employment that constitutes a qualifying termination, the primary condition for eligibility for Plan benefits is that the qualifying employee must satisfy all applicable state registration and reporting requirements and be ready and available, as defined by state law, for all suitable employment opportunities, as defined in the Plan document.

Contributions

Contributions from the Company are made, as needed, for benefit payments (see Note 5 for the Funding Policy).

Payment of Benefits

The benefit payments to participants in the Plan include separation pay and, where applicable, transitional health care allowance, and other amounts payable to participants. The Plan provides a structured payout of separation benefits to eligible employees who experience an involuntary loss of employment. Under this program, the employee will receive weekly Plan payments which are equal to 100% of the employee's weekly base pay, minus any unemployment insurance pay (commonly referred to as "unemployment pay") received from the state or federal government, for the weekly separation period. For each week the employee remains eligible, the employee will receive a payment from the Plan and any applicable payment from the state or federal government for unemployment insurance pay. Added together, these two components will equal 100% of the employee's weekly base pay. In addition to being linked to the receipt of unemployment insurance pay, plan benefits can only be paid in installments, not as lump sum payments.

The amount of separation pay will be based on length of service, calculated from the employee's service date to their separation date. Two (2) weeks separation pay will be paid for each year of service which would be achieved in the calendar year of separation. Prior to April 23, 2025, the separation pay was based upon the following schedule:

	Non-Exempt Global Grades 9 and below and Non-Exempt and Exempt Global Grade 14 and Above	Exempt Global Grades 9 and Non-Exempt and Exempt Grades 10 through 13
Benefit Periods Weeks per Year of Service	2 Weeks per year of service	2 Weeks per year of service
Minimum Benefit Period	6 Weeks	13 Weeks
Maximum Benefit Period	26 Weeks	39 Weeks

Effective April 23, 2025, the Plan was amended to update the separation pay schedule to the following (see Note 11):

	Non-Exempt	Exempt Up to Global Grade 17	Global Grade 18 and Above
Benefit Periods Weeks per Year of Service	2 Weeks per year of service	2 Weeks per year of service	2 Weeks per year of service
Minimum Benefit Period	6 Weeks	13 Weeks	26 Weeks
Maximum Benefit Period	26 Weeks	39 Weeks	52 Weeks

Employees with less than one (1) year of total service at the time of employment separation will be credited with at least one (1) year of service for the purpose of the Plan. Separation pay is calculated using the employee's base salary only (exclusive of incentive, bonus and commission payments or shift differential), "Base Pay" means (1) for salaried Employees, one fifty-second (1/52) of the Employee's annual base salary and (2) for hourly Employees, one fifty-second (1/52) of the Employee's annual base salary with annual base salary determined by taking the Employee's base hourly wage rate multiplied by the number of hours that represent the normal work week for the employee.

Any employee who is actively enrolled in the Company's healthcare benefits (i.e., medical, dental, and/or vision) will be eligible for an additional benefit, the transitional health care allowance, which is based upon their benefits election at the time of their separation from employment. The transitional health care allowance is meant to assist an employee to pay for healthcare benefits upon employment separation, not to exceed twenty-six weeks.

All amounts paid under this Plan will be paid bi-weekly, and subject to all applicable deductions and offsets, including without limitation federal, state and local taxes as well as any state unemployment benefits. Generally, benefits received under the Plan are not reduced by Federal Insurance Contributions Act ("FICA") taxes and therefore payments under the Plan are larger than they would be if paid under a severance plan that is not a supplemental unemployment benefit plan. Plan benefits will cease upon the occurrence of certain events as detailed in the Plan document including, but not limited to, the qualifying employee:

- no longer being eligible for state unemployment insurance (SUI) due to no longer seeking employment;
- reaching age 62 and notifying the Plan administrator that he or she reached age 62;
- being re-employed with either the Company or another employer;
- dying;
- being disabled.

The Company reserves discretion to provide benefits under the Teva Pharmaceuticals USA, Inc. Employment Transition Plan (the "Transition Plan") instead of under the Plan, even if the employee would be eligible for benefits under the Plan. To the extent that an eligible employee has received benefits under the Transition Plan, which is a separate and distinct plan arrangement, such eligible employee will not receive any duplicative benefits under the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan sponsor determines the Plan's valuation policies utilizing information provided by the trustee and investment advisors. See Note 4 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

Contributions

Company contributions are recorded on the accrual basis (see Note 5 for the Funding Policy).

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

All reasonable administrative expenses, including trustee, custodial, asset management, legal, audit and administration fees necessary to operate and administer the Plan are borne by and paid by the Plan, unless otherwise paid by the Company. Expenses of maintaining the Plan that are paid directly by the Company are excluded from these financial statements.

3. Information Certified by a Qualified Institution

The Plan administrator having determined that it is permissible in the circumstances elected to have the audits of the Plan performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information included in the accompanying financial statements, the ERISA-required supplemental schedule of assets (held at end of year) and the ERISA-required supplemental schedule of reportable transactions was obtained or derived from information obtained by the Plan administrator and certified as complete and accurate by Bank of America, N.A., trustee of the Plan and a qualified institution, in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

- Investments, at fair value and accrued income, as shown in the statements of net assets available for benefits as of December 31, 2025 and 2024.
- Investment activity, including interest and dividend income, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024.
- The information for all investments listed in the schedule of assets (held at end of year) as of December 31, 2025 and the schedule of reportable transactions for the year ended December 31, 2025, as shown in the ERISA-required supplemental schedules.

4. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used as of December 31, 2025 and 2024.

Money market fund: Valued at the NAV. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value.

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

The following table sets forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent) as of December 31, 2025 and 2024.

Investment Type	Fair Value December 31, 2025	Fair Value December 31, 2024	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Money market fund	$ 3,813	$ 2,066	$ -	Daily	Daily

The investment strategy for the money market fund is to preserve capital.

5. Funding Policy

There are no legally mandated funding standards for health and welfare plans. The Company funds the Plan on a bi-weekly basis through payments to the trust in coordination with payroll to provide the Plan with sufficient assets to meet the benefits to be paid to participants as they become due.

6. Plan Benefit Obligations

A postemployment benefit obligation has been recognized for supplemental unemployment compensation benefits for individuals receiving such benefits under the terms of the Plan as of the Plan's year end. The benefit obligation represents the Company's estimate of amounts payable to eligible participants for whom a triggering unemployment event has occurred, as defined. The estimated unemployment benefit obligation of the Plan was $622,462 and $990,891 as of December 31, 2025 and 2024, respectively. Actual benefit payments, excluding refunds related to employees receiving state unemployment benefits were $6,704,150 and $4,550,518 for the years ended December 31, 2025 and 2024, respectively.

7. Tax Status

The trust was established as a mechanism for making certain Company contributions required by the Plan and for paying certain benefits under the terms of the Plan. The Plan obtained a determination letter from the Internal Revenue Service ("IRS") on September 21, 2018 indicating that the trust is exempt from federal income tax as an organization described in section 501(c)(17) of the IRC. The Plan and its related trust are written and administered in accordance with section 501(c)(17) of the IRC.

In addition, the Plan and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 administrator believes it is no longer subject to income tax examinations for years prior to 2022.

8. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to amend or terminate the programs under the Plan, in whole or in part, subject to the provisions of ERISA. However, termination of the Plan will not reduce the amount of benefits payable, if any, to participants if the participants terminated employment before termination of the Plan. Upon termination of the Plan, the Plan's assets held in the trust will be used to pay administrative expenses and to pay benefits to eligible employees. Any assets remaining after the satisfaction of all liabilities will be returned to the Plan sponsor.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is 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.

10. Related-Party and Party-In-Interest Transactions

Certain plan investments represent shares of a money market fund managed by the trustee. The transactions related to this money market fund are considered party-in-interest transactions. These transactions are not, however, considered prohibited transactions under ERISA regulations.

Personnel and other resources of the Company have been used to perform administrative functions for the Plan at no charge to the Plan. These transactions qualify as party-in-interest transactions.

11. Plan Amendments

Effective October 2, 2024, the Plan was amended for general administrative changes.

Effective April 23, 2025, the Plan was amended and restated to update the separation pay schedule (see Note 1), to incorporate past amendments, and to make other general and administrative changes.

12. Subsequent Events

The Plan has evaluated subsequent events through October 2, 2026, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

Teva Pharmaceuticals USA, Inc. Supplemental Unemployment Benefit Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2025

EIN: 22-1734359 Plan #: 510

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Mutual funds:			
	BlackRock	Treasury Trust Fund	$ 3,813	$ 3,813
		Total investments	$ 3,813	$ 3,813

This schedule was prepared from data certified as complete and accurate by Bank of America, N.A., a qualified institution.

Teva Pharmaceuticals USA, Inc. Supplemental Unemployment Benefit Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended December 31, 2025

EIN: 22-1734359 Plan #510

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
	Category (i) – Single transactions in excess of 5% of plan assets:					
BlackRock	Treasury Trust Fund	$ 136	$ -	$ 136	$ 136	$ -
BlackRock	Treasury Trust Fund	-	1,250	1,250	1,250	-
BlackRock	Treasury Trust Fund	178,061	-	178,061	178,061	-
BlackRock	Treasury Trust Fund	-	178,061	178,061	178,061	-
BlackRock	Treasury Trust Fund	137,247	-	137,247	137,247	-
BlackRock	Treasury Trust Fund	-	137,247	137,247	137,247	-
BlackRock	Treasury Trust Fund	127,313	-	127,313	127,313	-
BlackRock	Treasury Trust Fund	-	127,313	127,313	127,313	-
BlackRock	Treasury Trust Fund	138,090	-	138,090	138,090	-
BlackRock	Treasury Trust Fund	-	133,090	133,090	133,090	-
BlackRock	Treasury Trust Fund	140,465	-	140,465	140,465	-
BlackRock	Treasury Trust Fund	-	140,465	140,465	140,465	-
BlackRock	Treasury Trust Fund	243,479	-	243,479	243,479	-
BlackRock	Treasury Trust Fund	-	243,479	243,479	243,479	-
BlackRock	Treasury Trust Fund	-	1,250	1,250	1,250	-
BlackRock	Treasury Trust Fund	200,324	-	200,324	200,324	-
BlackRock	Treasury Trust Fund	-	200,324	200,324	200,324	-
BlackRock	Treasury Trust Fund	116	-	116	116	-
BlackRock	Treasury Trust Fund	310,664	-	310,664	310,664	-
BlackRock	Treasury Trust Fund	-	310,664	310,664	310,664	-
BlackRock	Treasury Trust Fund	450,473	-	450,473	450,473	-
BlackRock	Treasury Trust Fund	-	450,473	450,473	450,473	-
BlackRock	Treasury Trust Fund	210	-	210	210	-
BlackRock	Treasury Trust Fund	430,995	-	430,995	430,995	-
BlackRock	Treasury Trust Fund	-	430,995	430,995	430,995	-
BlackRock	Treasury Trust Fund	414,784	-	414,784	414,784	-
BlackRock	Treasury Trust Fund	-	414,784	414,784	414,784	-
BlackRock	Treasury Trust Fund	203	-	203	203	-
BlackRock	Treasury Trust Fund	432,956	-	432,956	432,956	-
BlackRock	Treasury Trust Fund	-	432,956	432,956	432,956	-
BlackRock	Treasury Trust Fund	-	1,250	1,250	1,250	-
BlackRock	Treasury Trust Fund	370,243	-	370,243	370,243	-
BlackRock	Treasury Trust Fund	-	370,243	370,243	370,243	-
BlackRock	Treasury Trust Fund	193	-	193	193	-
BlackRock	Treasury Trust Fund	322,463	-	322,463	322,463	-
BlackRock	Treasury Trust Fund	-	322,463	322,463	322,463	-
BlackRock	Treasury Trust Fund	335,440	-	335,440	335,440	-
BlackRock	Treasury Trust Fund	-	335,440	335,440	335,440	-
BlackRock	Treasury Trust Fund	159	-	159	159	-
BlackRock	Treasury Trust Fund	296,064	-	296,064	296,064	-
BlackRock	Treasury Trust Fund	-	296,064	296,064	296,064	-
BlackRock	Treasury Trust Fund	285,209	-	285,209	285,209	-
BlackRock	Treasury Trust Fund	-	285,209	285,209	285,209	-
BlackRock	Treasury Trust Fund	141	-	141	141	-
BlackRock	Treasury Trust Fund	248,556	-	248,556	248,556	-
BlackRock	Treasury Trust Fund	-	248,556	248,556	248,556	-
BlackRock	Treasury Trust Fund	-	1,250	1,250	1,250	-
BlackRock	Treasury Trust Fund	219,794	-	219,794	219,794	-
BlackRock	Treasury Trust Fund	-	219,794	219,794	219,794	-
BlackRock	Treasury Trust Fund	211,030	-	211,030	211,030	-
BlackRock	Treasury Trust Fund	-	211,030	211,030	211,030	-
BlackRock	Treasury Trust Fund	235	-	235	235	-
BlackRock	Treasury Trust Fund	188,239	-	188,239	188,239	-
BlackRock	Treasury Trust Fund	-	188,239	188,239	188,239	-
BlackRock	Treasury Trust Fund	-	3,670	3,670	3,670	-
BlackRock	Treasury Trust Fund	3,812	-	3,812	3,812	-
BlackRock	Treasury Trust Fund	199,408	-	199,408	199,408	-
BlackRock	Treasury Trust Fund	-	199,408	199,408	199,408	-
BlackRock	Treasury Trust Fund	187,389	-	187,389	187,389	-
BlackRock	Treasury Trust Fund	-	187,389	187,389	187,389	-
*Bank of America	Temporary Overnight Deposit	222,445	-	222,445	222,445	-
*Bank of America	Temporary Overnight Deposit	-	222,445	222,445	222,445	-
*Bank of America	Temporary Overnight Deposit	178,061	-	178,061	178,061	-
*Bank of America	Temporary Overnight Deposit	-	178,061	178,061	178,061	-
*Bank of America	Temporary Overnight Deposit	137,247	-	137,247	137,247	-
*Bank of America	Temporary Overnight Deposit	-	137,247	137,247	137,247	-
*Bank of America	Temporary Overnight Deposit	127,313	-	127,313	127,313	-
*Bank of America	Temporary Overnight Deposit	-	127,313	127,313	127,313	-
*Bank of America	Temporary Overnight Deposit	138,090	-	138,090	138,090	-
*Bank of America	Temporary Overnight Deposit	-	138,090	138,090	138,090	-
*Bank of America	Temporary Overnight Deposit	140,465	-	140,465	140,465	-
*Bank of America	Temporary Overnight Deposit	-	140,465	140,465	140,465	-
*Bank of America	Temporary Overnight Deposit	243,479	-	243,479	243,479	-
*Bank of America	Temporary Overnight Deposit	-	243,479	243,479	243,479	-
*Bank of America	Temporary Overnight Deposit	200,324	-	200,324	200,324	-
*Bank of America	Temporary Overnight Deposit	-	200,324	200,324	200,324	-
*Bank of America	Temporary Overnight Deposit	235,824	-	235,824	235,824	-
*Bank of America	Temporary Overnight Deposit	-	235,824	235,824	235,824	-

Teva Pharmaceuticals USA, Inc. Supplemental Unemployment Benefit Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended December 31, 2025

EIN: 22-1734359 Plan #510

(a) Identity 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 (Loss)
	Category (i) – Single transactions in excess of 5% of plan assets:					
*Bank of America	Temporary Overnight Deposit	$ 310,664	$ -	$ 310,664	$ 310,664	$ -
*Bank of America	Temporary Overnight Deposit	-	310,664	310,664	310,664	-
*Bank of America	Temporary Overnight Deposit	450,473	-	450,473	450,473	-
*Bank of America	Temporary Overnight Deposit	-	450,473	450,473	450,473	-
*Bank of America	Temporary Overnight Deposit	430,995	-	430,995	430,995	-
*Bank of America	Temporary Overnight Deposit	-	430,995	430,995	430,995	-
*Bank of America	Temporary Overnight Deposit	414,784	-	414,784	414,784	-
*Bank of America	Temporary Overnight Deposit	-	414,784	414,784	414,784	-
*Bank of America	Temporary Overnight Deposit	432,956	-	432,956	432,956	-
*Bank of America	Temporary Overnight Deposit	-	432,956	432,956	432,956	-
*Bank of America	Temporary Overnight Deposit	370,243	-	370,243	370,243	-
*Bank of America	Temporary Overnight Deposit	-	370,243	370,243	370,243	-
*Bank of America	Temporary Overnight Deposit	322,463	-	322,463	322,463	-
*Bank of America	Temporary Overnight Deposit	-	322,463	322,463	322,463	-
*Bank of America	Temporary Overnight Deposit	335,440	-	335,440	335,440	-
*Bank of America	Temporary Overnight Deposit	-	335,440	335,440	335,440	-
*Bank of America	Temporary Overnight Deposit	296,064	-	296,064	296,064	-
*Bank of America	Temporary Overnight Deposit	-	296,064	296,064	296,064	-
*Bank of America	Temporary Overnight Deposit	285,209	-	285,209	285,209	-
*Bank of America	Temporary Overnight Deposit	-	285,209	285,209	285,209	-
*Bank of America	Temporary Overnight Deposit	248,556	-	248,556	248,556	-
*Bank of America	Temporary Overnight Deposit	-	248,556	248,556	248,556	-
*Bank of America	Temporary Overnight Deposit	219,794	-	219,794	219,794	-
*Bank of America	Temporary Overnight Deposit	-	219,794	219,794	219,794	-
*Bank of America	Temporary Overnight Deposit	211,030	-	211,030	211,030	-
*Bank of America	Temporary Overnight Deposit	-	211,030	211,030	211,030	-
*Bank of America	Temporary Overnight Deposit	188,239	-	188,239	188,239	-
*Bank of America	Temporary Overnight Deposit	-	188,239	188,239	188,239	-
*Bank of America	Temporary Overnight Deposit	177,194	-	177,194	177,194	-
*Bank of America	Temporary Overnight Deposit	-	177,194	177,194	177,194	-
*Bank of America	Temporary Overnight Deposit	3,812	-	3,812	3,812	-
*Bank of America	Temporary Overnight Deposit	-	3,812	3,812	3,812	-
*Bank of America	Temporary Overnight Deposit	199,408	-	199,408	199,408	-
*Bank of America	Temporary Overnight Deposit	-	199,408	199,408	199,408	-
*Bank of America	Temporary Overnight Deposit	187,389	-	187,389	187,389	-
*Bank of America	Temporary Overnight Deposit	-	187,389	187,389	187,389	-
	Category (iii) – Series of transactions in excess of 5% of plan assets:					
BlackRock	Treasury Trust Fund					
	35 Purchases	$ 6,074,103	$ -	$ 6,074,103	$ 6,074,103	$ -
	28 Sales	-	6,072,356	6,072,356	6,072,356	-
*Bank of America	Temporary Overnight Deposit					
	27 Purchases	6,707,961	-	6,707,961	6,707,961	-
	27 Sales	-	6,707,961	6,707,961	6,707,961	-

*: Party-in-interest

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2025.

This schedule was prepared from data certified as complete and accurate by Bank of America, N.A., a qualified institution.

Teva Pharmaceuticals USA, Inc. Supplemental Unemployment Benefit Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended December 31, 2025

EIN: 22-1734359 Plan #510

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
	Category (i) – Single transactions in excess of 5% of plan assets:					
BlackRock	Treasury Trust Fund	$ 136	$ -	$ 136	$ 136	$ -
BlackRock	Treasury Trust Fund	-	1,250	1,250	1,250	-
BlackRock	Treasury Trust Fund	178,061	-	178,061	178,061	-
BlackRock	Treasury Trust Fund	-	178,061	178,061	178,061	-
BlackRock	Treasury Trust Fund	137,247	-	137,247	137,247	-
BlackRock	Treasury Trust Fund	-	137,247	137,247	137,247	-
BlackRock	Treasury Trust Fund	127,313	-	127,313	127,313	-
BlackRock	Treasury Trust Fund	-	127,313	127,313	127,313	-
BlackRock	Treasury Trust Fund	138,090	-	138,090	138,090	-
BlackRock	Treasury Trust Fund	-	133,090	133,090	133,090	-
BlackRock	Treasury Trust Fund	140,465	-	140,465	140,465	-
BlackRock	Treasury Trust Fund	-	140,465	140,465	140,465	-
BlackRock	Treasury Trust Fund	243,479	-	243,479	243,479	-
BlackRock	Treasury Trust Fund	-	243,479	243,479	243,479	-
BlackRock	Treasury Trust Fund	-	1,250	1,250	1,250	-
BlackRock	Treasury Trust Fund	200,324	-	200,324	200,324	-
BlackRock	Treasury Trust Fund	-	200,324	200,324	200,324	-
BlackRock	Treasury Trust Fund	116	-	116	116	-
BlackRock	Treasury Trust Fund	310,664	-	310,664	310,664	-
BlackRock	Treasury Trust Fund	-	310,664	310,664	310,664	-
BlackRock	Treasury Trust Fund	450,473	-	450,473	450,473	-
BlackRock	Treasury Trust Fund	-	450,473	450,473	450,473	-
BlackRock	Treasury Trust Fund	210	-	210	210	-
BlackRock	Treasury Trust Fund	430,995	-	430,995	430,995	-
BlackRock	Treasury Trust Fund	-	430,995	430,995	430,995	-
BlackRock	Treasury Trust Fund	414,784	-	414,784	414,784	-
BlackRock	Treasury Trust Fund	-	414,784	414,784	414,784	-
BlackRock	Treasury Trust Fund	203	-	203	203	-
BlackRock	Treasury Trust Fund	432,956	-	432,956	432,956	-
BlackRock	Treasury Trust Fund	-	432,956	432,956	432,956	-
BlackRock	Treasury Trust Fund	-	1,250	1,250	1,250	-
BlackRock	Treasury Trust Fund	370,243	-	370,243	370,243	-
BlackRock	Treasury Trust Fund	-	370,243	370,243	370,243	-
BlackRock	Treasury Trust Fund	193	-	193	193	-
BlackRock	Treasury Trust Fund	322,463	-	322,463	322,463	-
BlackRock	Treasury Trust Fund	-	322,463	322,463	322,463	-
BlackRock	Treasury Trust Fund	335,440	-	335,440	335,440	-
BlackRock	Treasury Trust Fund	-	335,440	335,440	335,440	-
BlackRock	Treasury Trust Fund	159	-	159	159	-
BlackRock	Treasury Trust Fund	296,064	-	296,064	296,064	-
BlackRock	Treasury Trust Fund	-	296,064	296,064	296,064	-
BlackRock	Treasury Trust Fund	285,209	-	285,209	285,209	-
BlackRock	Treasury Trust Fund	-	285,209	285,209	285,209	-
BlackRock	Treasury Trust Fund	141	-	141	141	-
BlackRock	Treasury Trust Fund	248,556	-	248,556	248,556	-
BlackRock	Treasury Trust Fund	-	248,556	248,556	248,556	-
BlackRock	Treasury Trust Fund	-	1,250	1,250	1,250	-
BlackRock	Treasury Trust Fund	219,794	-	219,794	219,794	-
BlackRock	Treasury Trust Fund	-	219,794	219,794	219,794	-
BlackRock	Treasury Trust Fund	211,030	-	211,030	211,030	-
BlackRock	Treasury Trust Fund	-	211,030	211,030	211,030	-
BlackRock	Treasury Trust Fund	235	-	235	235	-
BlackRock	Treasury Trust Fund	188,239	-	188,239	188,239	-
BlackRock	Treasury Trust Fund	-	188,239	188,239	188,239	-
BlackRock	Treasury Trust Fund	-	3,670	3,670	3,670	-
BlackRock	Treasury Trust Fund	3,812	-	3,812	3,812	-
BlackRock	Treasury Trust Fund	199,408	-	199,408	199,408	-
BlackRock	Treasury Trust Fund	-	199,408	199,408	199,408	-
BlackRock	Treasury Trust Fund	187,389	-	187,389	187,389	-
BlackRock	Treasury Trust Fund	-	187,389	187,389	187,389	-
*Bank of America	Temporary Overnight Deposit	222,445	-	222,445	222,445	-
*Bank of America	Temporary Overnight Deposit	-	222,445	222,445	222,445	-
*Bank of America	Temporary Overnight Deposit	178,061	-	178,061	178,061	-
*Bank of America	Temporary Overnight Deposit	-	178,061	178,061	178,061	-
*Bank of America	Temporary Overnight Deposit	137,247	-	137,247	137,247	-
*Bank of America	Temporary Overnight Deposit	-	137,247	137,247	137,247	-
*Bank of America	Temporary Overnight Deposit	127,313	-	127,313	127,313	-
*Bank of America	Temporary Overnight Deposit	-	127,313	127,313	127,313	-
*Bank of America	Temporary Overnight Deposit	138,090	-	138,090	138,090	-
*Bank of America	Temporary Overnight Deposit	-	138,090	138,090	138,090	-
*Bank of America	Temporary Overnight Deposit	140,465	-	140,465	140,465	-
*Bank of America	Temporary Overnight Deposit	-	140,465	140,465	140,465	-
*Bank of America	Temporary Overnight Deposit	243,479	-	243,479	243,479	-
*Bank of America	Temporary Overnight Deposit	-	243,479	243,479	243,479	-
*Bank of America	Temporary Overnight Deposit	200,324	-	200,324	200,324	-
*Bank of America	Temporary Overnight Deposit	-	200,324	200,324	200,324	-
*Bank of America	Temporary Overnight Deposit	235,824	-	235,824	235,824	-
*Bank of America	Temporary Overnight Deposit	-	235,824	235,824	235,824	-

Teva Pharmaceuticals USA, Inc. Supplemental Unemployment Benefit Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended December 31, 2025

EIN: 22-1734359 Plan #510

(a) Identity 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 (Loss)
	Category (i) – Single transactions in excess of 5% of plan assets:					
*Bank of America	Temporary Overnight Deposit	$ 310,664	$ -	$ 310,664	$ 310,664	$ -
*Bank of America	Temporary Overnight Deposit	-	310,664	310,664	310,664	-
*Bank of America	Temporary Overnight Deposit	450,473	-	450,473	450,473	-
*Bank of America	Temporary Overnight Deposit	-	450,473	450,473	450,473	-
*Bank of America	Temporary Overnight Deposit	430,995	-	430,995	430,995	-
*Bank of America	Temporary Overnight Deposit	-	430,995	430,995	430,995	-
*Bank of America	Temporary Overnight Deposit	414,784	-	414,784	414,784	-
*Bank of America	Temporary Overnight Deposit	-	414,784	414,784	414,784	-
*Bank of America	Temporary Overnight Deposit	432,956	-	432,956	432,956	-
*Bank of America	Temporary Overnight Deposit	-	432,956	432,956	432,956	-
*Bank of America	Temporary Overnight Deposit	370,243	-	370,243	370,243	-
*Bank of America	Temporary Overnight Deposit	-	370,243	370,243	370,243	-
*Bank of America	Temporary Overnight Deposit	322,463	-	322,463	322,463	-
*Bank of America	Temporary Overnight Deposit	-	322,463	322,463	322,463	-
*Bank of America	Temporary Overnight Deposit	335,440	-	335,440	335,440	-
*Bank of America	Temporary Overnight Deposit	-	335,440	335,440	335,440	-
*Bank of America	Temporary Overnight Deposit	296,064	-	296,064	296,064	-
*Bank of America	Temporary Overnight Deposit	-	296,064	296,064	296,064	-
*Bank of America	Temporary Overnight Deposit	285,209	-	285,209	285,209	-
*Bank of America	Temporary Overnight Deposit	-	285,209	285,209	285,209	-
*Bank of America	Temporary Overnight Deposit	248,556	-	248,556	248,556	-
*Bank of America	Temporary Overnight Deposit	-	248,556	248,556	248,556	-
*Bank of America	Temporary Overnight Deposit	219,794	-	219,794	219,794	-
*Bank of America	Temporary Overnight Deposit	-	219,794	219,794	219,794	-
*Bank of America	Temporary Overnight Deposit	211,030	-	211,030	211,030	-
*Bank of America	Temporary Overnight Deposit	-	211,030	211,030	211,030	-
*Bank of America	Temporary Overnight Deposit	188,239	-	188,239	188,239	-
*Bank of America	Temporary Overnight Deposit	-	188,239	188,239	188,239	-
*Bank of America	Temporary Overnight Deposit	177,194	-	177,194	177,194	-
*Bank of America	Temporary Overnight Deposit	-	177,194	177,194	177,194	-
*Bank of America	Temporary Overnight Deposit	3,812	-	3,812	3,812	-
*Bank of America	Temporary Overnight Deposit	-	3,812	3,812	3,812	-
*Bank of America	Temporary Overnight Deposit	199,408	-	199,408	199,408	-
*Bank of America	Temporary Overnight Deposit	-	199,408	199,408	199,408	-
*Bank of America	Temporary Overnight Deposit	187,389	-	187,389	187,389	-
*Bank of America	Temporary Overnight Deposit	-	187,389	187,389	187,389	-
	Category (iii) – Series of transactions in excess of 5% of plan assets:					
BlackRock	Treasury Trust Fund					
	35 Purchases	$ 6,074,103	$ -	$ 6,074,103	$ 6,074,103	$ -
	28 Sales	-	6,072,356	6,072,356	6,072,356	-
*Bank of America	Temporary Overnight Deposit					
	27 Purchases	6,707,961	-	6,707,961	6,707,961	-
	27 Sales	-	6,707,961	6,707,961	6,707,961	-

*: Party-in-interest

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2025.

This schedule was prepared from data certified as complete and accurate by Bank of America, N.A., a qualified institution.

Teva Pharmaceuticals USA, Inc. Supplemental Unemployment Benefit Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2025

EIN: 22-1734359 Plan #: 510

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Mutual funds:			
	BlackRock	Treasury Trust Fund	$ 3,813	$ 3,813
		Total investments	$ 3,813	$ 3,813

This schedule was prepared from data certified as complete and accurate by Bank of America, N.A., a qualified institution.