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
B. BRAUN MEDICAL INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 09/01/1981

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)
B. BRAUN MEDICAL INC.

824 TWELFTH AVENUE
BETHLEHEM, PA 18018

2b Employer Identification Number (EIN) 23-2116774

2c Plan Sponsor's telephone number 610-691-5400

2d Business code (see instructions) 339110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2026	DYLAN SALDUTTI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2026	DYLAN SALDUTTI
	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

B. BRAUN MEDICAL INC.
ATTN DYLAN SALDUTTI, DIR. CORP BENEFITS
824 TWELFTH AVENUE
BETHLEHEM, PA 18018-3524

3b Administrator's EIN: 23-2116774

3c Administrator's telephone number: 610-691-5400

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: B. BRAUN MEDICAL, INC.

c Plan Name: B. BRAUN MEDICAL, INC. PENSION PLAN

4b EIN: 23-2116774

4d PN: 002

5	Total number of participants at the beginning of the plan year	**5**	3141
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)**	1616
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1495
b	Retired or separated participants receiving benefits	**6b**	761
c	Other retired or separated participants entitled to future benefits	**6c**	568
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2824
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	144
f	Total. Add lines **6d** and **6e**.	**6f**	2968
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 1C 3H

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 _____
- (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
B. BRAUN MEDICAL INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
B. BRAUN MEDICAL INC.

D Employer Identification Number (EIN)
23-2116774

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**	102319373
b Actuarial value	**2b**	96318615

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	846	24566757	24566757
b For terminated vested participants	679	14366805	14366805
c For active participants	1616	69767753	69849818
d Total	3141	108701315	108783380

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**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	4586261
b Expected plan-related expenses	**6b**	1133000
c Target normal cost	**6c**	5719261

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

09/28/2026
Date

VI-ZANNE HO
Type or print name of actuary

26-08517
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

215-246-6195
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	15818954
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	8114132
9	Amount remaining (line 7 minus line 8)	0	7704822
10	Interest on line 9 using prior year's actual return of 9.98 %	0	768941
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 5.15 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	8473763

Part III Funding Percentages

14	Funding target attainment percentage	14	80.75 %
15	Adjusted funding target attainment percentage	15	80.75 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.57 %
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
04/14/2025	2028533	0			
06/24/2025	2028533	0			
10/08/2025	1216870	0			
01/13/2026	1763623	0			
09/14/2026	1116182	0			
			Totals ► 18(b)	8153741	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	7840131

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

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**	5719261
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	20938528	2119064
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**	7838325

	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**	7838325
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	7840131
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	1806
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
B. BRAUN MEDICAL INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
B. BRAUN MEDICAL INC.

D Employer Identification Number (EIN)
23-2116774

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

ARGA INVESTMENT MANAGEMENT, LP
1010 WASHINGTON BLVD
6TH FLOOR
STAMFORD, CT 06901

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

ARTISAN PARTNERS
875 E. WISCONSIN AVENUE
SUITE 800
MILWAUKEE, WI 53202

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

BLACKROCK ADVISORS LLC

23-2784752

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

COHEN & STEERS CAPITAL MANAGEMENT
280 PARK AVENUE, 10TH FLOOR
NEW YORK, NY 10017

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

CONESTOGA CAPITAL ADVISORS LLC

550 E. SWEDESFORD ROAD
SUITE 120
WAYNE, PA 19087

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

DODGE & COX

94-1411037

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

DWS INVESTMENT MANAGEMENT AMERICAS

875 THIRD AVENUE
NEW YORK, NY 10022

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

FIDELITY INVESTMENTS

04-2647786

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

GQG PARTNERS LLC

350 E. LAS OLAS BLVD
18TH FLOOR
FORT LAUDERDALE, FL 33301

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

HARDING LOEVNER LP

400 CROSSING BOULEVARD
FOURTH FLOOR
BRIDGEWATER, NJ 08807

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

JP MORGAN

13-3200344

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

NATIONWIDE FUND ADVISORS

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

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)

AON CONSULTING INC

22-2232264

(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?
14 50 65	NONE	420839	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIENT ADVISORS

36-4001764

(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?
27 50	NONE	96750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON US LLC

53-0181291

(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	84247	Yes ☐ No ☒	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)

THE BANK OF NEW YORK MELLON

13-5160382

(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?
18 25 28 50 52	TRUSTEE	52354	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRICEWATERHOUSECOOPERS LLP

13-4008324

(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	51390	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FORVIS MAZARS, LLP

44-0160260

(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	44500	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: PRICEWATERHOUSECOOPERS LLP	**b** EIN:	13-4008324
c	Position: AUDITOR		
d	Address: TWO COMMERCE SQUARE, SUITE 1800 2001 MARKET STREET PHILADELPHIA, PA 19103	**e** Telephone:	267-330-3000

Explanation: CHANGE IN INDEPENDENT QUALIFIED PUBLIC ACCOUNTANT. PRICEWATERHOUSECOOPERS LLP WAS REPLACED BY FORVIS MAZARS, LLP FOR THE 2025 PLAN AUDIT.

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
B. BRAUN MEDICAL INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
B. BRAUN MEDICAL INC.

D Employer Identification Number (EIN)
23-2116774

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: EB TEMPORARY INVESTMENT

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

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)
25-6078093-023	C	3713456

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)

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
B. BRAUN MEDICAL INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
B. BRAUN MEDICAL INC.

D Employer Identification Number (EIN)
23-2116774

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)		2879805
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	10352	12116
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	2647491	3713456
(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)	99661530	107671718
(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	102319373	114277095
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	98454	106709
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	98454	106709
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	102220919	114170386

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)	8153741	
(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)		8153741
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		0
(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)	2651861	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2651861
(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)		202097
(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)		11900412
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		22908111
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9552098	
(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)		9552098
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)	420839	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	95890	
(5) Investment advisory and investment management fees	2i(5)	96750	
(6) Bank or trust company trustee/custodial fees	2i(6)	52354	
(7) Actuarial fees	2i(7)	84247	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	656466	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1406546
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10958644
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		11949467
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: FORVIS MAZARS, LLP **(2)** EIN: 44-0160260

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		3000000
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 585250.

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
B. BRAUN MEDICAL INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
B. BRAUN MEDICAL INC.

D Employer Identification Number (EIN)
23-2116774

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): 23-2116774

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** 170

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: 65.3 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 29.2 %
High-Yield Debt: 1.5 % Real Assets: _____% Cash or Cash Equivalents: 4.0 % Other: _____%

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

B. Braun Medical Inc. Pension Plan

EIN 23-2116774 PN 002

Independent Auditor's Report, Financial Statements and Supplemental Schedules

December 31, 2025 and 2024

B. Braun Medical Inc. Pension Plan
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December 31, 2025 and 2024

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*Other supplemental schedules required by Section 2520. 103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (“ERISA”) have been omitted because they are not applicable.

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Independent Auditor's Report

Administrator
B. Braun Medical Inc. Pension Plan
Bethlehem, PA

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 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).

Management has obtained a certification from a qualified institution as of December 31, 2025, and for the year then ended, 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 accompanying 2025 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2025 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion 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 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 Management for the 2025 Financial Statements

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

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

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements 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 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 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 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, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2024 Financial Statements

Predecessor auditors performed an audit of the 2024 financial statements of the B. Braun Medical Inc. Pension Plan. 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, 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 October 14, 2025 indicated that (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 agreed 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 management determines meets the requirements of ERISA Section 103(a)(3)(C).

Forvis Mazars, LLP

Chicago, Illinois
October 5, 2026

Federal Employer Identification Number: 44-0160260

B. Braun Medical Inc. Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at Fair Value		
Registered investment companies	$ 107,671,718	$ 99,661,530
Collective investment funds	3,713,456	2,647,491
Total Investments	111,385,174	102,309,021
Receivables		
Employer's contribution	2,879,805	-
Accrued investment income	12,116	10,352
Total Receivables	2,891,921	10,352
Total Assets	114,277,095	102,319,373
LIABILITIES		
Accrued administrative expenses	106,709	$ 98,454
Total Liabilities	106,709	98,454
Net Assets Available for Benefits	$ 114,170,386	$ 102,220,919

B. Braun Medical Inc. Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Investment Income		
Net appreciation in fair value of investments	$ 11,900,412	$ 7,357,808
Dividend income	2,651,861	2,405,286
Interest income	202,097	190,249
Total Investment Income	14,754,370	9,953,343
Contributions		
Employer	8,153,741	-
Total Contributions	8,153,741	-
Deductions		
Benefits paid directly to participants and beneficiaries	9,552,098	11,892,177
Administrative expenses	1,406,546	1,275,727
Total Deductions	10,958,644	13,167,904
Net Increase (Decrease)	11,949,467	(3,214,561)
Net Assets Available for Benefits, Beginning of the Year	102,220,919	105,435,480
Net Assets Available for Benefits, End of the Year	$ 114,170,386	$ 102,220,919

B. Braun Medical Inc. Pension Plan
Statement of Accumulated Plan Benefits
December 31, 2024

Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits		
Active participants	$	68,277,980
Retired participants and beneficiaries receiving payments		24,214,286
Terminated participants		14,130,009
Total vested benefits		106,622,275
Nonvested benefits		73,964
Total Actuarial Present Value of Accumulated Plan Benefits	$	106,696,239

B. Braun Medical Inc. Pension Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2024

Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	$	99,837,346
Changes During the Year Attributable to		
Benefits accumulated, including losses		4,246,799
Decrease in discount period		6,477,112
Actuarial losses		768,994
Change in actuarial assumptions		7,258,165
Benefits paid		(11,892,177)
Net Increase		6,858,893
Actuarial Present Value of Accumulated Plan Benefits at End of Year	$	106,696,239

Note 1. Description of the Plan

The following description of the B. Braun Medical Inc. Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory cash balance plan covering substantially all employees of B. Braun Medical Inc., and its affiliated companies (collectively the "Company"), who were hired prior to April 1, 2013. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is administered by the Company's Retirement Committee, which is a committee appointed by the Board of Directors of the Company. The Committee has overall responsibility for the operation and administration of the Plan.

In 2013, the Plan was amended to reflect a participation freeze. Employees whose initial date of employment with the Company occurs on or after April 1, 2013, will not be eligible to become a member of the plan. Effective July 1, 2017, the Plan was amended to disallow employees, who were originally hired before April 1, 2013 and subsequently terminated and rehired, to be eligible to enter or re-enter the plan.

Participant Accounts

The Plan provides for the allocation of Pay-Based Credits and Interest Credits (as defined in the Plan document) to each participant's hypothetical account at the end of each Plan year.

The Pay-Based Credits for a given Plan year equal a percentage of each participant's pensionable earnings for that Plan year, as defined in the Plan document, plus an additional percentage of each participant's pensionable earnings for that plan year in excess of the social security taxable wage for that Plan year. The applicable percentages range from 1.30% to 3.20%, applicable additional percentages range from 0.65% to 1.60%, each of which are based on the participant's age plus years of credited service at the beginning of the Plan year. The Interest Credits for a given Plan year are based on the average annual yield on one-year Treasury securities for the month of December of the prior Plan year (which are released in January of the current Plan year), but with a minimum interest rate credit rate of 2.39%. As of December 31, 2024 and 2023, the applicable Interest Credit rates were 3.77% and 4.12%, respectively.

Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make annual contributions to the extent necessary to satisfy minimum funding requirements of ERISA. The Company contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants. For the year ended December 31, 2025, the Company is required to make a minimum contribution of $8,153,741 to satisfy the minimum funding requirements of ERISA. The Company contributed $5,273,936 during 2025 and the remaining amount of $2,879,805 was contributed in September 2026 and has been included in Employer's Contribution Receivable as of December 31, 2025. For the year ended December 31, 2024 the Plan met the funding requirements of ERISA and no additional contributions were required to be made.

Retirement Benefits

Pension benefits are provided to participants based upon years of service and age. The Plan permits early retirement at ages 55–64, provided certain other necessary conditions are met. Retirement benefits are paid to participants or beneficiaries in the form of a single life annuity or lump sum amount. The lump sum payment form option is available immediately to anyone who retires or terminates with a vested interest in the Plan. It is also available immediately to the beneficiary of anyone who dies after having satisfied the eligibility conditions for a preretirement death benefit. The cash balance plan benefit is based on accumulated amounts in a hypothetical account maintained for each participant. Amounts accumulated based on pay credits, including an additional percent for compensation in excess of the social security taxable wage base ("SSTWB"), for participants who earned at least 1,000 hours of service during the Plan year. At the end of each year, a participant's account is credited with a percentage of the participant's total annual compensation based on the following schedule:

	Percent of Total Compensation	Additional Percent for Compensation in Excess of SSTWB
Age plus credited service at beginning of year		
Less than 30	1.30 %	0.65 %
30-39	1.50	0.75
40-49	1.70	0.85
50-59	2.00	1.00
60-69	2.40	1.20
70-79	2.80	1.40
80 or more	3.20	1.60

Interest for each cash balance account is credited at the end of the Plan year based upon the greater of 2.39% or the average annual yield of one-year treasury securities beginning with the month of December of the prior Plan year.

Death Benefits

For a participant who is eligible to receive retirement benefits, the surviving spouse is entitled to receive the entire value of the participant's cash balance Plan account. This benefit will be converted to a single life annuity based upon the surviving spouse's age at the time of the participant's death. If the value of the death benefit is less than $7,000, it will be automatically distributed as a single lump sum payment. In the event that a participant's spouse does not survive the participant, a death benefit equal to 50% of the value of the participant's cash balance Plan account shall be payable to the participant's dependent children.

Vesting

A participant's plan benefits become fully vested upon completion of three years of service.

Note 2. Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with 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 plan benefits at the dates of the financial statements, and changes therein. 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. If available, quoted market prices are used to value investments. Investment in short term investment funds is valued at net asset value. The Retirement Committee determines the Plan's valuation policies utilizing information provided by the trustee. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments sold during the period realized as well as the unrealized gains or losses on investments held in the portfolio at period end.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future payments, including lump sum distributions that are attributable under the Plan's provisions to the service that Plan participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are accumulated based on participants' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by independent actuaries and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

The Statement of Accumulated Plan Benefits is presented at December 31, 2024 and the Statement of Changes in Accumulated Plan Benefits is presented for the year ended December 31, 2024. However, these financial statements use actuarial data as of January 1, 2025. There is not a significant difference between the actuarial data as of December 31, 2024 and January 1, 2025.

The significant actuarial assumptions used to compute the actuarial present value of accumulated plan benefits as of December 31, 2024 were as follows:

Mortality tables	PRI-2012 separate annuitant/non annuitant mortality table without collar adjustment, as published in 2019 by the Society of Actuaries, projected generationally with scale MP-2021
Retirement age	Graduated table developed based on plan experience study
Interest rate	5.60%
Cash balance interest crediting rate	3.77% per annum
Cash balance annuity conversion rate	4.83% per annum
417(e) lump sum annuity conversion rate applicable rates in IRC Section 417(e) from November 2024	

The significant actuarial assumptions used to compute the actuarial present value of accumulated plan benefits as of December 31, 2023 were as follows:

Mortality tables	PRI-2012 separate annuitant/non annuitant mortality table without collar adjustment, as published in 2019 by the Society of Actuaries, projected generationally with scale MP-2021
Retirement age	Graduated table developed based on plan experience study
Interest rate	6.60%
Cash balance interest crediting rate	4.12% per annum
Cash balance annuity conversion rate	4.54% per annum
417(e) lump sum annuity conversion rate applicable rates in IRC Section 417(e) from November 2023	

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

Administrative Expenses

Administrative expenses of the Plan are paid by either the Plan or the Company, as provided in the Plan document. The Company provides accounting and other administrative services to the Plan at no charge which are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. Administrative expenses of the Plan totaled $1,406,546 and $1,275,727 for the years ended December 31, 2025 and 2024, respectively.

Payment of Benefits

Benefits are recorded when paid.

Note 3. Certified Information

Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA.

All investment balances and related investment information disclosed in the accompanying financial statements and supplemental schedule of assets (held at end of year) and schedule of reportable transactions was agreed to or derived from information provided to the Plan administrator and certified as complete and accurate by BNY Mellon, N.A., the trustee and custodian of the Plan.

The following line items consist of certified information within the statements of net assets available for benefits:

	2025	2024
Registered investment companies	$ 107,671,718	$ 99,661,530
Collective investment funds	3,713,456	2,647,491
Accrued investment income	12,116	10,352

The following line items consist of certified information within the statements of changes in net assets available for benefits:

	2025	2024
Net appreciation in fair value of investments	$ 11,900,412	$ 7,357,808
Dividend income	2,651,861	2,405,286
Interest income	202,097	190,249

Note 4. Fair Value Measurements

ASC 820 establishes a framework for measuring fair value and expands disclosures about fair value measurements in financial statements. The framework 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 under ASC 820 are described below:

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.

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

Registered Investment Companies

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open end mutual funds that are registered with the U.S. Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective Investment Funds

A collective investment fund is a bank-administered trust that aims to maintain a net asset value (NAV) of $1 per share.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no transfers between levels during the years ended December 31, 2025 and 2024..

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	Assets at Fair Value as of December 31, 2025			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Registered investment companies	$ 107,671,718	$ -	$ -	$ 107,671,718
Investments measured at net asset value - collective investment funds	-	-	-	3,713,456
Total investments at fair value				$ 111,385,174

	Assets at Fair Value as of December 31, 2024			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Registered investment companies	$ 99,661,530	$ -	$ -	$ 99,661,530
Investments measured at net asset value - collective investment funds	-	-	-	2,647,491
Total investments at fair value				$ 102,309,021

Fair Value of Investments in Entities that use NAV

The following table summarizes an investment measured at fair value based on NAV per share as of December 31, 2025 and 2024, respectively.

	NAV	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
December 31, 2025				
Common Trust (a)	$ 3,713,456	n/a	n/a	n/a
December 31, 2024				
Common Trust (a)	$ 2,647,491	n/a	n/a	n/a

(a) The strategy for this fund is to invest in securities in order to maintain a stable value.

Note 5. Related Party and Party in Interest Transactions

The Plan invested in a collective investment fund managed by BNY Mellon, N.A., the trustee. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each investment fund. Certain expenses related to the administration of the Plan are paid by the Company, which qualify as a party in interest, but are exempt from the prohibited transaction rules.

Note 6. Tax Status

The Plan obtained its latest determination letter on November 18, 2020, in which the Internal Revenue Service (IRS) states that the Plan, as then designed was in compliance with the applicable requirements of the Internal Revenue code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan is currently designed, and being operated, in compliance with the applicable requirements of the IRC.

Therefore, they believe that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.

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 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 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is not subject to income tax examinations for the years prior to 2022.

Note 7. Risks and Uncertainties

The Plan invests in various investment securities including registered investment companies and collective investment funds. Investment securities 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 at least reasonably possible that changes in the values of investment securities will occur at any time and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

Note 8. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“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, subject to a statutory ceiling on the amount of an individual’s monthly benefit.

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 those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while others be provided for at all.

Note 9. Subsequent Events

The Company's management has evaluated all activity of the Plan through October 5, 2026, the date the financial statements were made available for issuance.

Supplemental Schedules

B. Braun Medical Inc. Pension Plan
Form 5500 -Schedule H, Line 4i: Schedule of Assets (Held at End of Year)
December 31, 2025

Identity of Issue	Description of Investment	Cost	Current Value
Registered Investment Company			
FIDELITY 500 INDEX FUND	Registered investment company	$ 17,914,020	$ 29,896,546
DODGE & COX INTL STCK-I	Registered investment company	6,442,251	9,370,739
HRDNG LVNR INTL EQTY-INST Z	Registered investment company	8,151,416	9,171,197
DODGE & COX INCOME-I	Registered investment company	8,722,450	8,924,286
JPMORGAN CORE BOND-R6	Registered investment company	8,860,636	8,867,671
FIDELITY MID CAP INDX	Registered investment company	7,387,117	7,977,132
BLACKROCK STRAT INC OPP-K	Registered investment company	7,095,191	7,278,761
DWS RREEF REAL ASSETS-R6	Registered investment company	6,480,867	6,700,889
ARGA EMRG MRKTS VAL-INST	Registered investment company	2,912,039	4,487,766
GQG PART EMERG MKTS EQ-R6	Registered investment company	3,222,836	4,038,051
COHEN & STEERS INST RLTY	Registered investment company	3,009,073	3,125,197
NTNWD WCM FOC SM CAP-R6	Registered investment company	2,680,201	2,359,203
CONESTOGA SMALL CAP-INST	Registered investment company	2,137,332	2,256,137
ARTISAN HIGH INCOME-INST	Registered investment company	1,574,961	1,630,316
FIDELITY INFL PROT BD-INS PR	Registered investment company	1,596,035	1,587,827
Total Registered Investment Companies		88,186,425	107,671,718
Collective Investment Funds			
*EB Temp Inv. Fd 1.147% 12/31/2049 DD 11/01/01	Collective investment funds	3,713,456	3,713,456
Total Collective Investment Funds		3,713,456	3,713,456
Total Assets (Held at End of Year)		$ 91,899,881	$ 111,385,174

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

B. Braun Medical Inc. Pension Plan
Form 5500 -Schedule H, Line 4j: Schedule of Reportable Transactions
Year Ended December 31, 2025

Identity of Party Involved	Description of Assets	Number of Transactions	Lease Rental	Purchase Price	Selling Price	Expense Incurred with Transaction	Historical Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Single Transaction									
Fidelity MID CAP INDX	Registered investment compai	1	-	$ 7,300,000	$ -	$ -	$ 7,300,000	$ 7,300,000	$ -
Series of Transactions**									
Fidelity 500 Index Fund	Registered investment compai	2	-	$ -	$ 5,600,000	$ -	$ 3,815,415	$ 5,600,000	$ 1,784,585
Fidelity MID CAP INDX	Registered investment compai	3	-	7,387,117	-	-	7,387,117	7,387,117	-
*EB Temp Inv Fd; 1.147% 12/31/2049 DD 11/01/01	Collective investment fund	59	-	21,278,745	-	-	21,278,745	21,278,745	-
*EB Temp Inv Fd; 1.147% 12/31/2049 DD 11/01/01	Collective investment fund	47	-	-	20,212,780	-	20,212,780	20,212,780	-

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on November 11, 2024 with an effective date of January 1, 2024.

Covered employees	Active employees of B. Braun Medical, Aesculap, Aesculap II, and CAPS except for those in an excluded category.
Participation date	January 1 or July 1 after completing one year of service, 1,000 hours and attaining age 21.

Definitions

Vesting service	Period of employment from date of hire with any controlled group member.
Credited service	Period of employment from date of hire; however, no credit is given to McGaw employees prior to August 31, 1998. Credited Service is provided to Aesculap employees for the employee's period of employment with any controlled group member.
Pensionable pay	Total pay for the period as reported on Form W-2, before any and all deductions paid by the employer, excluding severance pay, and including pretax contributions made pursuant to Code Sections 401(k) and for health and welfare premiums, flexible spending accounts (pursuant to Code Section 125) and dependent care accounts (pursuant to Code Section 129). Compensation excludes contributions or benefits earned under this plan and special allowances (such as moving expenses, car expenses, tuition reimbursement, meal allowance and the cost of excess group life insurance includable in gross income). Pensionable earnings are limited per IRC Section 401(a)(17).
Social Security taxable wage base	The amount in effect on January 1 of each plan year on which a participant is taxed pursuant to the Federal Insurance Contribution Act (FICA).
Cash balance account	A cash balance account was established for each employee who was a participant in the plan on August 31, 1998 based on the present value of their accrued benefit at that date. An account will be established for each new participant as of the date he becomes a member of the plan. Each year, a participant's cash balance account is increased by pay-based credits (if applicable) and interest credits
Normal retirement date (NRD)	First of the month coincident with or next following age 65

SCHEDULE SB ATTACHMENTS

Accrued benefit

A participant's accrued benefit as of any date equals the greater of the actuarial equivalent of his or her account balance as of the given date or, if applicable, the participant's frozen accrued benefit as of August 31, 1998 (which, in turn, equals the greater of the frozen accrued benefit as of August 31, 1998 or, if applicable, the frozen grandfathered McGaw benefit as of April 30, 1991). We have described below the formula for determining a participant's account balance under the plan's cash balance benefit structure.

Pay-Based Credits: At the end of each plan year, an annual contribution, equal to a percentage of pensionable earnings for the calendar year preceding the end of the plan year plus an additional percentage of such pensionable earnings in excess of the Social Security Taxable Wage Base (TWB), is credited to each account for participants who earned at least 1,000 hours of service during the plan year. The annual contribution percentages are based upon the sum of each participant's age and credited service as of the beginning of each plan year, as follows:

Age plus credited service at beginning of plan year	Percentage applicable to pensionable earnings	Additional percentage applicable to pension earnings in excess of the TWB
Less than 30	1.30%	0.65%
30 - 39	1.50%	0.75%
40 - 49	1.70%	0.85%
50 - 59	2.00%	1.00%
60 - 69	2.40%	1.20%
70 - 79	2.80%	1.40%
80 or more	3.20%	1.60%

Interest Credits: At the end of each plan year, the cash balance account as of the end of the preceding year is credited with interest based on the average annual yield of one-year Treasury securities for the month of December of the prior plan year. Beginning on or after January 1, 2008, the interest credit rate for a given plan year shall be no less than 2.39%.

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Age 55 and completion of 4 years of vesting service
Postponed retirement	A member may continue employment after his normal retirement eligibility.
Deferred vested termination	Completion of three years of vesting service.
Preretirement death benefit	Death before retirement after having completed three years of vesting service

Benefits Paid Upon the Following Events

Normal retirement	The greatest of: (1) the actuarial equivalent of the account balance at normal retirement, (2) the frozen accrued normal retirement benefit as of August 31, 1998, or (3) the frozen accrued normal retirement grandfathered McGaw benefit as of April 30, 1991.
Early retirement	The greatest of (1) the actuarial equivalent of the account balance at early retirement, (2) the frozen accrued early retirement benefit as of August 31, 1998, or (3) the frozen accrued early-retirement grandfathered McGaw benefit as of April 30, 1991.
Postponed retirement	The greatest of (1) the actuarial equivalent of the account balance at late retirement, (2) the frozen accrued late retirement benefit as of August 31, 1998, or (3) the frozen accrued late-retirement grandfathered McGaw benefit as of April 30, 1991. The cash balance account will continue to earn pay-based credits (if applicable) and interest credits until late retirement. The frozen benefits are actuarially increased to reflect the late retirement using the applicable interest rate and applicable mortality table prescribed by the Secretary for purposes of satisfying the requirements of IRC Section 417(e)(3)(B) prior to January 1, 2008, using the rate of interest on 30-year Treasury securities for November of the preceding plan year. Effective July 31, 2020, certain future actuarial increases applied to the Normal Retirement benefit for continued employment beyond Normal Retirement Age were eliminated.
Deferred vested termination	The greatest of (1) the actuarial equivalent of the account balance at deferred vested retirement, (2) the frozen accrued deferred vested retirement benefit as of August 31, 1998, or (3) the frozen accrued deferred vested retirement grandfathered McGaw benefit as of April 30, 1991. The cash balance account will continue to earn interest credits until retirement.

SCHEDULE SB ATTACHMENTS

Preretirement death	The greater of (1) the actuarial equivalent of 100% of the account balance, (2) the applicable frozen benefit to which the participant's spouse would have been entitled had the participant survived until earliest retirement date (if later than date of death), retired immediately and elected a 50% joint-and-survivor annuity, and then died the next day.

Other Plan Provisions

Forms of payment

• Automatic form for unmarried participants	Single life annuity payable monthly.
• Automatic form for married participants	50% joint and survivor annuity payable monthly.
• Optional forms	Actuarially equivalent optional payment forms are: ▪ 33-1/3 % joint and survivor ▪ 50 % joint and survivor ▪ 75 % joint and survivor ▪ 100 % joint and survivor ▪ 10 year certain and life annuity ▪ 15 year certain and life annuity ▪ Lump sum Former McGaw participants are eligible to receive the prior plan McGaw portion of their benefit and the post-McGaw cash balance portion of their benefit in different forms.
• Optional form conversion factors (annuity options)	A participant's account balance is converted to an actuarially equivalent single life annuity using the applicable interest rate and applicable mortality table prescribed by the Secretary for purposes of satisfying the requirements of IRC Section 417(e)(3)(B) prior to January 1, 2008, using the rate of interest on 30-year Treasury securities for November of the preceding plan year. A participant's actuarially equivalent single life annuity is then converted to actuarially equivalent optional annuity forms of payment using the UP-84 Unisex Mortality Table with a two-year setback for members and one-year setback for beneficiaries, and 7.5% interest. Frozen benefits are converted to actuarially equivalent optional forms of payment using factors defined by the prior plan.

• Optional form conversion factors (lump sum options)	The lump-sum under the cash-balance benefit structure will equal the account balance. The lump sum under the pre-1998 prior-plan frozen benefit will equal the actuarial equivalent of the normal retirement benefit payable at age 65 the applicable interest rate and applicable mortality table prescribed by the Secretary for purposes of satisfying the requirements of IRC Section 417(e)(3)(B) on or after January 1, 2008. For amounts payable in a given plan year, the interest rate used to convert pre-1998 frozen benefits to lump-sum form will be the applicable rate for the month of November preceding such plan year. The lump sum option will be available immediately to anyone who retires or terminates with a vested interest in the plan. It will also be available immediately to the beneficiary of anyone who dies after having satisfied the eligibility conditions for a preretirement surviving spouse benefit.
Pension Increases	None
Plan participants' contributions	None
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect.

Future Plan Changes

No future plan changes were recognized in determining pension cost or funding requirements.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

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
B. BRAUN MEDICAL, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
B. BRAUN MEDICAL, INC.

D Employer Identification Number (EIN)
23-2116774

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**	102,319,373
b Actuarial value	**2b**	96,318,615

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	846	24,566,757	24,566,757
b For terminated vested participants	679	14,366,805	14,366,805
c For active participants	1,616	69,767,753	69,849,818
d Total	3,141	108,701,315	108,783,380

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**	5.32%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	4,586,261
b Expected plan-related expenses	**6b**	1,133,000
c Target normal cost	**6c**	5,719,261

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

Vi-Zanne Ho VH
Signature of actuary

September 28, 2026
Date

Vi-Zanne Ho
Type or print name of actuary

2608517
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

215-246-6195
Telephone number (including area code)

PO Box 674401
Houston TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	15,818,954
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	8,114,132
9	Amount remaining (line 7 minus line 8)	0	7,704,822
10	Interest on line 9 using prior year's actual return of 9.98 %	0	768,941
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 5.15 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	8,473,763

Part III Funding Percentages

14	Funding target attainment percentage	14	80.75 %
15	Adjusted funding target attainment percentage	15	80.75 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.57 %
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
04/14/2025	2,028,533	0			
06/24/2025	2,028,533	0			
10/08/2025	1,216,870	0			
01/13/2026	1,763,623	0			
09/14/2026	1,116,182	0			
			Totals ► 18(b)	8,153,741	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	7,840,131
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?		☒ Yes ☐ No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		☒ Yes ☐ No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 65

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**: 5,719,261

b Excess assets, if applicable, but not greater than line 31a — **31b**: 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	20,938,528	2,119,064
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**: 7,838,325

	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**: 7,838,325

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) — **37**: 7,840,131

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

a Total (excess, if any, of line 37 over line 36) — **38a**: 1,806

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 ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: January
- Interest rate basis: 3-Segment Rates

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.00%	5.00%
• Second segment rate	5.27%	5.27%
• Third segment rate	5.50%	5.40%
• Effective interest rate	5.32%	5.29%

As permitted by law, rates reflecting stabilization are used to determine the funding target and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation. Rates not reflecting stabilization are used to determine maximum tax deductible limits and are used to determine the PBGC FTAPs and the PBGC 4010 FS.

Annual rates of increase

- Compensation: 3.75%
- Social Security wage base: 3.50%
- Inflation: 2.50%
- Cash balance interest credit rate: 3.77%
- Annuity conversion rate: 4.83%
- Lump sum conversion rate: 5.87%

SCHEDULE SB ATTACHMENTS

Plan-related expenses

Plan-related expenses are assumed to equal the administrative expenses for the prior year plus the estimated change in PBGC premiums, rounded to the nearest $1,000. For 2025, this amount was $1,133,000.

Demographic and Other Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

Benefit commencement dates

- Future vested benefit: Age 65 for annuity elections; lump sums assumed to be elected upon termination
- Current vested benefit: Age 65 for annuity and lump sum elections. Current vested deferred participants over age 65 are assumed to commence immediately.
- Retirement benefit: Upon termination of employment

Form of payment

	Lump Sum	Single Life Annuity	50% Joint and Survivor Annuity
Active retirements - male	70%	10%	20%
Active retirements - female	70%	20%	10%
Future vested deferred - male	70%	15%	15%
Future vested deferred - female	70%	15%	15%
Future disabled	N/A	N/A	N/A
Future deaths	50%	50%	0%
Current vested deferred - male	70%	15%	15%
Current vested deferred - female	70%	15%	15%

Percent married

85% of males; 50% of females. These assumptions are used to value pre-retirement surviving spouse benefits and in determining the optional form expected to be elected at commencement

Spouse age

Wife – 2 years younger than husband

Husband – 2 years older than wife

SCHEDULE SB ATTACHMENTS

Covered pay

Total pay for the period as reported on Form W-2, before any and all deductions paid by the employer, excluding severance pay, and including pretax contributions made pursuant to Code Sections 401(k) and for health and welfare premiums, flexible spending accounts (pursuant to Code Section 125) and dependent care accounts (pursuant to Code Section 129). Compensation excludes contributions or benefits earned under this plan and special allowances (such as moving expenses, car expenses, tuition reimbursement, meal allowance and the cost of excess group life insurance includable in gross income). Pensionable earnings are limited per IRC Section 401(a)(17).

Mortality:

- Healthy mortality rates: Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
- Disabled life mortality rates: Same as healthy lives

Disability rates

None

Termination (not due to disability or retirement) rates

The rates at which participants are assumed to terminate employment by age are shown below:

Representative Termination Rates

Attained Age	Percentage assumed to leave during the year
16	20.00%
20	18.00%
25	15.00%
30	8.00%
35	6.00%
40	5.50%
45	4.00%
50	3.50%
55	3.00%

SCHEDULE SB ATTACHMENTS

Retirement

Rates at which participants are assumed to retire by age are shown below, resulting in a weighted average retirement age of 65.

Attained Age	Percentage assumed to retire during the year
55 – 59	2.00%
60 – 61	5.00%
62 – 63	8.00%
64	10.00%
65	15.00%
66	25.00%
67	27.50%
68 - 70	25.00%
71	100.00%

Additional Assumptions

Late Retirement Benefits

Active participants over age 65 are valued based on continued accruals.

Cash flow

Decrement timing

The assumptions used are collectively called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements, the age is generally the participant's rounded age at the middle of the year.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date

First day of plan year

Funding target

Present value of accrued benefits as required by regulations under IRC §430

Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430

SCHEDULE SB ATTACHMENTS

Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.59% with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2025 and information on plan provisions. Information on assets and contributions was provided by the plan trustee. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, there were no significant issues found with missing or inconsistent data. We are aware of no adjustments made by the data provider. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	1,570,397	15.00000	1,570,397	146,055
2. Shortfall	01/01/2024	2,719,081	14.00000	2,550,949	248,513
3. Shortfall	01/01/2023	18,830,338	13.00000	16,817,182	1,724,496
Total				20,938,528	2,119,064

Plan Name: B. Braun Medical, Inc. Pension Plan
EIN / PN: 23-2116774/002
Plan Sponsor: B. Braun Medical, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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	6,510,479	5,070,263	2,615,434	14,196,176
2026	5,550,229	692,983	2,534,857	8,778,069
2027	5,744,509	679,455	2,449,043	8,873,007
2028	5,524,707	587,618	2,356,313	8,468,638
2029	5,397,213	563,562	2,260,005	8,220,780
2030	5,388,160	727,787	2,161,970	8,277,917
2031	5,341,075	679,572	2,059,971	8,080,618
2032	5,094,759	740,508	1,955,810	7,791,077
2033	4,915,619	562,262	1,849,600	7,327,481
2034	4,744,723	868,974	1,743,269	7,356,966
2035	4,568,477	719,716	1,637,537	6,925,730
2036	4,311,846	732,026	1,531,844	6,575,716
2037	4,108,581	823,160	1,426,936	6,358,677
2038	3,912,648	717,946	1,321,981	5,952,575
2039	3,715,472	625,275	1,219,038	5,559,785
2040	3,624,403	839,732	1,119,588	5,583,723
2041	3,557,795	595,593	1,022,953	5,176,341
2042	3,349,682	531,310	929,576	4,810,568
2043	3,173,427	602,898	839,842	4,616,167
2044	3,068,046	486,572	754,092	4,308,710
2045	3,028,491	546,500	672,627	4,247,618
2046	2,888,453	446,737	595,708	3,930,898
2047	2,733,726	504,307	523,568	3,761,601
2048	2,605,008	415,124	456,408	3,476,540
2049	2,437,994	444,700	394,394	3,277,088
2050	2,346,859	412,353	337,660	3,096,872
2051	2,169,032	359,933	286,282	2,815,247
2052	2,053,999	338,008	240,263	2,632,270
2053	1,908,440	326,725	199,528	2,434,693
2054	1,782,240	314,022	163,917	2,260,179
2055	1,686,775	301,234	133,184	2,121,193
2056	1,552,391	286,877	107,015	1,946,283
2057	1,440,909	271,317	85,033	1,797,259
2058	1,334,662	255,531	66,820	1,657,013
2059	1,225,766	239,849	51,938	1,517,553
2060	1,126,440	224,347	39,942	1,390,729
2061	1,031,793	209,095	30,401	1,271,289
2062	939,583	194,150	22,912	1,156,645
2063	861,749	179,566	17,109	1,058,424
2064	783,083	165,389	12,665	961,137
2065	713,157	151,660	9,300	874,117
2066	646,993	138,416	6,776	792,185
2067	584,640	125,692	4,901	715,233
2068	526,097	113,526	3,520	643,143
2069	471,328	101,950	2,509	575,787
2070	420,274	90,995	1,775	513,044
2071	372,870	80,692	1,245	454,807
2072	329,043	71,066	865	400,974
2073	288,705	62,138	594	351,437
2074	251,763	53,922	403	306,088

Plan Name: B. Braun Medical, Inc. Pension Plan
EIN / PN: 23-2116774/002
Plan Sponsor: B. Braun Medical, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a - Schedule of Active Participant Data as of January 1, 2025

Number accruing pay-related benefits and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	17	1	0	0	0	0	0	18
	-	-	-	-	-	-	-	-	-	-	-
35-39	0	1	1	49	29	0	0	0	0	0	80
	-	-	-	115,789	112,952	-	-	-	-	-	113,084
40-44	0	0	3	37	76	23	1	0	0	0	140
	-	-	-	154,801	111,945	94,918	-	-	-	-	121,776
45-49	0	0	2	40	76	69	14	0	0	0	201
	-	-	-	132,289	143,348	126,828	-	-	-	-	133,151
50-54	0	0	2	35	80	74	52	14	1	0	258
	-	-	-	123,594	127,527	116,794	113,422	-	-	-	120,268
55-59	1	0	0	30	79	77	95	28	12	3	325
	-	-	-	124,237	115,570	130,583	120,348	122,205	-	-	120,006
60-64	0	0	2	29	86	86	114	30	12	28	387
	-	-	-	119,517	106,816	119,988	110,580	151,791	-	98,702	116,438
65-69	0	0	0	20	34	27	61	9	5	9	165
	-	-	-	117,913	107,074	113,854	99,723	-	-	-	109,404
70 & over	0	0	0	1	11	6	18	3	0	3	42
	-	-	-	-	-	-	-	-	-	-	83,525
Total	1	1	10	258	472	362	355	84	30	43	1,616
	-	-	-	125,250	118,351	119,834	110,921	125,973	134,199	96,383	118,348

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: B. Braun Medical, Inc. Pension Plan
EIN / PN: 23-2116774/002
Plan Sponsor: B. Braun Medical, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a - Schedule of Active Participant Data for Frozen Plans as of January 1, 2025

Number and average account balance distributed by attained age and attained years of credited service

	Attained Years of Credited Service[2]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	17	1	0	0	0	0	0	18
	-	-	-	-	-	-	-	-	-	-	-
35-39	0	1	1	49	29	0	0	0	0	0	80
	-	-	-	18,004	21,241	-	-	-	-	-	18,826
40-44	0	0	3	37	76	23	1	0	0	0	140
	-	-	-	29,210	25,870	26,772	-	-	-	-	26,752
45-49	0	0	2	40	76	69	14	0	0	0	201
	-	-	-	26,888	38,175	41,991	-	-	-	-	37,663
50-54	0	0	2	35	80	74	52	14	1	0	258
	-	-	-	29,013	39,625	46,308	50,941	-	-	-	43,233
55-59	1	0	0	30	79	77	95	28	12	3	325
	-	-	-	29,913	37,957	56,417	61,182	73,332	-	-	51,965
60-64	0	0	2	29	86	86	114	30	12	28	387
	-	-	-	32,241	39,466	56,122	66,818	105,599	-	83,236	61,125
65-69	0	0	0	20	34	27	61	9	5	9	165
	-	-	-	35,924	42,568	55,484	68,045	-	-	-	62,103
70 & over	0	0	0	1	11	6	18	3	0	3	42
	-	-	-	-	-	-	-	-	-	-	55,033
Total	1	1	10	258	472	362	355	84	30	43	1,616
	-	-	-	26,619	35,792	49,208	62,567	80,285	101,720	82,942	47,853

[2] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: B. Braun Medical, Inc. Pension Plan
EIN / PN: 23-2116774/002
Plan Sponsor: B. Braun Medical, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

- The lump sum mortality table was updated to reflect rates in effect for 2025 distributions.
- The lump sum conversion rate was updated from the valuation interest rate to 5.87%.
- The annuity conversion rate was updated from 4.54% to 4.83%.
- The cash balance interest crediting rate was updated from 4.12% to 3.77%.

Plan Name:	B. Braun Medical, Inc. Pension Plan
EIN / PN:	23-2116774/002
Plan Sponsor:	B. Braun Medical, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

Age	Retirement Rate	Number of Remaining Actives	Probability of Remaining Actives	Percentage Retiring at Age	Age Times Percentage Retiring
55	0.020	10,000	1.000000	0.020000	1.100000
56	0.020	9,800	0.980000	0.019600	1.097600
57	0.020	9,604	0.960400	0.019208	1.094856
58	0.020	9,412	0.941192	0.018824	1.091783
59	0.020	9,224	0.922368	0.018447	1.088394
60	0.050	9,039	0.903921	0.045196	2.711762
61	0.050	8,587	0.858725	0.042936	2.619111
62	0.080	8,158	0.815789	0.065263	4.046311
63	0.080	7,505	0.750525	0.060042	3.782648
64	0.100	6,905	0.690483	0.069048	4.419094
65	0.150	6,214	0.621435	0.093215	6.058992
66	0.250	5,282	0.528220	0.132055	8.715627
67	0.275	3,962	0.396165	0.108945	7.299337
68	0.250	2,872	0.287220	0.071805	4.882732
69	0.250	2,154	0.215415	0.053854	3.715903
70	0.250	1,616	0.161561	0.040390	2.827317
71	1.000	1,212	0.121171	0.121171	8.603122
Average age at retirement					65.154589
Rounded for Schedule SB item 22					65

Plan Name: B. Braun Medical, Inc. Pension Plan
EIN / PN: 23-2116774/002
Plan Sponsor: B. Braun Medical, Inc.
Valuation Date: January 1, 2025

B. Braun Medical Inc. Pension Plan
Form 5500 -Schedule H, Line 4i: Schedule of Assets (Held at End of Year)
December 31, 2025

Identity of Issue	Description of Investment	Cost	Current Value
Registered Investment Company			
FIDELITY 500 INDEX FUND	Registered investment company	$ 17,914,020	$ 29,896,546
DODGE & COX INTL STCK-I	Registered investment company	6,442,251	9,370,739
HRDNG LVNR INTL EQTY-INST Z	Registered investment company	8,151,416	9,171,197
DODGE & COX INCOME-I	Registered investment company	8,722,450	8,924,286
JPMORGAN CORE BOND-R6	Registered investment company	8,860,636	8,867,671
FIDELITY MID CAP INDX	Registered investment company	7,387,117	7,977,132
BLACKROCK STRAT INC OPP-K	Registered investment company	7,095,191	7,278,761
DWS RREEF REAL ASSETS-R6	Registered investment company	6,480,867	6,700,889
ARGA EMRG MRKTS VAL-INST	Registered investment company	2,912,039	4,487,766
GQG PART EMERG MKTS EQ-R6	Registered investment company	3,222,836	4,038,051
COHEN & STEERS INST RLTY	Registered investment company	3,009,073	3,125,197
NTNWD WCM FOC SM CAP-R6	Registered investment company	2,680,201	2,359,203
CONESTOGA SMALL CAP-INST	Registered investment company	2,137,332	2,256,137
ARTISAN HIGH INCOME-INST	Registered investment company	1,574,961	1,630,316
FIDELITY INFL PROT BD-INS PR	Registered investment company	1,596,035	1,587,827
Total Registered Investment Companies		88,186,425	107,671,718
Collective Investment Funds			
*EB Temp Inv. Fd 1.147% 12/31/2049 DD 11/01/01	Collective investment funds	3,713,456	3,713,456
Total Collective Investment Funds		3,713,456	3,713,456
Total Assets (Held at End of Year)		$ 91,899,881	$ 111,385,174

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

B. Braun Medical Inc. Pension Plan
Form 5500 -Schedule H, Line 4j: Schedule of Reportable Transactions
Year Ended December 31, 2025

Identity of Party Involved	Description of Assets	Number of Transactions	Lease Rental	Purchase Price	Selling Price	Expense Incurred with Transaction	Historical Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Single Transaction									
Fidelity MID CAP INDX	Registered investment compai	1	-	$ 7,300,000	$ -	$ -	$ 7,300,000	$ 7,300,000	$ -
Series of Transactions**									
Fidelity 500 Index Fund	Registered investment compai	2	-	$ -	$ 5,600,000	$ -	$ 3,815,415	$ 5,600,000	$ 1,784,585
Fidelity MID CAP INDX	Registered investment compai	3	-	7,387,117	-	-	7,387,117	7,387,117	-
*EB Temp Inv Fd; 1.147% 12/31/2049 DD 11/01/01	Collective investment fund	59	-	21,278,745	-	-	21,278,745	21,278,745	-
*EB Temp Inv Fd; 1.147% 12/31/2049 DD 11/01/01	Collective investment fund	47	-	-	20,212,780	-	20,212,780	20,212,780	-

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

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