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
SMITHS GROUP PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/01/1970

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)
SMITHS GROUP SERVICES CORPORATION

25 MASSACHUSETTS AVE NW SUITE 120
WASHINGTON, DC 20001-1430

2b Employer Identification Number (EIN) 22-3015350

2c Plan Sponsor's telephone number

2d Business code (see instructions) 335310

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.	10/12/2026	KATHRYN BURRISS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	3455
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)**	489
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	456
b	Retired or separated participants receiving benefits	**6b**	1102
c	Other retired or separated participants entitled to future benefits	**6c**	1656
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3214
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	158
f	Total. Add lines **6d** and **6e**.	**6f**	3372
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 1I 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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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
SMITHS GROUP PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SMITHS GROUP SERVICES CORPORATION

D Employer Identification Number (EIN)
22-3015350

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**	249371975
b Actuarial value	**2b**	258052983

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	1110	122281193	122281193
b For terminated vested participants	1856	94561788	94561788
c For active participants	489	32656948	32830151
d Total	3455	249499929	249673132

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**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1300000
c Target normal cost	**6c**	1300000

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

Date

SHERI X. DECRISTOFARO
Type or print name of actuary

26-06629
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

215-246-6000
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	48300344
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4049450
9	Amount remaining (line 7 minus line 8)		44250894
10	Interest on line 9 using prior year's actual return of -2.03 %		-898293
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		12353565
	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 5.14 %		450278
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-72944
	c Total available at beginning of current plan year to add to prefunding balance		12730899
	d Portion of (c) to be added to prefunding balance		12730899
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	56083500

Part III Funding Percentages

14	Funding target attainment percentage	14	80.89 %
15	Adjusted funding target attainment percentage	15	103.35 %
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	90.98 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [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: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used
b Applicable month (enter code)			**21b**	
22 Weighted average retirement age			**22**	62

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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. [X] Yes [ ] No

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [X] 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**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
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**	1300000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	47703649	4653816
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**	5953816

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	5953816	5953816

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

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

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

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SMITHS GROUP SERVICES CORPORATION

D Employer Identification Number (EIN)
22-3015350

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

TOWERS WATSON

23-1159360

(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 28	NONE	1049496	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRINCIPAL

51-0099493

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	65285	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

(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?
28 21 24 50 51	NONE	56378	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

KMCO CPAS LLP

42-1963336

(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	NONE	36199	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	10952	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
SMITHS GROUP PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SMITHS GROUP SERVICES CORPORATION

D Employer Identification Number (EIN)
22-3015350

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: TURF 10 YR NON-LENDING

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO

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)
47-4226866-001	C	7285961

a Name of MTIA, CCT, PSA, or 103-12 IE: TURF 15 YR NON-LENDING

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO

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)
45-3856099-001	C	5096449

a Name of MTIA, CCT, PSA, or 103-12 IE: TURF 20 YR NON-LENDING

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO

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)
45-3856189-001	C	3313124

a Name of MTIA, CCT, PSA, or 103-12 IE: TURF 25 YR NON-LENDING

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO

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)
45-3856224-001	C	2557652

a Name of MTIA, CCT, PSA, or 103-12 IE: TURF 5 YR NON-LENDING

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO

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)
47-4104495-001	C	5001008

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-144	C	43399645

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-142	C	37323516

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

b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC.

c EIN-PN 82-6695738-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26862483

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

b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC.

c EIN-PN 82-6695738-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68897623

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

b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC.

c EIN-PN 82-6695738-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24703325

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

b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC.

c EIN-PN 82-6695738-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23457661

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
SMITHS GROUP PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SMITHS GROUP SERVICES CORPORATION

D Employer Identification Number (EIN)
22-3015350

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1880306	6318050
(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)	234503131	247898447
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	236383437	254216497
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	236383437	254216497

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)	13400000	
(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)		13400000
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)	217909	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		217909
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	20643361	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		20643361

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		985856
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		35247126
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15812435	
(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)		15812435
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	36199	
(5) Investment advisory and investment management fees	2i(5)	409722	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	715254	
(8) Legal fees	2i(8)	8221	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	66005	
(11) Other expenses	2i(11)	366230	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1601631
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		17414066
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		17833060
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: KMCO CPAS LLP **(2)** EIN: 42-1963336

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		500000
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**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**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 584484.

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
SMITHS GROUP PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SMITHS GROUP SERVICES CORPORATION

D Employer Identification Number (EIN)
22-3015350

Part I Distributions

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

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

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

EIN(s): 56-1354495

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** | 63

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Kreischer Miller

Independent Auditors' Report

Pension Benefits Committee
Smiths Group Pension Plan
Washington, District of Columbia

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

We have performed audits of the financial statements of Smiths Group 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 statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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- the information in the accompanying 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

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 for one year after the date that the financial statements are 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions as of or 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedule 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).

KMCO CPAs LLP

Horsham, Pennsylvania
September 25, 2026

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions Retirement Account Program Participants

The most recent amendment reflected in the following plan provisions was effective December 31, 2019.

Covered Employees

All nonunion employees of a participating business division who were hired after January 1, 2005 or newly participating divisions as of January 1, 2005. In addition, employees of certain divisions who chose to switch to the Retirement Account Program as of January 1, 2006 under the Choice Program offered in 2005. Employees hired after April 30, 2009 are not covered.

Participation Date

First day of the month coincident with or following the date of becoming a covered employee.

January 1, 2006 for employees who were hired before January 1, 2005 and chose the Retirement Account Program.

No new participants after April 30, 2009

Definitions

Vesting service

Years and months of employment with Smiths Group or an affiliate company

Pensionable pay

Base pay, annual bonus, commissions, overtime payments and shift differentials, plus elective deferrals, if any, under Section 401(k) or 125 of the Internal Revenue Code. No pay is taken into account after April 30, 2009.

Compensation credits

No compensation credits after April 30, 2009. Prior to April 30, 2009, percentage of pensionable pay, based on participant's attained age on December 31 of that year, as follows:

Age	Percentage of pensionable pay
<30	3%
30-39	4%
40-49	5%
50-59	6%
60+	7%

SCHEDULE SB ATTACHMENTS

Annual interest credits	Interest is credited on the last day of each calendar year based on the account balance at the beginning of each year. If the participant received benefits before the end of the year, interest credits are pro-rated. The interest rate is the 10-year Treasury rate in effect on the first business day in November of the preceding year.
Retirement account	At a given date, the Retirement Account is the accumulation of : (i) Compensation credits last credited as of April 30, 2009 (ii) Interest credits
Frozen pension benefit	Benefit accrued under the traditional pension plan, frozen as of December 31, 2005.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service
Postponed retirement	Retirement after NRD
Deferred vested	Termination for reasons other than death, disability or retirement after completing three years of vesting service
Disability	Permanent and total disability prior to NRD, and participant is receiving a Social Security disability benefit
Preretirement spouse benefit	Death while eligible for normal, early, postponed, disability or deferred vested retirement benefits, with a surviving spouse

SCHEDULE SB ATTACHMENTS

Monthly Benefits Paid Upon the Following Events

Normal retirement	(a)	Monthly frozen pension benefit determined as of NRD, plus
	(b)	Retirement Account as of NRD
Early retirement	(a)	Monthly frozen pension benefit determined as of early retirement date, reduced by early retirement factors applicable to the prior plan as of December 31, 2005, plus
	(b)	Retirement Account as of date of early retirement
Postponed retirement	(a)	Monthly frozen pension benefit determined as of actual retirement date, plus
	(b)	Retirement Account as of actual retirement date
Termination with deferred vested benefit	(a)	Monthly frozen pension benefit determined as of termination date, reduced for payment before the participant's NRD as described for early retirement, plus
	(b)	Retirement Account as of commencement date
Disablement	(a)	Monthly frozen pension benefit determined as of termination date, reduced for payment before the participant's NRD as described for early retirement applicable for the prior plan as of December 31, 2005, plus
	(b)	Retirement Account as of disability date
Preretirement death	(a)	50% of the monthly frozen pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday applicable for the prior plan as of December 31, 2005, plus
	(b)	An annuity for the life of the RA Participant's Surviving Spouse, under which the monthly periodic payments to the Surviving Spouse shall be the Actuarial Equivalent of the Participant's Account balance, or a lump sum of the Retirement Account balance

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

(a) Monthly frozen pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% or 75% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

Optional forms vary based on participant's location. They are described in the attached exhibit.

(b) The Retirement Account is payable as a life annuity if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% or 75% joint and survivor annuity option, or if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. The optional form is a lump sum payment.

For participants terminating before age 65, the participant may choose to leave the Retirement Account within the plan, and it will receive interest credits only until earlier of distribution or age 65

For actuarial equivalence information, please see the attached exhibit.

Effective January 1, 2020, actuarial equivalence basis for optional form of benefit calculation other than lump sum is the pre January 1, 2020 actuarial equivalence basis or the applicable interest rate and mortality as defined in section 417(e)(3) of the Code in effect at benefit payment date, whichever provides the greater benefit.

Pension Increases

None

Plan Participants' Contributions

None

Maximum 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 become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Changes in Benefits Valued Since Prior Year

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

Plan Name:	Smiths Group Pension Plan
EIN / PN:	22-3015350/001
Plan Sponsor:	Smiths Group Services Corporation
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Provisions - All Divisions Except for Titeflex Salaried and John Crane Salaried Participants

The most recent amendment reflected in the following plan provisions was effective October 10, 2017.

Covered Employees

All nonunion employees of a participating business division who were hired before January 1, 2005. Employees hired after April 30, 2009 are not covered.

Participation Date

First day of the month following the date of becoming a covered employee

Definitions

Vesting service

Years and months of employment with Smiths Group or an affiliate company

Benefit service

Benefit service was frozen as of April 30, 2009. Years and months of service as a covered employee. Benefit service excludes periods prior to the date given below:

Division	Date
Tutco, Inc.	November 1, 1978
Times Microwave Systems	February 1, 1989
SIMS Portex, Inc.	January 1, 1989
Actuation Systems, Inc.	April 1, 1992
RSP, Inc.	August 1, 1992
Aerospace Avionics, Inc.	January 1, 1996
SIMS Level 1, Inc.	August 1, 1997
ETG, Inc.	December 1, 1999
Barber-Colman Aerospace Inc., Tech Development, Inc. and Lambda Novatronics, Inc.	February 1, 2000
Leland Electrosystems, Inc.	August 1, 2000
Bivona Medical Technologies	November 1, 2001
Titeflex	June 30, 2001

Pensionable pay

Base pay, annual bonus, commissions, overtime payments and shift differentials, plus elective deferrals, if any, under Section 401(k) or 125 of the Internal Revenue Code.

Plan Name: Smiths Group Pension Plan
EIN / PN: 22-3015350/001
Plan Sponsor: Smiths Group Services Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Average earnings

The average of the highest five consecutive years of pensionable pay during the ten-year period ending on the earlier of the participant's termination date, retirement date or April 30, 2009

Covered compensation

The average of the taxable wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the participant attains Social Security Retirement Age.

Grandfathered participants

Each participant who, as of January 1, 2001, was an employee of SIMS Deltec, Inc., Smiths Industries, Inc., Smiths Industries Aerospace and Defense Systems, Inc., SLI International, Barber-Colman Aerospace, Inc. and Tech Development Inc., and each Actuation Systems Inc. employee whose age plus benefit service as of January 1, 2001 equals or exceeds 60.

Future benefit service

Future benefit service was frozen as of April 30, 2009. Years and months of service as a covered employee, excluding periods prior to the date given below:

Division(s)	Date
Smiths Industries, Inc., SIADS, Inc., and SLI International	December 31
Times Microwave Systems (excluding employees who were covered under the LPL Pension Plan), Actuation Systems, Inc., SIMS Portex Inc., SIMS Level 1, Inc., Respiratory Products, Inc.	December 31
Aerospace Avionics, Inc.	January 31
Times Microwave Systems (employees who were covered under the LPL Pension Plan)	January 31

SCHEDULE SB ATTACHMENTS

Benefit service limits

Benefit service is limited to 30 years for each participant who, as of January 1, 2001, was an employee of Tutco, Inc. The future benefit service shall be limited for grandfathered participants of certain divisions as set forth below:

Division(s)	Limit (years)
SIMS Deltec, Inc.	40 (for excess piece only)
SIADS, Inc. - Grand Rapids and Florham Park	27.75 multiplied by (1 minus the ratio of benefit service as of December 31, 1992 over 25)
Smiths Industries, Inc., SIADS, Inc. (excluding Grand Rapids and Florham Park) and SLI International	27.75 multiplied by (1 minus the ratio of benefit service as of December 31, 1992 over 33.33)

Cumulative base percentage and cumulative excess percentage

The percentage, if any, determined for individual participants using average earnings, covered compensation and the applicable benefit formula under the Smiths Industries Inc. Employees' Pension Plan as of December 31, 2000, and using benefit service through the date on which future benefit service begins.

Normal retirement date (NRD)

First of month coinciding with or next following the attainment of age 65

Monthly pension benefit

Benefits were frozen as of April 30, 2009. One-twelfth of the sum of (a) through (g), minus (h):

(a) the cumulative base percentage, if any, multiplied by average earnings;

(b) the cumulative excess percentage, if any, multiplied by the excess, if any, of average earnings over covered compensation;

(c) 1.0% of average earnings (1.25% for grandfathered participants) multiplied by future benefit service up to the applicable benefit service limit;

(d) 0.50% of the excess, if any, of average earnings over covered compensation, multiplied by future benefit service up to the applicable benefit service limit;

(e) for participants of ETG, Inc., the frozen annual accrued benefit, if any, under the Salaried Employees Pension Plan of ETG, Inc. as of August 31, 1995;

(f) for participants of Actuation Systems, Inc., the frozen annual accrued benefit, if any, earned under the BAe Systems Employees' Retirement Plan as of March 31, 1991;

(g) for participants of Aerospace Avionics, Inc., the frozen annual accrued benefit, if any, under the BTR Pension Plan for U.S. Employees as of December 31, 1995;

(h) for participants of Times Microwave Systems, the frozen annual accrued benefit, if any, under the LPL Pension Plan as of January 31, 1989.

Monthly preretirement spouse benefit	50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service
Postponed retirement	Retirement after NRD
Disability retirement	Retirement after completing five years of vesting service due to total and permanent disability
Deferred vested	Termination for reasons other than death, disability or retirement after completing three years of vesting service
Preretirement spouse benefit	Death while eligible for normal, early, postponed, disability or deferred vested retirement benefits, with a surviving spouse

SCHEDULE SB ATTACHMENTS

Monthly Benefits Paid Upon the Following Events

Normal retirement

Monthly pension benefit determined as of NRD

Early retirement

Monthly pension benefit determined as of early retirement date, reduced by 1/15 for each of the first five years and 1/30 for each of the next five years by which retirement precedes NRD. Special early retirement reductions apply to certain participants as of January 1, 2001 as given below:

Division	Special Early Retirement Reduction
SIMS Deltec, Inc.	5% for each year by which retirement precedes NRD
SIADS, Inc. – Grand Rapids, Florham Park (excluding former LSI Avionic Systems Corp. employees)	The pension benefit attributable to cumulative base and excess percentages, if any, shall be reduced actuarially
Smiths Industries, Inc. and SIADS, Inc. (excluding Grand Rapids, Florham Park)	The pension benefit attributable to cumulative base and excess percentage, if any, shall be reduced by 3% for each year by which retirement precedes NRD
RSP, Inc., SIMS Portex, Inc., SIMS Level 1, Inc.	3% for each year by which retirement precedes NRD
Times Microwave Systems (employees who were covered under the LPL Pension Plan)	The pension benefit attributable to cumulative base and excess percentages, if any, shall be reduced by 3% for each of the first two years and 4% for each of the next five years by which retirement precedes age 62

Postponed retirement

Monthly pension benefit determined as of actual retirement date

Disability retirement

Monthly benefit determined with continued accrual of benefit service during period of disability Or through April 30, 2009. Benefits are reduced for payment before the participant's NRD as described for early retirement.

Termination with deferred vested benefit

Monthly pension benefit determined as of termination date, reduced for payment before the participant's NRD as described for early retirement

SCHEDULE SB ATTACHMENTS

Death with preretirement spouse benefits	Monthly preretirement spouse benefit is payable.

Other Plan Provisions

Forms of payment	Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% or 100% joint and survivor annuity, a 10-year certain and life annuity, or (for certain closed groups of participants) a 5-, 15- or 20-year certain and life annuity. . For those who were active as of March 1, 2014 and commence benefit on or after December 1, 2014, a lump sum option is also available. For actuarial equivalence information, please see the attached exhibit. Effective January 1, 2020, actuarial equivalence basis for optional form of benefit calculation other than lump sum is the pre January 1, 2020 actuarial equivalence basis or the applicable interest rate and mortality as defined in section 417(e)(3) of the Code in effect at benefit payment date, whichever provides the greater benefit.
Pension Increases	None
Plan Participants' Contributions	None
Maximum 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 become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Changes in Benefits Valued Since Prior Year

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

SCHEDULE SB ATTACHMENTS

Plan Provisions - Titeflex Salaried Participants

The most recent amendment reflected in the following plan provisions was effective October 10, 2017.

Covered Employees	All salaried employees who, as of June 30, 2001, were covered under the Bundy Corporation Retirement Plan for Salaried Employees.
Participation Date	Date of becoming a covered employee

Definitions

Vesting service	One year for each 1,000-hour plan year of employment with Smiths Group or an affiliated company
Benefit service	Benefit service was frozen as of April 30, 2009. One year for each 1,000-hour plan year on the basis of 1/10 year of benefit service for each 180 hours of service.
Pensionable pay	Annual rate of earnings in effect on January 1 of each year of employment
Average earnings	The average of the highest five consecutive years of pensionable pay prior to the earlier of the participant's termination date, retirement date or April 30, 2009
Social Security benefit	The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment or April 30, 2009 assuming continuation of then current earnings to the age at which unreduced benefits are payable
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with five years of service
Monthly pension benefit	Benefits were frozen as of April 30, 2009. One-twelfth of (a) plus (b) minus (c): (a) 1 2/3% of average earnings multiplied by benefit service up to 30 years, plus (b) 2/3% of average earnings multiplied by benefit service in excess of 30 years, minus

	(c) 1 2/3% of the Social Security benefit multiplied by benefit service up to 30 years.
Monthly preretirement spouse benefit	55% of the monthly pension benefit as of the date of death, reduced for payment as early as the participant's 55th birthday

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of benefit service
Postponed retirement	Retirement after NRD
Deferred vested	Termination for reasons other than death or retirement after completing three years of vesting service
Preretirement spouse benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

Monthly Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Monthly pension determined as of early retirement date, subject to the following adjustments: (1) Benefit is payable without reduction at age 60 or, if the participant was employed prior to January 1, 1994 and is credited with 30 or more years of benefit service; (2) Benefit is reduced by 6% for each year by which retirement precedes age 60; (3) The benefit accrued as of December 31, 1999 is payable without reduction; (4) For retirements prior to age 62, the Social Security offset is delayed (i.e., payable as a supplement) until age 62 and is reduced by 5/9 of 1% for each month (up to 36 months) by which retirement precedes NRD
Postponed retirement	Monthly pension benefit determined as of actual retirement date

SCHEDULE SB ATTACHMENTS

Termination with deferred vested benefit	Monthly pension benefit determined as if the participant had remained employed until NRD with pensionable pay and benefit service projected to NRD, multiplied by a fraction, the numerator of which is the participant's benefit service and the denominator of which is the participant's benefit service projected to NRD. Benefits are reduced for early commencement are reduced 6% for each year of payment before the participant's NRD to age 60, then 4.8% for each year to age 55
Death with preretirement spouse benefits	Monthly preretirement spouse benefit is payable.

Other Plan Provisions

Forms of payment	Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 55% or 75% joint and survivor annuity option. For those who were active as of March 1, 2014 and commence benefit on or after December 1, 2014, a lump sum option is also available. For actuarial equivalence information, please see the attached exhibit. Effective January 1, 2020, actuarial equivalence basis for optional form of benefit calculation other than lump sum is the pre January 1, 2020 actuarial equivalence basis or the applicable interest rate and mortality as defined in section 417(e)(3) of the Code in effect at benefit payment date, whichever provides the greater benefit.
Pension Increases	None
Plan Participants' Contributions	None
Maximum 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 become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Changes in Benefits Valued Since Prior Year

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

SCHEDULE SB ATTACHMENTS

Plan Provisions - John Crane Salaried Participants

The most recent amendment reflected in the following plan provisions was effective October 10, 2017.

Covered Employees	All employees of John Crane, Inc. hired before January 1, 2005 who are paid on a salaried basis
Participation Date	First day of month coincident with or following date of hire or prior plan merge date, on April 2, 1998 for prior Sealol Salaried participants and July 1, 1999 for prior Flexible and LIPS participants

Definitions

Vesting service	Years and months of employment with the company
Credited service	Credited service was frozen as of April 30, 2009. Pre-January 1, 1983: Years of participation through December 10, 1982 under the Former Pension Plan as in effect on December 9, 1982. Post-December 31, 1982: Years and months of service as a plan participant.
Earnings computation period	Calendar year
Monthly earnings	Monthly base salary or wages of an employee, excluding bonus, overtime, paid during the earnings computation period, beginning January 1 of the current year No pay is taken into account after April 30, 2009.
Average monthly earnings	Pre January 1, 1991: average monthly earnings of five consecutive years that is the highest during the last 10 consecutive calendar years
Normal retirement date (NRD)	The first day of the month coinciding with or next following age 65

SCHEDULE SB ATTACHMENTS

Monthly pension benefit	Benefits were frozen as of April 30, 2009. Pre January 1, 1991: 1.6% times first $1,400 plus 2% of average monthly earnings in excess of $1,400 times service prior to January 1, 1991 Post January 1, 1991: 1.6% times first $1,400 plus 2% monthly earnings in excess of $1,400 After 35 years of credited service, 2% of all earnings Offset: Annuity purchased from Liberty
Minimum pension benefit	$12 per month for credited service after January 1, 1983
Monthly preretirement spouse benefit	50% of the monthly pension benefit as of the date of death, reduced for a 50% Qualified Joint and Survivor annuity election and reduced for payment prior to the participant's age 65

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing 10 years of vesting service
Postponed retirement	Retirement after NRD
Deferred vested	Termination for reasons other than death or retirement after completing three years of vesting service
Disability	Total and permanent disability after attaining 10 years of vesting service and disabled under Social Security Act
Preretirement spouse benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

SCHEDULE SB ATTACHMENTS

Monthly Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Monthly pension benefit determined as of early retirement date, reduced by 0.5% per month for first 60 months and 0.4% per month over next 60 months If credited service is at least 20 years and age plus service is at least 75, then 0.25% reduction for first 60 months and 0.416% over the next 60 months
Postponed retirement	Monthly pension benefit determined as of actual retirement date or an actuarial increase on your normal retirement benefit, if greater
Termination with deferred vested benefit	Monthly pension benefit determined as of termination date, reduced for payment before the participant's NRD as described for early retirement
Death with preretirement spouse benefits	Monthly preretirement spouse benefit is payable immediately if age 50 and 10 years of service or age plus service >66, benefit is deferred to participant's earliest retirement date if five years of service
Disability retirement	Monthly pension benefit determined as of disability date, with the following reductions: If age >55, use ERF reduction factors If age <55, use 46% minus 0.2% per each of the 120 months preceding age 55 and then 0.05% for each month preceding age 45.

Other Plan Provisions

Forms of payment	Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above as a single life annuity, if

	the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option, or if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% or 100% joint and survivor annuity, or a 5, 10 or 15 year certain and life annuity. For those who were active as of March 1, 2014 and commence benefit on or after December 1, 2014, a lump sum option is also available. For actuarial equivalence information, please see the attached exhibit. Effective January 1, 2020, actuarial equivalence basis for optional form of benefit calculation other than lump sum is the pre January 1, 2020 actuarial equivalence basis or the applicable interest rate and mortality as defined in section 417(e)(3) of the Code in effect at benefit payment date, whichever provides the greater benefit.
Pension Increases	None
Plan Participants' Contributions	None
Maximum 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 become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Changes in Benefits Valued Since Prior Year

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

SCHEDULE SB ATTACHMENTS

Plan Provisions – Smiths Detection, Inc. (Edgewood, MD) Pension Plan for Hourly Employees

The most recent amendment reflected in the following plan provisions was effective October 10, 2017.

Predecessor Plan

The Allied Corporation Pension Plan for Hourly Employees-Bendix Environment Systems Division-Towson Plant. After the sale of this division on September 22, 1988, the corporation continued to provide pension benefits as were provided under the Predecessor Plan by adoption of ETG Hourly Plan.

Covered Employees

All hourly-rate employees who are represented by the collective bargaining unit and were hired prior to December 31, 2010.

Participation Date

First day of the month coincident with or following the date of becoming a covered employee.

Definitions

Credited service

Service is frozen as of December 31, 2010. One year is earned for each calendar year during which 1,700 hours or more are credited. Partial years are credited in years with less than 1,700 hours to the nearest 1/12 of a year.

Eligibility service

One year for each 1,000 hour plan year of employment. No partial credits shall be given.

Normal retirement date (NRD)

First of month coinciding with or next following the attainment of age 65 with five years of plan participation.

Monthly pension benefit

Credited service multiplied by the benefit level in effect on the participant's last day of employment.

Date	Benefit level
Feb. 1, 2000 – Jan. 31, 2001	$24.00
Feb. 1, 2001 – Jan. 31, 2002	$25.00
Feb. 1, 2002 – Jan. 31, 2003	$26.00
Feb. 1, 2003 – Dec. 31, 2003	$27.50
Jan. 1, 2004 – Oct. 31, 2005	$31.50
Nov. 1, 2005 – Oct. 31, 2007	$34.00
Nov. 1, 2007 – Oct. 31, 2009	$36.00
Nov. 1, 2009 – Dec. 30, 2010	$38.00
Dec. 31, 2010 and later	$40.00

Plan Name: Smiths Group Pension Plan
EIN / PN: 22-3015350/001
Plan Sponsor: Smiths Group Services Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Monthly preretirement spouse benefit	50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payments prior to the participant's age 65.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of Eligibility service.
Disability retirement	After ten years of Eligibility service and disabled prior to age 65
Deferred vested	Termination for reasons other than death or retirement after completing five years of vesting service
Preretirement spouse benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

Monthly Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Monthly pension benefit determined as of early retirement date, reduced by 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each month in excess of 60 months preceding age 65. If an employer retires prior to age 62 and his monthly benefit is at least $50, an additional monthly benefit of $200 is payable to him until he attains age 62, reduced by the same early retirement factors as described above.
Postponed retirement	Monthly pension benefit determined as of actual retirement date
Termination with deferred vested benefit	Monthly pension benefit determined as of termination date, reduced by 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each month in excess of 60 by which benefit commencement date precedes NRD.
Special age 65 benefits	A monthly benefit of $7.20 payable to any participant who retired from active employment at age 65 or older.

SCHEDULE SB ATTACHMENTS

Disablement	Monthly pension benefit determined as of the date of disablement, payable immediately without reduction for early commencement, plus a temporary monthly benefit equaling to $20 per month of Credited Service (not to exceed $500) until age 65.
Preretirement death	50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's earliest retirement date.

Other Plan Provisions

Forms of payment	Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% or 75% joint and survivor annuity option, or a lump sum benefit. Actuarial equivalence for lump sum payment is based on the mortality table defined in IRC Section 417(e)(3)(B) applicable for the plan year and the interest rate defined in IRC Section 417(e)(3)(C) of the Code for the month of November preceding the plan year. For all other optional forms of payment, effective January 1, 2020, actuarial equivalence is based on 1983 GAM mortality and 8.00% interest rate or the applicable interest rate and mortality as defined in section 417(e)(3) of the Code in effect at benefit payment date, whichever provides the greater benefit.
Pension Increases	None
Plan Participants' Contributions	None
Maximum 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 become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Changes in Benefits Valued Since Prior Year

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

Plan Name:	Smiths Group Pension Plan
EIN / PN:	22-3015350/001
Plan Sponsor:	Smiths Group Services Corporation
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Provisions – John Crane Sealol, Inc. Union Pension Plan

The most recent amendment reflected in the following plan provisions was effective October 10, 2017.

Covered Employees

All hourly-rate employees who are represented by the collective bargaining unit hired prior to December 31, 2009

Participation Date

Age 18 and sixty days of service

Definitions

Years of Service

1/12th of a year for each calendar month of employment. Years of Service for calculating the monthly pension benefit was frozen as of December 31, 2009.

Normal retirement date (NRD)

First day of the month coinciding with or next following the attainment of age 65 with five years of plan participation

Monthly pension benefit

Years of service multiplied by the benefit level in effect on the participant's last day of employment less EG&G Sealol accrued benefit.

Date	Benefit level
August 28, 2000 – August 27, 2001	$23.50
August 28, 2001 – August 27, 2002	$24.50
August 28, 2002 – August 31, 2003	$25.50
September 1, 2003 – August 29, 2004	$26.50
August 30, 2004 – August 28, 2005	$27.50
August 29, 2005 – July 9, 2006	$28.50
July 10, 2006 – July 7, 2007	$29.50
July 8, 2007 – July 5, 2008	$30.50
July 6, 2008 – December 31, 2009	$31.50
January 1, 2010 and later	$33.00

Monthly Preretirement Spouse Benefit

50% of the Monthly Pension Benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment prior to the participant's age 65

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of service
Postponed retirement	Retirement after NRD
Disability retirement	After age 45 and 15 years of service and disabled prior to age 65
Deferred vested	Termination for reasons other than death or retirement after completing five years of service (including service with EG&G, pre 4/2/1998)
Preretirement spouse benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse and five years of service

Monthly Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Monthly pension benefit determined as of early retirement date, reduced 6.0% for each year of payment before age 65
Postponed retirement	Monthly pension benefit actuarially increased from NRD to actual retirement date
Disability retirement	Monthly pension benefit determined as of disability, payable without reduction for early retirement
Termination with deferred vested benefit	Monthly pension benefit determined as of termination date, reduced 6.0% for each year of payment before the participant's NRD
Death with preretirement spouse benefits	Monthly preretirement spouse benefit is payable immediately as a 50% joint and survivor at age 55 with ten years of service or deferred to participant's earliest retirement date if five years of service

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity with guaranteed 60 months of payments, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option, or if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the Plan or optional forms are 50%, 66 2/3%, 75% or 100% joint and survivor annuity, a 5-year certain and life annuity, a single life annuity, or a lump sum option. Actuarial equivalence for lump sum payment is based on the mortality table defined in IRC Section 417(e)(3)(B)applicable for the plan year and the interest rate defined in IRC Section 417(e)(3)(C) of the Code for the month of November preceding the Plan Year. For all other optional forms of payment, effective January 1, 2020, actuarial equivalence is based on 1971 GAM mortality and 7.00% interest rate or the applicable interest rate and mortality as defined in section 417(e)(3) of the Code in effect at benefit payment date, whichever provides the greater benefit.
Pension Increases	None
Plan Participants' Contributions	None
Maximum 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 become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Changes in Benefits Valued Since Prior Year

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

SCHEDULE SB ATTACHMENTS

Plan Provisions – Retirement Plan for Union Employees of Titeflex

The most recent amendment reflected in the following plan provisions was effective October 10, 2017.

Covered Employees — All hourly-rate employees who are represented by the collective bargaining unit

Participation Date — First of month following third month of employment

Definitions

Vesting service — One year for each 1,000-hour plan year of employment

Pension service — One-tenth of a year for each 140 hours of service. Pension service for calculating the monthly pension benefit was frozen as of May 22, 2011

Normal retirement date (NRD) — First of month coinciding with or next following the attainment of age 65 with five years of plan participation

Monthly pension benefit — Pension service multiplied by the benefit level in effect on the participant's last day of employment

Date	Benefit level
April 1, 2001 – March 31, 2002	$24.00
April 1, 2002 – March 31, 2003	$25.50
April 1, 2003 – March 31, 2004	$27.00
April 1, 2004 – March 31, 2005	$29.00
April 1, 2005 – March 31, 2006	$30.00
April 1, 2006 – March 31, 2007	$31.00
April 1, 2007 – March 31, 2008	$32.00
April 1, 2008 – March 31, 2009	$33.00
April 1, 2009 – March 31, 2010	$34.00
April 1, 2010 and later	$35.00

Monthly preretirement spouse benefit — 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 62nd birthday

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 62 and completing ten years of vesting service
Postponed retirement	Retirement after NRD
Disability retirement	Total and permanent disability prior to age 65
Deferred vested	Termination for reasons other than death or retirement after completing five years of vesting service
Preretirement spouse benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

Monthly Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Monthly pension benefit determined as of early retirement date, reduced 6.0% for each year of payment before age 65
Postponed retirement	Monthly pension benefit determined as of actual retirement date
Disability retirement	Monthly pension determined as of disability, payable without reduction for early retirement
Termination with deferred vested benefit	Monthly pension benefit determined as of termination date, actuarially reduced for payment before the participant's NRD
Death with preretirement spouse benefits	Monthly preretirement spouse benefit is payable

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Other Plan Provisions

Forms of payment	Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option, or if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the Plan or optional forms are 50%, 66 2/3%, 75% or 100% joint and survivor annuity, a 5-, 10-, 15- or 20-year certain and life annuity, a Social Security level income benefit, or a lump sum option Actuarial equivalence for lump sum payment is based on the mortality table defined in IRC Section 417(e)(3)(B)applicable for the plan year and the interest rate defined in IRC Section 417(e)(3)(C) of the Code for the month of November preceding the Plan Year. For all other optional forms of payment, effective January 1, 2020, actuarial equivalence is based on 1984 Unisex Pension mortality and 6.00% interest rate or the applicable interest rate and mortality as defined in section 417(e)(3) of the Code in effect at benefit payment date, whichever provides the greater benefit.
Pension Increases	None
Plan Participants' Contributions	None
Maximum 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 become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Changes in Benefits Valued Since Prior Year

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

SCHEDULE SB ATTACHMENTS

Smith Group Pension Plan Document Grid Summary

*The actuarial equivalence information listed on the tables below correspond to the the plan's definition prior to January 1, 2020. Effective January 1, 2020, actuarial equivalence basis for optional form of benefit calculation other than lump sum is the pre January 1, 2020 actuarial equivalence basis or the applicable interest rate and mortality as defined in section 417(e)(3) of the Code in effect at benefit payment date, whichever provides the greater benefit.

Employee Group	Optional Forms of Payment	Actuarial Equivalent*
All non Retirement Account active participants as of 3/1/2014 who commence benefits on or after December 1, 2014	In addition to the options forms listed below: Lump sum	Lump sum: Interest rate defined in 417(e)(3)(C) of September preceding the Plan Year and the mortality table defined in 417(e)(3)(B) of the Code.
Titeflex (hired after 6/30/2001); Dowty Propellors (hired after 12/31/2001); Smiths Group (active at 1/1/2001) ETG (hired after 12/31/1995) Actuation LA (hired after 1/1/2004)	Single Life Annuity 120 month Certain & Continuous 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor	8% 1983 GAM
Retirement Account	50% Joint & Survivor 75% Joint & Survivor Lump Sum	8% 1983 GAM
TUTCO (hired before 1/1/2001 & terminated before 1/1/2001)	Single Life Annuity 60 month Certain & Continuous 120 month Certain & Continuous 180 month Certain & Continuous 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor	6.5% 1984 Unisex Pension mortality Table, set one year back

Plan Name:	Smiths Group Pension Plan
EIN / PN:	22-3015350/001
Plan Sponsor:	Smiths Group Services Corporation
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Employee Group	Optional Forms of Payment	Actuarial Equivalent*
TUTCO (hired before 1/1/2001 & terminated after 1/1/2001)	Single Life Annuity 60 month Certain & Continuous 120 month Certain & Continuous 180 month Certain & Continuous 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor	8% 1983 GAM
ETG (hired before 12/31/1995 and term before 12/31/1999)	SLA 100 % J&S - 75% (if difference in participant's and spouse's age exceeds 3 years, 75% shall be increased/decreased by 1% for each year) 50% J&S, 66-2/3% - 90% (if difference in participant's and spouse's age exceeds 3 years, 90% shall be increased/decreased by 1% for each year) Level Income (prior to age 62)	8% 1983 Group Annuity Mortality 50% Male/ 50% Female
ETG (hired before 12/31/1995 and term after 12/1/1999)	Single Life Annuity 120 month Certain & Continuous 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor Plus any employee who transferred a frozen ETG benefit as of 12/1/1999 is eligible for age 62 Level Income Option TV not eligible for Level Income	8% 1983 GAM
Lambda Novatronics Inc. (terminated before 1/1/2001)	Single Life Annuity 120 month Certain & Continuous 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor	8% 1983 GAM

Plan Name: Smiths Group Pension Plan
EIN / PN: 22-3015350/001
Plan Sponsor: Smiths Group Services Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Employee Group	Optional Forms of Payment	Actuarial Equivalent*
Leland Electrosystems Inc. (terminated before 1/1/2001)	Single Life Annuity 120 month Certain & Continuous 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor	8% 1983 GAM
SIMS Portex, RSP Intertech, Level 1 (terminated before 1/1/2001)	Single Life Annuity 100% Joint & Survivor - 87% 75% Joint & Survivor - 90% 50% Joint & Survivor - 93% (If the difference in the participant's and the spouse's age exceeds 10 years, the reduction factors above shall be adjusted on Actuarially Equivalent basis) 10 year Certain Annuity - 92%	7% 1984 Unisex Pension Mortality Table
Times Microwave Systems terminate before 1/1/2001 and in LPL Pension Plan on 1/31/1989	Single Life Annuity 100% Joint & Survivor - 87% 75% Joint & Survivor - 90% 50% Joint & Survivor - 93% (If the difference in the participant's and the spouse's age exceeds 10 years, the reduction factors above shall be adjusted on Actuarially Equivalent basis) 10 year Certain Annuity - 92%	7% 1984 Unisex Pension Mortality Table
Times Microwave Systems terminated before 1/1/2001 and not in LPL Pension Plan on 1/31/1989	Single Life Annuity 100% Joint & Survivor - 87% 75% Joint & Survivor - 90% 50% Joint & Survivor - 93% (If the difference in the participant's and the spouse's age exceeds 10 years, the reduction factors above shall be adjusted on Actuarially Equivalent basis) 120 month Certain & Continuous - 92%	7% 1984 Unisex Pension Mortality Table

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Employee Group	Optional Forms of Payment	Actuarial Equivalent*
Employees at the Aerospace divisions at Malvern, PA, Clearwater, FL, and at the Corporate and International Divisions (terminated before 1/1/2001)	Single Life Annuity 100% Joint & Survivor - 87% 75% Joint & Survivor - 90% 50% Joint & Survivor - 93% (If the difference in the participant's and the spouse's age exceeds 10 years, the reduction factors above shall be adjusted on Actuarially Equivalent basis) 120 month Certain & Continuous - 92%	7% 1984 Unisex Pension Mortality Table
Actuation Systems for whom the Rule of 60 applies[2] (terminated before 1/1/2001)	Single Life Annuity 100% Joint & Survivor, 50% Joint & Survivor Level Income (prior to age 65)	7.5% 1984 Unisex Pension Mortality Table
Actuation Systems for whom the Rule of 60 does not apply[2] (hired before 1/1/2001 & terminated before 1/1/2001)	Single Life Annuity 100% Joint & Survivor, 50% Joint & Survivor Level Income (prior to age 65)	7% 1984 Unisex Pension Mortality Table
Actuation Systems for whom the Rule of 60 does not apply[2] (hired before 1/1/2001 & terminated after 1/1/2001)	Single Life Annuity 120 month Certain & Continuous 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor Level Income (prior to age 65) if transferred from the Bae Plan as of March 21, 2000	8% 1983 GAM
Grand Rapids and Florham Park Employees (terminated before 1/1/2001)	Single Life Annuity 120 month Certain & Continuous 50% Joint & Survivor 66 2/3% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor	8% 1984 Unisex Pension Mortality Table

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Employee Group	Optional Forms of Payment	Actuarial Equivalent*
Aerospace Avionics in BTR Pension Plan (hired before 1/1/2001 & terminated before 1/1/2001)	Single Life Annuity 60 month Certain & Continuous 120 month Certain & Continuous 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor Lump Sum (benefit under Fasco Plan only)	7% 1983 Group Annuity Mortality 50% Male/ 50% Female
Aerospace Avionics in BTR Pension Plan (hired before 1/1/2001 & terminated after 1/1/2001)	Single Life Annuity 60 month Certain & Continuous 120 month Certain & Continuous 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor Lump Sum (benefit under Fasco Plan only)	8% 1983 GAM
Aerospace Avionics - Non BTR (hired before 1/1/2001 & terminated before 1/1/2001)	Single Life Annuity 60 month Certain & Continuous 120 month Certain & Continuous 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor	7% 1983 Group Annuity Mortality 50% Male/ 50% Female
SIMS Deltec (hired before 1/1/1992 & terminated before 1/1/2001)	Single Life Annuity 60 month Certain & Continuous[1] 120 month Certain & Continuous 240 month Certain & Continuous[1] 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor	Interest rate used by the PBGC as of the January 1 of each plan year. 1984 Unisex Pension Mortality Table

Plan Name: Smiths Group Pension Plan
EIN / PN: 22-3015350/001
Plan Sponsor: Smiths Group Services Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Employee Group	Optional Forms of Payment	Actuarial Equivalent*
SIMS Deltec (hired between 1/1/1992-7/11/1994 & terminated before 1/1/2001)	Single Life Annuity 60 month Certain & Continuous[1] 120 month Certain & Continuous 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor	Interest rate used by the PBGC as of the January 1 of each plan year. 1984 Unisex Pension Mortality Table
SIMS Deltec (hired between 7/11/1994-1/1/2001 & terminated before 1/1/2001)	Single Life Annuity 120 month Certain & Continuous 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor	7% 1984 Unisex Pension Mortality Table
SIMS Deltec (hired before 1/1/1992 & terminated after 1/1/2001)	Single Life Annuity 60 month Certain & Continuous[1] 120 month Certain & Continuous 240 month Certain & Continuous[1] 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor	8% 1983 GAM
SIMS Deltec (hired between 1/1/1992-7/11/1994 & terminated after 1/1/2001)	Single Life Annuity 60 month Certain & Continuous[1] 120 month Certain & Continuous 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor	8% 1983 GAM
Barber Colman and Tech Development Inc. (terminated before 1/1/2001)	Single Life Annuity 120 month Certain & Continuous 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor	8% 1983 GAM

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Employee Group	Optional Forms of Payment	Actuarial Equivalent*
Titeflex (hired before 6/30/2001)	Single Life Annuity 55% Joint & Survivor - no reduction. Reduced by 1/2% for each full year in excess of five that the spouse is younger than participant.	7% 1984 Unisex Pension Mortality Table
Dowty Aerospace (hired before 12/31/2001)	60 month Certain & Continuous (normal form) 50% Joint & Survivor 66-2/3% Joint & Survivor 100% Joint & Survivor 120 month Certain & Continuous 180 month Certain & Continuous	7% 65% of the 1971 Group Annuity Tables Males plus 35% of the 1971 Group Annuity Mortality Table Females
Actuation LA (hired before 1/1/2004)	60 month Certain & Continuous (normal form) 50% Joint & Survivor 100% Joint & Survivor 120 month Certain & Continuous	6% 1984 Unisex Pension Mortality Table

SCHEDULE SB ATTACHMENTS

Employee Group	Optional Forms of Payment	Actuarial Equivalent*
John Crane (hired before 1/1/2005)	Single Life Annuity 50% Joint & Survivor - 89% - increased by .004 for each year Annuity Start Date precedes the Participant's attainment of his NRA and increased by .004 for each year that the Spouse age exceeds the Participant. - decreased by .004 for each year Annuity Start Date is after the Participant's attainment of his NRA and decreased by .004 for each year that the Spouse's age is less than the Participant's. 100% Joint & Survivor - 79% - increased by .007 for each year Annuity Start Date precedes the Participant's attainment of his NRA and increased by .007 for each year that the Spouse age exceeds the Participant. - decreased by .007 for each year Annuity Start Date is after the Participant's attainment of his NRA and decreased by .00 for each year that the Spouse's age is less than the Participant's. 60 month Certain & Continuous - 98% - increased by .001 for each year the date of commencement is before age 65. Decreased by .001 for each year the date of commencement is after age 65 120 month Certain & Continuous - 92% - increased by .005 for each year the date of commencement is before age 65. Decreased by .005 for each year the date of commencement is after age 65.	
King Fifth Wheel (hired before 1/1/2005)	Single Life Annuity Joint & Survivor - any amount not in excess of 100% 120 month Certain & Continuous	8% 1971 male GAM mortality table with a 3 year setback
NCI (hired before 1/1/2005)	Single Life Annuity Joint & Survivor - any amount not in excess of 100% 120 month Certain & Continuous	8% 1971 male GAM mortality table with a 3 year setback

SCHEDULE SB ATTACHMENTS

Employee Group	Optional Forms of Payment	Actuarial Equivalent*
John Crane Vandalia	Single Life Annuity 100% Joint & Survivor - 79% - increased by .007 for each year Annuity Start Date precedes the Participant's attainment of his NRA and increased by .007 for each year that the Spouse age exceeds the Participant. - decreased by .007 for each year Spouse's age is less than the Participant's. (max 15 years)	
TI for TI-US	Single Life Annuity 60 month Certain & Continuous 120 month Certain & Continuous 180 month Certain & Continuous 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor	5.5% 1951 GAM male with 3-year setback for participants, 8-year setback for spouses
Belfab Hourly	Single Life Annuity 60 month Certain & Continuous(normal form) 50% Joint & Survivor	6.5% 1971 GAM male with 6-year setback for spouses
Huntington - Houdille	Single Life Annuity 60 month Certain & Continuous 50% Joint & Survivor 100% Joint & Survivor	7.5% 1971 GAM male with 1-year setback for participants, 6-year setback for spouses

Footnotes

1. Applicable to participants who became employees on 7/11/1994 with an accrued benefit under the Pharmacia US Ret Plan; furthermore, 240 certain period available to those who also have portion of benefit from Pharmacia Biotech Inc Ret Plan

2. Rule of 60 applies when the sum of a participant's age and benefit service as of 12/31/2000 is greater than 60.

Plan Name: Smiths Group Pension Plan
EIN / PN: 22-3015350/001
Plan Sponsor: Smiths Group Services Corporation
Valuation Date: January 1, 2025

Smiths Group Pension Plan

EIN: 22-3015350
Plan No: 001

Supplemental Schedule
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Interest bearing cash account:			
*	Principal Bank	Collateralized Institutional Bank Deposit Account	$ 6,318,050	$ 6,318,050
	Common collective trusts:			
	BlackRock, Inc.	Turf 10 YR Non-Lending	8,007,220	7,285,961
	BlackRock, Inc.	Turf 15 YR Non-Lending	6,149,553	5,096,449
	BlackRock, Inc.	Turf 20 YR Non-Lending	4,197,354	3,313,124
	BlackRock, Inc.	Turf 25 YR Non-Lending	3,168,732	2,557,652
	BlackRock, Inc.	Turf 5 YR Non-Lending	5,001,584	5,001,008
	SSGA	Intermed US Govt Bond Indx NL	41,794,768	43,399,645
	SSGA	Long US Govt Bond Indx NL	39,053,731	37,323,516
	Willis Towers Watson Group Trust	Diversified Equity Fund	21,838,527	26,862,483
	Willis Towers Watson Group Trust	Long Credit Fund	69,050,000	68,897,623
	Willis Towers Watson Group Trust	Real Assets Fund	23,930,513	24,703,325
	Willis Towers Watson Group Trust	Diversified Credit Fund	21,609,408	23,457,661
			$ 250,119,440	$ 254,216,497

* Party-in-interest

SCHEDULE SB ATTACHMENTS

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

	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**
Under 25	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0
35-39	1	5	0	0	0	0	0	0	0	0
40-44	4	15	7	0	0	0	0	0	0	0
45-49	2	13	19	10	0	0	0	0	0	0
50-54	3	22	26	30	11	2	0	0	0	0
55-59	2	22	10	25	22	11	3	0	0	0
60-64	4	17	19	22	20	32	19	2	0	0
65-69	2	20	6	7	12	7	8	8	1	0
70 & over	1	2	2	6	0	2	2	3	0	0

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

Plan Name: Smiths Group Pension Plan
EIN / PN: 22-3015350/001
Plan Sponsor: Smiths Group Services Corporation
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

	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**
Under 25	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
35-39	-	2	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
40-44	-	6	7	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
45-49	-	6	19	10	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
50-54	-	1	26	30	11	2	-	-	-	-
	-	-	5,556	6,006	-	-	-	-	-	-
55-59	-	4	10	25	22	11	3	-	-	-
	-	-	-	7,706	11,498	-	-	-	-	-
60-64	-	4	19	22	20	32	19	2	-	-
	-	-	-	6,442	11,130	15,380	-	-	-	-
65-69	-	6	6	7	12	7	8	8	1	-
	-	-	-	-	-	-	-	-	-	-
70 & over	-	1	2	6	-	2	2	3	-	-
	-	-	-	-	-	-	-	-	-	-

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

Plan Name: Smiths Group Pension Plan
EIN / PN: 22-3015350/001
Plan Sponsor: Smiths Group Services Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[3]									
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**
Under 25	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
35-39	1	3	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
40-44	4	11	1	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
45-49	2	10	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
50-54	3	22	1	-	1	-	-	-	-	-
	-	10,370	-	-	-	-	-	-	-	-
55-59	2	18	1	-	1	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
60-64	4	14	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
65-69	2	17	1	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
70 & over	1	2	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-

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

Plan Name: Smiths Group Pension Plan
EIN / PN: 22-3015350/001
Plan Sponsor: Smiths Group Services Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Interest rate basis:	
• Applicable month	December 2024
• Yield curve basis	Full Yield Curve
Interest rates:	
• 10-year rate	5.17%
• 20-year rate	5.56%
• 30-year rate	5.58%
• Effective interest rate	5.34%
Annual rates of increase	
• Compensation	N/A
• Future Social Security wage bases	N/A
• Statutory limits on compensation	N/A
Annual interest crediting rate	4.60%
Plan-related expenses	$1,300,000

As permitted by law, a yield curve reflecting returns on high quality corporate bonds (A, AA and AAA) is used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are prescribed by law and reflect current market conditions (specifically, the average market conditions for the month preceding the valuation date) they may from time to time be inconsistent with other economic assumptions used in the valuation, which may reflect both current economic conditions and assumed future conditions.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion Date

The valuation date coincident with or next following the date on which the employee becomes a participant. All benefit accruals are frozen. Freeze dates for each group are described in the applicable plan provisions.

New or rehired employees

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

Healthy Mortality

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 Mortality

Same as healthy

Termination

Rates varying by age

Representative Termination Rates

Percentage leaving during the year	
Age	Rates
25	0.10
30	0.10
35	0.09
40	0.08
45	0.07
50	0.07
55	0.00

Disability

The rates at which participants are assumed to become disabled by age and gender are shown below

Sample rates:

SCHEDULE SB ATTACHMENTS

Percentage becoming disabled during the year*		
Age	Males	Females
25	0.00038	0.00047
40	0.00117	0.00211
55	0.00722	0.00952

*Not applicable to Dowty and Titeflex.

Retirement

Rates varying by age

For purposes of determining the Funding Target (disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Age	Rates
55-57	0.07
58-61	0.08
62-64	0.15
65-68	0.30
69-70	0.35
71+	1.00

Note: Titeflex Union participants are not eligible to retire prior to age 62.

Benefit commencement date:

- Preretirement death benefit: Retirement Account Program participants: Immediate;

  All other participants: The later of the death of the active participant or the date the participant would have attained age 55 for non-Retirement Account benefits;
- Deferred vested benefit: Retirement Account Program participants: Immediate;

  All other participants: The later of age 65 or termination of employment
- Disability benefit: Upon disablement for Crane participants and Retirement Account Program participants; age 65 for all other participants
- Retirement benefit: Upon termination of employment

Form of Payment

Plan Name: Smiths Group Pension Plan
EIN / PN: 22-3015350/001
Plan Sponsor: Smiths Group Services Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

• SGPP	Retirement Account Program participants: Lump sum option All other participants: • 70% Lump Sum • 15% elect Single Life Annuity • 7.5% elect 50% Joint and Survivor Annuity • 7.5% elect 100% Joint and Survivor Annuity
• Former Detection Union Participants	• 70% Lump Sum • 15% elect Single Life Annuity • 15% elect 50% Joint and Survivor Annuity
• Former Sealol Union Participants	• 70% Lump Sum • 15% elect life annuity with guaranteed 60 months of payment • 15% elect 50% Joint and Survivor Annuity
• Former Titeflex Union Participants	• 70% Lump Sum • 15% elect Single Life Annuity • 15% elect 50% Joint and Survivor Annuity
Percent married	For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible participants are assumed to be married
Spouse age	Spouses of male participants are assumed to be 2 years younger, and spouses of female participants are assumed to be 1 year older
Covered pay	N/A
Cash flow	
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.

SCHEDULE SB ATTACHMENTS

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 plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430
Decrement timing	The approach used is 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.
Actuarial value of assets	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 (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.

SCHEDULE SB ATTACHMENTS

Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussions with Smiths Group regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with Smiths Group and, based on that review, is not aware of any significant benefits required to be valued that were not.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Cash Balance Interest crediting rate	The plan credits interest to cash balance accounts using the 10-year Treasury rate in effect on the first business day in November of the preceding year. We have set the assumed interest credit rate to be the 10-year Treasury rate as of the current valuation date, rounded to the nearest 5 basis points. The result of this process is reviewed each year for reasonableness given current and expected future conditions.
Lump sum conversion rate	As required by IRC 430, lump sum benefits are valued using “annuity substitution”, so that the interest rates assumed are effectively the same as described above for the discount rate.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

Healthy and Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were selected by the plan sponsor based on an experience study conducted in 2020.
Disability	Disability rates were based on a published table for pension participants believed to have reasonably similar characteristics participating in pension plans with similar disability provisions.

SCHEDULE SB ATTACHMENTS

Retirement	Retirement rates were selected by the plan sponsor based on an experience study conducted in 2020.
Form of payment	The assumed forms of payment were selected by the plan sponsor based on an experience study conducted in 2020.
Spouse age	The assumed age difference for spouses was selected by the plan sponsor based on an experience study conducted in 2020.

Prescribed Methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Sources of Data and Other Information

The plan sponsor through its third party administrator furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor and other persons or organizations designated by the plan sponsor. 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 may have been made when data were not available.

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

Changes in Assumptions and Methods

Change in assumptions since prior valuation	The interest rates used to calculate the funding target and target normal cost were updated to the yield curve rates applicable for current valuation date as required by IRC §430. The mortality tables was updated to include one additional year of projected mortality improvement as required by guidance issued by IRS under IRC §430. The interest crediting rate was updated to 4.60% from 3.90% for the prior valuation.
Change in methods since prior valuation	None.

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
Shortfall	01/01/2025	25,610,839	15.00000	25,610,839	2,360,518
Shortfall	01/01/2024	(11,250,705)	14.00000	(10,737,024)	(1,035,314)
Shortfall	01/01/2023	36,124,257	13.00000	32,829,834	3,328,612
Total				47,703,649	4,653,816

Plan Name: Smiths Group Pension Plan
EIN / PN: 22-3015350/001
Plan Sponsor: Smiths Group Services Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The interest crediting rate was updated to 4.60% from 3.90% for the prior valuation.

Plan Name:	Smiths Group Pension Plan
EIN / PN:	22-3015350/001
Plan Sponsor:	Smiths Group Services Corporation
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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

The assumed rates of retirement at each age are as follows:

Percentage retiring during the year	
Age	Rates
55-57	0.07
58-61	0.08
62-64	0.15
65-68	0.30
69-70	0.35
71+	1.00

The weighted average retirement age of 62 which is reported in line 22 was calculated using the assumed rates of decrement from active employment shown above. These rates were applied individually to the active plan participants as of the valuation date. The number of assumed retirements at each potential retirement age was used as the weight to compute the average retirement age.

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	602,408	8,047,224	10,401,682	19,051,314
2026	980,741	2,902,998	10,299,766	14,183,505
2027	1,299,965	3,677,559	10,192,737	15,170,261
2028	1,648,575	4,337,809	10,072,217	16,058,601
2029	1,923,449	5,054,414	9,936,784	16,914,647
2030	2,143,664	5,705,106	9,781,246	17,630,016
2031	2,309,829	6,154,232	9,608,125	18,072,186
2032	2,452,182	6,460,100	9,425,825	18,338,107
2033	2,560,167	6,745,378	9,224,999	18,530,544
2034	2,646,337	7,054,005	8,997,018	18,697,360
2035	2,710,748	7,271,407	8,746,986	18,729,141
2036	2,745,486	7,400,615	8,480,949	18,627,050
2037	2,756,993	7,460,945	8,188,671	18,406,609
2038	2,777,619	7,439,698	7,870,701	18,088,018
2039	2,774,790	7,401,522	7,530,530	17,706,842
2040	2,735,156	7,340,089	7,165,258	17,240,503
2041	2,694,641	7,241,503	6,774,341	16,710,485
2042	2,640,506	7,092,751	6,361,174	16,094,431
2043	2,581,164	6,914,593	5,930,514	15,426,271
2044	2,496,801	6,709,735	5,484,800	14,691,336
2045	2,416,190	6,470,025	5,028,969	13,915,184
2046	2,310,946	6,201,791	4,568,726	13,081,463
2047	2,202,639	5,904,468	4,110,272	12,217,379
2048	2,091,171	5,590,130	3,660,025	11,341,326
2049	1,963,016	5,261,015	3,224,320	10,448,351
2050	1,836,382	4,923,988	2,809,098	9,569,468
2051	1,701,894	4,580,118	2,419,585	8,701,597
2052	1,570,393	4,230,921	2,060,003	7,861,317
2053	1,439,519	3,881,410	1,733,423	7,054,352
2054	1,309,211	3,535,300	1,441,638	6,286,149
2055	1,183,419	3,196,368	1,185,171	5,564,958
2056	1,061,861	2,868,253	963,399	4,893,513
2057	946,547	2,554,269	774,689	4,275,505
2058	838,021	2,257,226	616,643	3,711,890
2059	736,828	1,979,350	486,324	3,202,502
2060	643,414	1,722,247	380,480	2,746,141
2061	558,003	1,486,924	295,758	2,340,685
2062	480,623	1,273,779	228,878	1,983,280
2063	411,125	1,082,657	176,762	1,670,544
2064	349,224	912,950	136,619	1,398,793
2065	294,534	763,678	106,000	1,164,212
2066	246,594	633,598	82,821	963,013
2067	204,898	521,264	65,358	791,520
2068	168,914	425,128	52,223	646,265
2069	138,103	343,588	42,320	524,011
2070	111,932	275,060	34,798	421,790
2071	89,890	218,024	29,014	336,928
2072	71,493	171,022	24,490	267,005
2073	56,284	132,691	20,881	209,856
2074	43,837	101,773	17,943	163,553

Plan Name: Smiths Group Pension Plan
EIN / PN: 22-3015350/001
Plan Sponsor: Smiths Group Services Corporation
Valuation Date: January 1, 2025

Smiths Group Pension Plan

Financial Statements

December 31, 2025 and 2024



Smiths Group Pension Plan
December 31, 2025 and 2024

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INDEPENDENT AUDITORS' REPORT

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Kreischer Miller

Independent Auditors' Report

Pension Benefits Committee
Smiths Group Pension Plan
Washington, District of Columbia

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

We have performed audits of the financial statements of Smiths Group 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 statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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- the information in the accompanying 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

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 for one year after the date that the financial statements are 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions as of or 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedule 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).

KMCO CPAs LLP

Horsham, Pennsylvania
September 25, 2026

Smiths Group Pension Plan

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets:		
Investments, at fair value	$ 254,216,497	$ 236,383,437
Net assets available for benefits	$ 254,216,497	$ 236,383,437

See accompanying notes to financial statements.

Smiths Group Pension Plan

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Additions to (deductions from) net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 21,629,217	$ (4,797,945)
Interest	217,909	211,351
Investment expenses	(409,722)	(271,956)
Employer contributions	13,400,000	-
	34,837,404	(4,858,550)
Deductions from net assets attributed to:		
Benefits paid to participants	15,812,435	15,646,301
Administrative expenses	1,191,909	1,333,304
Total deductions	17,004,344	16,979,605
Net increase (decrease)	17,833,060	(21,838,155)
Net assets available for benefits:		
Beginning of year	236,383,437	258,221,592
End of year	$ 254,216,497	$ 236,383,437

See accompanying notes to financial statements.

(1) Description of Plan

The following brief description of the Smiths Group Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering substantially all non-union employees at those U.S. business locations of Smiths Group (the Company) that elect to participate therein.

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

Effective April 30, 2009, the Board of Directors of Smiths Group Services Corp. elected to freeze the Plan. Subsequent to April 30, 2009, no additional employees are allowed to participate in the Plan and all benefit accruals ceased as of that date with the exception that vesting service and service for purposes of early retirement eligibility continued to be credited.

During 2014, the Company made a determination to provide an ongoing lump sum option to all participants in the Plan who terminated employment or will terminate employment after March 1, 2014, but have not commenced payment of their benefits, and surviving spouses eligible for the pre-retirement survivor annuity whose benefit commencement date has not yet occurred.

Willis Towers Watson is engaged to provide all administrative services of the Plan, as well as fiduciary responsibilities.

Information about the Plan's vesting and benefit provisions is contained in the Plan's summary plan description, copies of which are available from the Company's human resources department.

The Plan was amended and restated effective January 1, 2017 to comply with the provisions of the Pension Protection Act of 2006 and other regulatory changes.

Information about the Plan's vesting and benefit provisions is contained in the Plan's summary plan description, copies of which are available from the Company's human resources department.

Eligibility

The Plan was established to provide its participants with benefits for normal retirement at age 65, and early retirement as defined in the agreements. Employee eligibility varied based on participating company.

Continued…

(1) Description of Plan, Continued

Retirement Benefits

Each participant who was hired before 2005 is entitled to monthly pension benefits based upon the number of years of credited service and the participant's final compensation or in the case of John Crane Inc. is based on the participant's career compensation.

The monthly benefits payable to early retirees may be one of the following: (a) an amount payable beginning on the participant's normal retirement date as calculated above, or (b) an amount commencing on the participant's early retirement date, based on the amounts calculated as of the normal retirement date reduced by factors that vary by each location. The election of (a) or (b) is to be made by the participant.

Each participant who was hired or rehired after 2004 accrued a compensation credit each year based upon the participant's compensation and his or her attained age for that year. Compensation credits were accumulated in a notional retirement account, which is credited with interest each year.

Participants may elect to receive their benefits as a joint and survivor annuity or a life annuity payable upon retirement or lump sum distribution if hired after 2004. If hired before 2004, the benefit is only available in a monthly annuity.

Upon the death of a married participant after 5 years of credited service, a percentage of the benefits under a preretirement surviving spouse benefit is paid to the participant's spouse. Retirement benefits are determined as of the date of death. Any participant who becomes totally and permanently disabled is eligible for disability benefits.

(2) Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance 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 date of the financial statements. Actual results could differ from those estimates.

Continued…

(2) Summary of Significant Accounting Policies, Continued

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. Willis Towers Watson determines the Plan's valuation policies utilizing information provided by its investment advisor and trustee. See Note 7 for a discussion of the fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Expenses

Investment management, recordkeeping and other administrative fees are paid from plan assets. Personnel of Smiths Group Services Corp. are used by the Plan for administrative and other activities at no charge to the Plan. Certain investment advisory fees paid by the Plan are reported as investment expenses in the statements of changes in net assets available for benefits. Certain other investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through September 25, 2026, the date the financial statements were available to be issued.

(3) Funding Policy

The Company's funding policy is based on annual actuarial valuations and a method that provides for level contributions sufficient to fund all benefits including any past service amounts. Any change in the cost due to actuarial experience differing from that assumed is spread over future contributions. The Company has met the minimum funding requirements under ERISA.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

(4) Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally, to provide the following benefits in the order indicated:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the four years preceding plan termination.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations.
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically on the amount of an individual's monthly benefit that the PBGC guarantees. For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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 other benefits may not be provided for at all.

(5) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who are deceased and (c) present employees or their beneficiaries.

Continued…

(5) Actuarial Present Value of Accumulated Plan Benefits, Continued

Benefits under the Plan are based upon the participant's length of credited service multiplied by the appropriate benefit rates in effect on the participant's termination date. The accumulated plan benefits for active participants are based on their credited service and benefit rates on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances including retirement, disability, and termination of employment, are included to the extent they are deemed attributable to employee credited service rendered prior to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Willis Towers Watson using actuarial assumptions to adjust accumulated plan benefits to reflect the time value of money through discounts for interest and the probability of payment by means of decrements such as for death, disability, withdrawal, or retirement between the valuation date and the expected date of payment. The Plan has elected to determine the actuarial present value assumptions related to the accumulated plan benefits on January 1 of the plan year.

Significant assumptions underlying the actuarial computations at January 1, 2025 and 2024 are:

Actuarial method	-	Projected unit credit
Interest rate	-	5.34% and 5.14% in 2025 and 2024, respectively
Discount rate	-	5.60% and 5.05% in 2025 and 2024, respectively
Retirement age	-	65
Mortality	-	Pri-2012 gender specific healthy employee and non-disabled annuitant mortality tables and MP-2021 mortality improvement scale applied from 2012 on a generational basis for 2025. Pri-2012 gender specific healthy employee and non-disabled annuitant mortality tables and MP-2021 mortality improvement scale applied from 2012 on a generational basis for 2024.

The actuarial present value of accumulated plan benefits is as follows as of January 1:

	2025	2024
Vested benefits:		
Participants currently receiving payments	$ 119,875,257	$ 120,658,787
Other participants	125,265,036	142,495,771
	245,140,293	263,154,558
Nonvested benefits	164,964	188,300
Total actuarial present value of accumulated plan benefits	$ 245,305,257	$ 263,342,858

Continued…

(5) Actuarial Present Value of Accumulated Plan Benefits, Continued

The change in the actuarial present value of accumulated plan benefits is as follows for the years ended January 1:

	2025	2024
Actuarial present value of accumulated plan benefits at beginning of year	$ 263,342,858	$ 258,067,496
Increase (decrease) attributed to:		
Actuarial (gains)/losses	(1,094,264)	506,479
Interest due to decrease in discount period	12,908,611	13,359,689
Changes in actuarial assumptions	(14,205,647)	8,337,108
Benefits paid	(15,646,301)	(16,927,914)
Actuarial present value of accumulated plan benefits at end of year	$ 245,305,257	$ 263,342,858

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

(6) Certified Investments

Certain information related to the investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments in fair value at December 31, 2025 and 2024, and net appreciation (depreciation) in fair value of investments and interest for the years ended December 31, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Principal Bank (Principal), a qualified institution.

(7) Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurement and Disclosures*, provides the framework for measuring fair value. That 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 FASB ASC 820 are described as follows:

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

Continued…

(7) Fair Value Measurements, Continued

Level 2: Inputs to the valuation methodology include

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques 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.

Cash and cash equivalents: Valued at their market quoted prices, which generally approximate cost plus accrued interest.

Common collective trusts: Valued at the net asset value (NAV) of units of trust company collective trusts. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the collective trusts in order to ensure that securities liquidations will be carried out in an orderly business manner.

Continued…

(7) Fair Value Measurements, Continued

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

	Assets at Fair Value as of December 31, 2025			
Description	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 6,318,050	$ -	$ -	$ 6,318,050
Investments measured at NAV as a practical expedient				247,898,447
Total investments at fair value				$ 254,216,497

	Assets at Fair Value as of December 31, 2024			
Description	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 1,880,306	$ -	$ -	$ 1,880,306
Investments measured at NAV as a practical expedient				234,503,131
Total investments at fair value				$ 236,383,437

Certain investments that are measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line item presented in the statements of net assets available for benefits.

There were no significant transfers among investment levels during the years ended December 31, 2025 and 2024.

Continued…

(7) Fair Value Measurements, Continued

The following table summarizes investments measured at fair value based on the NAV per share as a practical expedient as of December 31:

Investment	Fair Value at December 31, 2025	Fair Value at December 31, 2024	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
BlackRock Turf 10 YR Non-Lending	$ 7,285,961	$ 6,543,807	None	Daily, subject to opening date provisions	No defined period
BlackRock Turf 15 YR Non-Lending	5,096,449	4,587,258	None	Daily, subject to opening date provisions	No defined period
BlackRock Turf 20 YR Non-Lending	3,313,124	2,371,082	None	Daily, subject to opening date provisions	No defined period
BlackRock Turf 25 YR Non-Lending	2,557,652	2,084,562	None	Daily, subject to opening date provisions	No defined period
BlackRock Turf 5 YR Non-Lending	5,001,008	3,976,105	None	Daily, subject to opening date provisions	No defined period
SSGA Intermed US Govt Bond Indx NL	43,399,645	33,350,501	None	Daily, subject to opening date provisions	No defined period
SSGA Long US Govt Bond Indx NL	37,323,516	62,158,635	None	Daily, subject to opening date provisions	No defined period
Diversified Equity Fund	26,862,483	30,811,292	None	Daily, subject to opening date provisions	No defined period
Long Credit Fund	68,897,623	38,295,385	None	Daily, subject to opening date provisions	No defined period
Real Assets Fund	24,703,325	22,916,898	None	Daily, subject to opening date provisions	No defined period
Diversified Credit Fund	23,457,661	27,407,606	None	Daily, subject to opening date provisions	No defined period
	$ 247,898,447	$234,503,131			

(8) Tax Status and Other Regulatory Matters

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 22, 2016, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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 if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(9) Risks and Uncertainties

The Plan invests in various investment securities. 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 in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

(10) Related Party Transactions and Party-In-Interest Transactions

Certain Plan investments are managed by Principal. Principal is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA. Fees incurred by the Plan for investment advisory services are classified as investment expenses on the statements of changes in net assets available for benefits. Certain fees for management and operation of the common trust funds are included in net appreciation (depreciation) in fair value of the investment.

SUPPLEMENTAL SCHEDULES

Smiths Group Pension Plan

EIN: 22-3015350
Plan No: 001

Supplemental Schedule
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Interest bearing cash account:			
*	Principal Bank	Collateralized Institutional Bank Deposit Account	$ 6,318,050	$ 6,318,050
	Common collective trusts:			
	BlackRock, Inc.	Turf 10 YR Non-Lending	8,007,220	7,285,961
	BlackRock, Inc.	Turf 15 YR Non-Lending	6,149,553	5,096,449
	BlackRock, Inc.	Turf 20 YR Non-Lending	4,197,354	3,313,124
	BlackRock, Inc.	Turf 25 YR Non-Lending	3,168,732	2,557,652
	BlackRock, Inc.	Turf 5 YR Non-Lending	5,001,584	5,001,008
	SSGA	Intermed US Govt Bond Indx NL	41,794,768	43,399,645
	SSGA	Long US Govt Bond Indx NL	39,053,731	37,323,516
	Willis Towers Watson Group Trust	Diversified Equity Fund	21,838,527	26,862,483
	Willis Towers Watson Group Trust	Long Credit Fund	69,050,000	68,897,623
	Willis Towers Watson Group Trust	Real Assets Fund	23,930,513	24,703,325
	Willis Towers Watson Group Trust	Diversified Credit Fund	21,609,408	23,457,661
			$ 250,119,440	$ 254,216,497

* Party-in-interest

Smiths Group Pension Plan

EIN: 22-3015350
Plan No: 001

Supplemental Schedule
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Willis Towers Watson Group Trust	(S) WTW GT Diversified Credit FD	$ 24,759,408	$ -	$ 24,759,408	$ 24,759,408	$ -
Willis Towers Watson Group Trust	(S) WTW Group Trust Real Assets Fund	$ 23,930,513	$ -	$ 23,930,513	$ 23,930,513	$ -
BlackRock, Inc.	(S) Short Term Investment Fund S10	$ 13,400,000	$ -	$ 13,400,000	$ 13,400,000	$ -
BlackRock, Inc.	(S) Short Term Investment Fund S10	$ 25,350,000	$ -	$ 25,350,000	$ 25,350,000	$ -
BlackRock, Inc.	(S) Short Term Investment Fund S10	$ -	$ 17,000,000	$ 17,000,000	$ 17,000,000	$ -
BlackRock, Inc.	(S) Short Term Investment Fund S10	$ -	$ 18,400,000	$ 18,400,000	$ 18,400,000	$ -
Willis Towers Watson Group Trust	(S) WTW GT Diversified Credit FD	$ -	$ 24,759,408	$ 24,009,700	$ 24,759,408	$ 749,708
Willis Towers Watson Group Trust	(S) WTW Group Trust Long Credit Fund	$ 17,000,000	$ -	$ 17,000,000	$ 17,000,000	$ -
Willis Towers Watson Group Trust	(S) WTW Group Trust Real Assets Fund	$ -	$ 23,930,513	$ 23,000,000	$ 23,930,513	$ 930,513
SSGA	(S) SSGA Long US Govt Bond Index NL	$ -	$ 25,350,000	$ 26,186,004	$ 25,350,000	$ (836,004)
Willis Towers Watson Group Trust	(A) WTW GT Diversified Credit FD	$ 24,759,408	$ 3,150,000	$ 27,909,408	$ 27,909,408	$ -
Willis Towers Watson Group Trust	(A) WTW Group Trust Real Assets Fund	$ 23,930,513	$ -	$ 23,930,513	$ 23,930,513	$ -
BlackRock, Inc.	(A) Short Term Investment Fund A S1	$ 9,829,212	$ 11,701,621	$ 21,530,833	$ 21,530,833	$ -
BlackRock, Inc.	(A) Short Term Investment Fund S10	$ 51,827,584	$ 45,530,243	$ 97,357,827	$ 97,357,827	$ -
Willis Towers Watson Group Trust	(A) WTW GT Diversified Credit FD	$ -	$ 27,759,408	$ 26,900,000	$ 27,759,408	$ 859,408
Willis Towers Watson Group Trust	(A) WTW Group Trust Long Credit Fund	$ 28,050,000	$ -	$ 28,050,000	$ 28,050,000	$ -
Willis Towers Watson Group Trust	(A) WTW Group Trust Real Assets Fund	$ -	$ 23,930,513	$ 23,000,000	$ 23,930,513	$ 930,513
SSGA	(A) SSGA Long US Govt Bond Index NL	$ -	$ 28,360,936	$ 29,495,860	$ 28,360,936	$ (1,134,924)

(S) - Represents a single transaction that exceeds 5% of net assets available for benefits at the beginning of the plan year.

(A) - Represents the aggregate total of transactions exceeding the reportable threshold.

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
SMITHS GROUP PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/01/1970

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)
SMITHS GROUP SERVICES CORPORATION

25 MASSACHUSETTS AVE NW SUITE 120

WASHINGTON DC 20001-1430

2b Employer Identification Number (EIN) 22-3015350

2c Plan Sponsor's telephone number

2d Business code (see instructions) 335310

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		10/12/2026	KATHRYN BURRISS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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518401 12-22-25

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5 Total number of participants at the beginning of the plan year	**5**	3455
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)**	489
a (2) Total number of active participants at the end of the plan year	**6a(2)**	456
b Retired or separated participants receiving benefits	**6b**	1102
c Other retired or separated participants entitled to future benefits	**6c**	1656
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	3214
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	158
f Total. Add lines **6d** and **6e**	**6f**	3372
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)**	
(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 1I 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)	**9b** Plan benefit arrangement (check all that apply)
(1) [ ] Insurance	(1) [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	(3) [X] Trust
(4) [ ] General assets of the sponsor	(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) [X] **R** (Retirement Plan Information)
(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
(4) [ ] **DCG** (Individual Plan Information) - Number Attached ____
(5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) [X] **H** (Financial Information)
(2) [ ] **I** (Financial Information - Small Plan)
(3) [ ] **A** (Insurance Information) - Number Attached ____
(4) [X] **C** (Service Provider Information)
(5) [X] **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 _____

Smiths Group Pension Plan

EIN: 22-3015350
Plan No: 001

Supplemental Schedule
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Willis Towers Watson Group Trust	(S) WTW GT Diversified Credit FD	$ 24,759,408	$ -	$ 24,759,408	$ 24,759,408	$ -
Willis Towers Watson Group Trust	(S) WTW Group Trust Real Assets Fund	$ 23,930,513	$ -	$ 23,930,513	$ 23,930,513	$ -
BlackRock, Inc.	(S) Short Term Investment Fund S10	$ 13,400,000	$ -	$ 13,400,000	$ 13,400,000	$ -
BlackRock, Inc.	(S) Short Term Investment Fund S10	$ 25,350,000	$ -	$ 25,350,000	$ 25,350,000	$ -
BlackRock, Inc.	(S) Short Term Investment Fund S10	$ -	$ 17,000,000	$ 17,000,000	$ 17,000,000	$ -
BlackRock, Inc.	(S) Short Term Investment Fund S10	$ -	$ 18,400,000	$ 18,400,000	$ 18,400,000	$ -
Willis Towers Watson Group Trust	(S) WTW GT Diversified Credit FD	$ -	$ 24,759,408	$ 24,009,700	$ 24,759,408	$ 749,708
Willis Towers Watson Group Trust	(S) WTW Group Trust Long Credit Fund	$ 17,000,000	$ -	$ 17,000,000	$ 17,000,000	$ -
Willis Towers Watson Group Trust	(S) WTW Group Trust Real Assets Fund	$ -	$ 23,930,513	$ 23,000,000	$ 23,930,513	$ 930,513
SSGA	(S) SSGA Long US Govt Bond Index NL	$ -	$ 25,350,000	$ 26,186,004	$ 25,350,000	$ (836,004)
Willis Towers Watson Group Trust	(A) WTW GT Diversified Credit FD	$ 24,759,408	$ 3,150,000	$ 27,909,408	$ 27,909,408	$ -
Willis Towers Watson Group Trust	(A) WTW Group Trust Real Assets Fund	$ 23,930,513	$ -	$ 23,930,513	$ 23,930,513	$ -
BlackRock, Inc.	(A) Short Term Investment Fund A S1	$ 9,829,212	$ 11,701,621	$ 21,530,833	$ 21,530,833	$ -
BlackRock, Inc.	(A) Short Term Investment Fund S10	$ 51,827,584	$ 45,530,243	$ 97,357,827	$ 97,357,827	$ -
Willis Towers Watson Group Trust	(A) WTW GT Diversified Credit FD	$ -	$ 27,759,408	$ 26,900,000	$ 27,759,408	$ 859,408
Willis Towers Watson Group Trust	(A) WTW Group Trust Long Credit Fund	$ 28,050,000	$ -	$ 28,050,000	$ 28,050,000	$ -
Willis Towers Watson Group Trust	(A) WTW Group Trust Real Assets Fund	$ -	$ 23,930,513	$ 23,000,000	$ 23,930,513	$ 930,513
SSGA	(A) SSGA Long US Govt Bond Index NL	$ -	$ 28,360,936	$ 29,495,860	$ 28,360,936	$ (1,134,924)

(S) - Represents a single transaction that exceeds 5% of net assets available for benefits at the beginning of the plan year.

(A) - Represents the aggregate total of transactions exceeding the reportable threshold.

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
SMITHS GROUP PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SMITHS GROUP SERVICES CORPORATION

D Employer Identification Number (EIN)
22-3015350

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**	249371975
b Actuarial value		**2b**	258052983

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	1110	122281193	122281193
b For terminated vested participants	1856	94561788	94561788
c For active participants	489	32656948	32830151
d Total	3455	249499929	249673132

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**	5.34 %
6 Target normal cost			
a Present value of current plan year accruals		**6a**	0
b Expected plan-related expenses		**6b**	1300000
c Target normal cost		**6c**	1300000

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

Sheri X. DeCristofaro SXD
Signature of actuary

September 21, 2026
Date

SHERI X. DECRISTOFARO
Type or print name of actuary

26-06629
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

215-246-6000
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 [ ]

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v. 250312

518541 12-22-25

14130921 759120 68244 2025.04030 SMITHS GROUP SERVICES COR 68244__1

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	48300344
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4049450
9	Amount remaining (line 7 minus line 8)		44250894
10	Interest on line 9 using prior year's actual return of -2.03 %		-898293
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		12353565
	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 5.14 %		450278
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-72944
	c Total available at beginning of current plan year to add to prefunding balance		12730899
	d Portion of (c) to be added to prefunding balance		12730899
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	56083500

Part III Funding Percentages

14	Funding target attainment percentage	14	80.89 %
15	Adjusted funding target attainment percentage	15	103.35 %
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	90.98 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [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: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used

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

22 Weighted average retirement age — **22** 62

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**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
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**		1300000
b Excess assets, if applicable, but not greater than line 31a	**31b**		0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		47703649	4653816
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**		5953816

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	5953816	5953816

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

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

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