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
IPSEN INC. EMPLOYEE PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1969

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)
IPSEN, INC.

984 IPSEN RD
CHERRY VALLEY, IL 61016

2b Employer Identification Number (EIN) 36-4108317

2c Plan Sponsor's telephone number 815-332-4941

2d Business code (see instructions) 332810

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.	10/09/2026	STEPHEN E NELSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2026	STEPHEN E NELSON
	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**	358
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)**	25
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	24
b	Retired or separated participants receiving benefits	**6b**	199
c	Other retired or separated participants entitled to future benefits	**6c**	79
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	302
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	48
f	Total. Add lines **6d** and **6e**.	**6f**	350
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I

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 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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
IPSEN INC. EMPLOYEE PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
36-4108317

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	12030597
b Actuarial value	**2b**	11832867

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	245	8513534	8513534
b For terminated vested participants	88	2697521	2697521
c For active participants	24	1160022	1160022
d Total	357	12371077	12371077

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**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	15000
c Target normal cost	**6c**	15000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/11/2026
Date

DANIEL COLBY
Type or print name of actuary

26-07115
Most recent enrollment number

MILLIMAN, INC.
Firm name

312-726-0677
Telephone number (including area code)

71 S. WACKER DR. 31ST FLOOR
CHICAGO, IL 60606-4637
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	37096
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	37096
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 3.77 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		806
	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 5.03 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		30
	c Total available at beginning of current plan year to add to prefunding balance		836
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	95.64 %
15	Adjusted funding target attainment percentage	15	95.64 %
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	98.01 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	10136	0			
07/15/2025	10136	0			
10/15/2025	10136	0			
01/14/2026	10136	0			
04/17/2026	17109	0			
07/14/2026	17109	0			
			Totals ► 18(b)	74762	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	70982

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	66

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	15000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	538210	53436
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**	68436

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

36 Additional cash requirement (line 34 minus line 35)	**36**	68436
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	70982

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

a Total (excess, if any, of line 37 over line 36)	**38a**	2546
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
IPSEN INC. EMPLOYEE PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
36-4108317

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PRINCIPAL CUSTODY SOLUTIONS

510 N VALLEY MILLS DRIVE
SUITE 400
WACO, TX 76710-6075

(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 31	NONE	19504	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

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 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
IPSEN INC. EMPLOYEE PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
36-4108317

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)	0	44354
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6443	6244
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	143160	91149
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11881632	12203259
(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	12031235	12345006
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	4316	4392
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	4316	4392
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	12026919	12340614

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)	78562	
(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)		78562
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1323	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1323
(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)	500089	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		500089
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		619972
c Other income	2c		1340
d Total income. Add all **income** amounts in column (b) and enter total	2d		1201286
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	868087	
(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)		868087
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)	19504	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		19504
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		887591
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		313695
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: RSM US LLP **(2)** EIN: 42-0714325

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 576384.

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
IPSEN INC. EMPLOYEE PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
36-4108317

Part I Distributions

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

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

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

EIN(s): 41-6257133

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** 0

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_____.

Ipsen, Inc. Employee Pension Plan

Financial Report
December 31, 2025

Contents

Independent auditor's report	1-3
Financial statements	
Statements of net assets available for benefits	4
Statements of changes in net assets available for benefits	5
Statement of accumulated plan benefits	6
Statement of changes in accumulated plan benefits	7
Notes to financial statements	8-14
Supplemental schedule	
Schedule H, line 4i—schedule of assets (held at end of year)	15

RSM US LLP

Independent Auditor's Report

Retirement Plan Committee
Ipsen, Inc. Employee Pension Plan

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

We have performed audits of the financial statements of Ipsen, Inc. Employee 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, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2024, the statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. 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 DOL'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 then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's 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 (U.S. GAAP).

- 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).

RSM US LLP is the U.S. member firm of RSM International, a global network of independent assurance, tax, and consulting firms.
Visit rsmus.com/aboutus for more information regarding RSM US LLP and RSM International.

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

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

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

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

Other Matter—Supplemental Schedule Required by ERISA
The supplemental schedule of Schedule H, line 4i—schedule of assets (held at end of year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

- The 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).

RSM US LLP

Schaumburg, Illinois
October 9, 2026

Ipsen, Inc. Employee Pension Plan

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

	2025	2024
Assets		
Investments at fair value:		
Shares of registered investment companies	**$ 2,858,666**	$ 2,754,096
Shares of exchange—traded funds	**9,344,593**	9,127,536
	12,203,259	11,881,632
Receivables:		
Company contributions	**44,354**	-
Accrued interest	**6,244**	6,443
	50,598	6,443
Cash, interest bearing	**91,149**	143,160
Total assets	**12,345,006**	12,031,235
Liabilities		
Due to broker for securities purchased	**4,392**	4,316
Net assets available for benefits	**$ 12,340,614**	$ 12,026,919

See notes to financial statements.

Ipsen, Inc. Employee Pension Plan

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

	2025	2024
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	**$ 619,972**	$ (46,367)
Dividends and interest	**501,412**	501,467
Other income	**1,340**	4,782
	1,122,724	459,882
Company contributions	**78,562**	-
Total	**1,201,286**	459,882
Deductions:		
Benefits paid directly to participants	**868,087**	887,054
Administrative expenses	**19,504**	23,355
Total deductions	**887,591**	910,409
Net increase (decrease)	**313,695**	(450,527)
Net assets available for benefits:		
Beginning of year	**12,026,919**	12,477,446
End of year	**$ 12,340,614**	$ 12,026,919

See notes to financial statements.

Ipsen, Inc. Employee Pension Plan

Statement of Accumulated Plan Benefits
December 31, 2024

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	$ 8,165,742
Other participants	3,810,921
	11,976,663
Nonvested benefits	-
Total actuarial present value of accumulated plan benefits	$ 11,976,663

See notes to financial statements.

Ipsen, Inc. Employee Pension Plan

Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2024

Actuarial present value of accumulated plan benefits at beginning of year	$ 12,251,624
Increase (decrease) during the year attributable to:	
Actuarial gains	(96,780)
Increase for interest due to decrease in discount period	708,873
Benefits paid	(887,054)
Net decrease	(274,961)
Actuarial present value of accumulated plan benefits at end of year	$ 11,976,663

See notes to financial statements.

Note 1. Plan Description

The following brief description of Ipsen, Inc. Employee Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined benefit pension plan covering substantially all employees of Ipsen, Inc. (the Company) who were either a participant in the Non-Bargaining Unit Pension Plan prior to January 1, 2004, or a participant in the Illinois Bargaining Unit Pension Plan prior to July 1, 2006. The Plans were merged effective December 31, 2013. The Plan is administered by a Retirement Plan Committee consisting of individuals appointed by the Company. The Retirement Plan Committee has overall responsibility for the operation and administration of the Plan. The Retirement Plan Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions and funding policy: Company contributions are determined based upon actuarial valuations in accordance with the plan provisions and ERISA guidelines using the projected unit credit cost method. Employees do not contribute to the Plan. The Plan's funding policy is for the Company to contribute to the Plan no less than the minimum amounts required to satisfy the minimum funding requirements of ERISA. The Plan met the minimum funding requirement for the years ended December 31, 2025 and 2024.

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.

The Pension Protection Act of 2006, as amended by the Worker, Retiree and Employer Recovery Act of 2008, imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The at-risk status is referred to as the Funding Target Attainment Percentage. A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage (AFTAP). The 2025 AFTAP for the Plan is 95.64%. Because the Plan's 2025 AFTAP equals or exceeds 80%, the Plan is not subject to benefit restrictions.

Pension benefits and vesting: Participants are vested in their pension benefits after three years of service or upon attainment of the normal retirement age. A participant's normal retirement date is the first day of the month coincident with or next following attainment of age 65. An early retirement option is available at a reduced level from normal benefits, beginning the month coincident with or next following attainment of age 58, and completion of 15 years of service. Pension benefit accruals were frozen as of June 30, 2006, under the Ipsen, Inc. Illinois Bargaining Unit Pension Plan, and were frozen as of December 31, 2003, under the Ipsen, Inc. Non-Bargaining Unit Pension Plan. The benefits that a participant is expected to receive under the merged plan are the exact same frozen plan benefits that participant would have received under the Non-Bargaining Unit and Illinois Bargaining Unit Pension Plans, prior to the merger. Participants who suffer a disability, as defined in the Plan, are eligible for benefits if they have completed 15 years of service. For married participants who die prior to receiving vested pension benefits, a death benefit will be paid to the participant's surviving spouse.

Upon the earlier of retirement or termination of service, participants may elect to receive their vested account balance in a lump-sum distribution (if their vested account balance is $5,000 or less), a life annuity or a survivorship life annuity.

Note 2. Significant Accounting Policies

Basis of accounting: The accompanying financial statements 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 (U.S. GAAP) 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, and changes therein. Actual results could differ from those estimates.

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

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

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 that employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of deceased employees and (c) present employees or their beneficiaries. Benefits payable under all circumstances—retirement, death, disability and termination of employment—are included, to the extent they are deemed attributable to employee service rendered through the date the Plan's benefit accruals were frozen, or the valuation dates, as applicable.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the 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 significant actuarial assumptions used in the valuations as of January 1, 2025, are as follows:

Life expectancy	Pri-2012 with mortality improvement scale MP-2021
Retirement age	Later of age 65 or age on valuation date
Long-term rate of return	6.0%

There were no changes in actuarial assumptions for 2025.

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

Note 2. Significant Accounting Policies (Continued)

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2025. Had the valuation been performed as of December 31, 2024, there would be no material differences.

Death and disability benefits: If an active employee dies prior to normal retirement age, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

Payment of benefits: Benefit payments to participants are recorded upon distribution.

Administrative expenses: Administrative expenses incurred by the Plan can be paid by either the Company or the Plan. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent events: Plan management has evaluated subsequent events through October 9, 2026, the date on which the financial statements were available to be issued.

Note 3. Information Certified or Provided by Principal Bank

The following is a summary of the Plan's asset and income information as of December 31, 2025 and 2024, and for the years then ended, included throughout the Plan's financial statements and ERISA-required supplemental schedule, obtained by management and agreed to or derived from information certified as complete and accurate by Principal Bank, a qualified institution:

	2025	2024
Investments at fair value:		
Shares of registered investment companies	$ 2,858,666	$ 2,754,096
Shares of exchange—traded funds	9,344,593	9,127,536
Accrued interest	6,244	6,443
Net appreciation (depreciation) in fair value of investments	619,972	(46,367)
Dividends and interest	501,412	501,467

Note 4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820 are described below:

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

Level 2: Inputs to the valuation methodology include:

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

If the asset or liability has a specific (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.

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.

Shares of registered investment companies: These investments are valued at the daily closing price, as reported by the fund. Funds held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The shares of registered investment companies held by the Plan are deemed to be actively traded.

Shares of exchange—traded funds: These investments are valued at the daily closing price reported on the active market on which the individual securities are traded.

Note 4. Fair Value Measurements (Continued)

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

	2025			
	Total	Level 1	Level 2	Level 3
Shares of registered investment companies	$ 2,858,666	$ 2,858,666	$ -	$ -
Shares of exchange—traded funds	9,344,593	9,344,593	-	-
	$ 12,203,259	$ 12,203,259	$ -	$ -

	2024			
	Total	Level 1	Level 2	Level 3
Shares of registered investment companies	$ 2,754,096	$ 2,754,096	$ -	$ -
Shares of exchange—traded funds	9,127,536	9,127,536	-	-
	$ 11,881,632	$ 11,881,632	$ -	$ -

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. Plan management evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2025 and 2024, there were no transfers in or out of Level 3.

Note 5. 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:

1. 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 five years preceding plan termination.

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.

3. All other vested benefits (that is, vested benefits not insured by the PBGC).

4. 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.

Note 5. Plan Termination (Continued)

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

Note 6. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value 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 process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

Note 7. Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated February 18, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code.

U.S. GAAP requires 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. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

Note 8. Related-Party and Party-in-Interest Transactions

Certain plan investments are managed by the plan trustee and, therefore, transactions with these investments qualify as party-in-interest transactions. Fees paid by the Plan to the trustee for custodial services amounted to approximately $19,500 and $23,400 for the years ended December 31, 2025 and 2024, respectively.

Certain administration functions are performed by officers or employees of the Company for which no compensation is received from the Plan.

Note 9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31, 2025 and 2024:

	2025	2024
Net assets available for benefits per the financial statements	$ 12,340,614	$ 12,026,919
Shares of registered investment companies	9,344,593	9,127,536
Shares of exchange traded funds	(9,344,593)	(9,127,536)
Net assets available for benefits per Form 5500	$ 12,340,614	$ 12,026,919

Ipsen, Inc. Employee Pension Plan

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

EIN: 36-4108317
Plan: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Shares of registered investment companies:		
	American Funds	Europacific Growth R6	$ 189,704	$ 211,099
	BlackRock iShares	Russell Mid-Cap Growth ETF	110,399	119,275
	BlackRock iShares	Russell 2000 Growth ETF	45,763	51,359
	BlackRock iShares	Core MSCI Emerging EFT	81,150	104,460
	BlackRock iShares	Russell 2000 Value ETF	53,355	58,893
	DoubleLine Funds	Total Return Bond, Class I	562,063	577,707
	JPMorgan Funds	Mid-Cap Value, Class L	141,424	125,205
	Lazard Funds	Emerging Markets Equity Institutional	51,507	70,788
	Lord Abbett	Short Duration Income, Class I	1,043,890	1,051,716
	Pimco	Income Institutional	592,947	618,491
	Oakmark	International Fund	157,547	203,661
	SPDR	S&P 500 ETF	509,304	592,588
	Vanguard	Intermediate-Term C	1,974,160	2,059,748
	Vanguard	Long-Term Bond ETF	4,457,393	4,528,393
	Vanguard	Short-Term Corporate Bond EFT	975,905	997,422
	Vanguard	Russell 1000 Growth	398,222	469,346
	Vanguard	Russell 1000 Value	319,638	363,108
			11,664,371	12,203,259
*	Principal	Cash, interest-bearing, collateralized institutional bank deposit	91,149	91,149
			$ 11,755,520	$ 12,294,408

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

The above information has been certified or provided by Principal Bank, the trustee, as complete and accurate.

Schedule SB, Line 26 – Schedule of Active Participants Data
Ipsen, Inc. Employee Pension Plan
EIN/PN:36-4108317/002

Active Participants by Age and Service

The number of active participants, summarized by attained age and years of credited service as of January 1, 2025, is shown below.

	Years of Credited Service										
Age	**0**	**1–4**	**5–9**	**10–14**	**15–19**	**20–24**	**25–29**	**30–34**	**35–39**	**40+**	**Total**
0–24	-	-	-	-	-	-	-	-	-	-	-
25–29	-	-	-	-	-	-	-	-	-	-	-
30–34	-	-	-	-	-	-	-	-	-	-	-
35–39	-	-	-	-	-	-	-	-	-	-	-
40–44	-	-	-	-	-	-	-	-	-	-	-
45–49	-	-	-	1	-	-	-	-	-	-	1
50–54	-	-	-	1	3	-	-	-	-	-	4
55–59	-	-	-	-	2	2	-	-	-	-	4
60–64	-	-	-	-	4	3	-	-	-	-	7
65–69	-	-	-	1	-	6	-	-	-	-	7
70+	-	-	-	1	-	-	-	-	-	-	1
Total	-	-	-	4	9	11	-	-	-	-	24

Schedule SB, Part V, - Summary of Actuarial Methods and Assumptions
Ipsen, Inc. Employee Pension Plan
EIN/PN:36-4108317/002

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	5.07%	5.07%	5.07%
Segment 2 (5–20 years)	5.31%	5.33%	5.33%
Segment 3 (20+ years)	5.50%	5.36%	5.36%
Effective Interest Rate	5.33%	5.31%	5.31%

ERISA minimum funding: 24-month average segment rates, using a four-month lookback period, adjusted to reflect the applicable segment rate stabilization corridor (adopted January 1, 2010). The Plan Sponsor elected to apply the extension of the pension funding stabilization percentages under Section 9706 of the American Rescue Plan Act of 2021 effective 2020 plan year.

Maximum Deductible Contribution: 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect segment rate stabilization.

PBGC premium: Spot segment rates for the month preceding the valuation date, but not adjusted to reflect segment rate stabilization. The standard method is used for the PBGC variable-rate premium calculation.

For FASB ASC Topic 960 purposes: Discount rate of 6.0% per year. This represents the expected long-term geometric mean return on assets based on the Plan's investment policy, including target asset allocation, and the actuary's capital market expectations.

Asset Returns

ERISA minimum funding and Maximum Deductible contribution 6.00% per year. It is based on the Plan's investment policy, including target asset allocation, and Milliman's capital market expectations.

Compensation Increases

N/A.

Administrative Expenses

Expected administrative expenses payable from the trust are explicitly loaded to the normal cost. For the current valuation, the loading for administrative expenses is $15,000.

DEMOGRAPHIC ASSUMPTIONS

Mortality

For ERISA funding, Maximum Deductible Contribution, and PBGC premium purposes:

Statutory generational mortality tables for 2025 based on Pri-2012 Mortality Table, with separate rates for non-annuitants and annuitants, adjusted from base year 2012 with projections to anticipate greater future longevity using the 2025 Adjusted Scale MP-2021.

For FASB ASC Topic 960 accounting purposes:

Pre-Retirement: Pri-2012 total dataset employee amount weighted mortality tables with mortality Improvement Scale MP-2021 for males and females.

Post-Retirement Retired Members: Pri-2012 total dataset retiree amount weighted mortality tables with mortality Improvement Scale MP-2021 for males and females.

Post-Retirement Survivors and Beneficiaries: Pri-2012 total dataset contingent survivor amount weighted mortality tables with mortality Improvement Scale MP-2021 for males and females. Retired member mortality are used prior to member death.

Retirement

Later of age 65 or age on the valuation date.

Termination

Rates are based on Crocker Saranson Table T-3. Sample rates as shown below:

Age	Rate
20	6.58%
25	5.27
30	4.83
35	4.47
40	3.84
45	3.21
50	1.52
55	0.33
60	0.00

Disability

None.

Decrement Timing

Decrements are assumed to occur at the middle of the year.

Form of Payment

Life annuity.

Schedule SB, Part V, - Summary of Actuarial Methods and Assumptions
Ipsen, Inc. Employee Pension Plan
EIN/PN:36-4108317/002

Marital Characteristics

For participants not in pay status: 80% of participants are assumed to be married, with males 3 years older than females.

For participants in pay status: Actual birth dates of spouses are included in the census data, where relevant.

Benefits Not Valued

All benefits are valued.

Special Data Adjustments

None.

Weighted Average Retirement Age

The weighted average retirement age for active participants is 66. This equals the sum, over all retirement ages, of the retirement age multiplied by the probability of retiring at that age, as shown in the following table

(a) Possible Retirement Age "r"	(b) Expected Active Headcount	(c) Retirement Rate	(d) (b) x (c) = Expected Retirements	(e) (a) x (d) = Weighted Average Retirement Age
65	17.4713	1.0000	17.4713	1,135.6315
66	2.0000	1.0000	2.0000	132.0000
67	0.0000	1.0000	0.0000	0.0000
68	2.0000	1.0000	2.0000	136.0000
69	1.0000	1.0000	1.0000	69.0000
70	0.0000	1.0000	0.0000	0.0000
71	1.0000	1.0000	1.0000	71.0000
Total:			23.4713	1,543.6315
Average Age				65.77

Changes in Actuarial Assumptions since Prior Valuation

ERISA funding interest rates: From 4.75%, 4.87%, and 5.59% per year to 5.07%, 5.31%, and 5.55% per year, respectively. The interest rates reflect the extension of the pension funding stabilization percentages under Section 9706 of the American Rescue Plan Act of 2021.

Maximum Deductible Contribution interest rates: From 3.62%, 4.46%, and 4.52% to 5.07%, 5.33% and 5.36% per year respectively, as required by statute.

PBGC variable premium interest rates: From 3.62%, 4.46%, and 4.52% per year to 5.07%, 5.33% and 5.36% per year respectively, as required by statute.

Mortality for ERISA Minimum Funding, Maximum Deductible Contribution, and PBGC premium purposes: The mortality assumption was updated to Statutory generational mortality tables for 2025.

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
IPSEN INC. EMPLOYEE PENSION PLAN

1b Three-digit plan number (PN) ▸ 002

1c Effective date of plan 10/01/1969

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)

IPSEN, INC.

984 IPSEN RD

CHERRY VALLEY IL 61016

2b Employer Identification Number (EIN) 36-4108317

2c Plan Sponsor's telephone number 815-332-4941

2d Business code (see instructions) 332810

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	[signature]	10/9/26	STEPHEN E NELSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	10/9/26	STEPHEN E NELSON
	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

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
The Ipsen, Inc. Employee Pension Plan

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Ipsen, Inc.

D Employer Identification Number (EIN)
36-4108317

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	12,030,597
b Actuarial value	**2b**	11,832,867

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	245	8,513,534	8,513,534
b For terminated vested participants	88	2,697,521	2,697,521
c For active participants	24	1,160,022	1,160,022
d Total	357	12,371,077	12,371,077

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**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	15,000
c Target normal cost	**6c**	15,000

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

DWC

Signature of actuary

09/11/2026
Date

Daniel Colby
Type or print name of actuary

26-07115
Most recent enrollment number

Milliman, Inc
Firm name

(312)726-0677
Telephone number (including area code)

71 S. Wacker Dr. 31st Floor

Chicago IL 60606-4637
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	37,096
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	37,096
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 3.77%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		806
	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 5.03%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		30
	c Total available at beginning of current plan year to add to prefunding balance		836
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	95.64%
15	Adjusted funding target attainment percentage	15	95.64%
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	98.01%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	10,136				
07/15/2025	10,136				
10/15/2025	10,136				
01/14/2026	10,136				
04/17/2026	17,109				
07/14/2026	17,109				
			Totals ► **18(b)**	74,762	**18(c)** 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	70,982

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:	
5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	66

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	15,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	538,210	53,436
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**	68,436

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

36 Additional cash requirement (line 34 minus line 35)	**36**	68,436
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	70,982

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

a Total (excess, if any, of line 37 over line 36)	**38a**	2,546
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Schedule SB, Part V, - Summary of Actuarial Methods and Assumptions
Ipsen, Inc. Employee Pension Plan
EIN/PN:36-4108317/002

Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. The plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that the plan will be adequately and systematically funded and accounted for. Annual contributions and accounting expense are also affected by the "asset valuation method" (as well as the plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the plan's ERISA funding requirements and the FASB ASC Topic 960 values is the unit credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's future benefits. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

Asset Valuation Method

The Actuarial Value of Assets used for determining the plan's ERISA funding requirements is equal to the Market Value of Assets minus a decreasing fraction of the investment gain or loss for each of the two immediately preceding plan years, but it cannot be less than 90% nor more than 110% of the Market Value of Assets. The Market Value of Assets is equal to the Fair Value of Assets as of the valuation date plus the discounted value of employer contributions made after the valuation date. These contributions are discounted to the valuation date using the Effective Interest Rate for the prior plan year. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets or the applicable statutory interest rate for the year.

Amortization Method

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

PBGC Variable-Rate Premium Method

The standard method is used for the PBGC variable-rate premium calculation (adopted January 1, 2023).

Changes in Actuarial Methods since Prior Valuation

None.

Schedule SB, Part V, - Summary of Actuarial Methods and Assumptions
Ipsen, Inc. Employee Pension Plan
EIN/PN:36-4108317/002

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	5.07%	5.07%	5.07%
Segment 2 (5–20 years)	5.31%	5.33%	5.33%
Segment 3 (20+ years)	5.50%	5.36%	5.36%
Effective Interest Rate	5.33%	5.31%	5.31%

ERISA minimum funding: 24-month average segment rates, using a four-month lookback period, adjusted to reflect the applicable segment rate stabilization corridor (adopted January 1, 2010). The Plan Sponsor elected to apply the extension of the pension funding stabilization percentages under Section 9706 of the American Rescue Plan Act of 2021 effective 2020 plan year.

Maximum Deductible Contribution: 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect segment rate stabilization.

PBGC premium: Spot segment rates for the month preceding the valuation date, but not adjusted to reflect segment rate stabilization. The standard method is used for the PBGC variable-rate premium calculation.

For FASB ASC Topic 960 purposes: Discount rate of 6.0% per year. This represents the expected long-term geometric mean return on assets based on the Plan's investment policy, including target asset allocation, and the actuary's capital market expectations.

Asset Returns

ERISA minimum funding and Maximum Deductible contribution 6.00% per year. It is based on the Plan's investment policy, including target asset allocation, and Milliman's capital market expectations.

Compensation Increases

N/A.

Administrative Expenses

Expected administrative expenses payable from the trust are explicitly loaded to the normal cost. For the current valuation, the loading for administrative expenses is $15,000.

Schedule SB, Part V, - Summary of Actuarial Methods and Assumptions
Ipsen, Inc. Employee Pension Plan
EIN/PN:36-4108317/002

DEMOGRAPHIC ASSUMPTIONS

Mortality

For ERISA funding, Maximum Deductible Contribution, and PBGC premium purposes:

Statutory generational mortality tables for 2025 based on Pri-2012 Mortality Table, with separate rates for non-annuitants and annuitants, adjusted from base year 2012 with projections to anticipate greater future longevity using the 2025 Adjusted Scale MP-2021.

For FASB ASC Topic 960 accounting purposes:

Pre-Retirement: Pri-2012 total dataset employee amount weighted mortality tables with mortality Improvement Scale MP-2021 for males and females.

Post-Retirement Retired Members: Pri-2012 total dataset retiree amount weighted mortality tables with mortality Improvement Scale MP-2021 for males and females.

Post-Retirement Survivors and Beneficiaries: Pri-2012 total dataset contingent survivor amount weighted mortality tables with mortality Improvement Scale MP-2021 for males and females. Retired member mortality are used prior to member death.

Retirement

Later of age 65 or age on the valuation date.

Termination

Rates are based on Crocker Saranson Table T-3. Sample rates as shown below:

Age	Rate
20	6.58%
25	5.27
30	4.83
35	4.47
40	3.84
45	3.21
50	1.52
55	0.33
60	0.00

Disability

None.

Decrement Timing

Decrements are assumed to occur at the middle of the year.

Form of Payment

Life annuity.

Marital Characteristics

For participants not in pay status: 80% of participants are assumed to be married, with males 3 years older than females.

For participants in pay status: Actual birth dates of spouses are included in the census data, where relevant.

Benefits Not Valued

All benefits are valued.

Special Data Adjustments

None.

Weighted Average Retirement Age

The weighted average retirement age for active participants is 66. This equals the sum, over all retirement ages, of the retirement age multiplied by the probability of retiring at that age, as shown in the following table

(a) Possible Retirement Age "r"	(b) Expected Active Headcount	(c) Retirement Rate	(d) (b) x (c) = Expected Retirements	(e) (a) x (d) = Weighted Average Retirement Age
65	17.4713	1.0000	17.4713	1,135.6315
66	2.0000	1.0000	2.0000	132.0000
67	0.0000	1.0000	0.0000	0.0000
68	2.0000	1.0000	2.0000	136.0000
69	1.0000	1.0000	1.0000	69.0000
70	0.0000	1.0000	0.0000	0.0000
71	1.0000	1.0000	1.0000	71.0000
Total:			23.4713	1,543.6315
Average Age				65.77

Changes in Actuarial Assumptions since Prior Valuation

ERISA funding interest rates: From 4.75%, 4.87%, and 5.59% per year to 5.07%, 5.31%, and 5.55% per year, respectively. The interest rates reflect the extension of the pension funding stabilization percentages under Section 9706 of the American Rescue Plan Act of 2021.

Maximum Deductible Contribution interest rates: From 3.62%, 4.46%, and 4.52% to 5.07%, 5.33% and 5.36% per year respectively, as required by statute.

PBGC variable premium interest rates: From 3.62%, 4.46%, and 4.52% per year to 5.07%, 5.33% and 5.36% per year respectively, as required by statute.

Mortality for ERISA Minimum Funding, Maximum Deductible Contribution, and PBGC premium purposes: The mortality assumption was updated to Statutory generational mortality tables for 2025.

Schedule SB, Part V, - Summary of Principal Plan Provisions
Ipsen, Inc. Employee Pension Plan
EIN/PN:36-4108317/002

Summary of Principal Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Plan Name

Ipsen, Inc. Employee Pension Plan. The Plan is a result of a merger between the Ipsen, Inc. Illinois Bargaining Unit Pension Plan and the Ipsen, Inc. Non-Bargaining Unit Pension Plan.

Plan Year

The 12-month period from January 1 through December 31.

Effective Date

January 1, 2014. The first amendment was adopted during March of 2014.

The original effective date of the plans are and October 1, 1969 and March 1, 1977 for the Ipsen, Inc. Illinois Bargaining Unit Pension Plan and the Ipsen, Inc. Non-Bargaining Unit Pension Plan respectively. Both Plans were amended and restated on January 1, 2012.

Eligibility and Participation

Represented Employee (any hourly-rated employee whose conditions of employment are subject to the term of a Collective Bargaining Agreement) shall be eligible to participant on the date on which he first becomes such employee. No employee will be eligible to participate in the plan after June 30, 2006.

Non-Represented employee (any salary employee and any hourly employee of the company who is not covered by a collective bargaining agreement) shall be eligible to participate in the Plan on the January 1 or July 1 following the date on which he attains age 21 and completes one year of eligibility service. No employee will be eligible to participate in the plan after December 31, 2003.

A Non-Represented employee will earn a Year of Eligibility Service if he completes 1,000 hours of service in the 12 month period beginning on his date of employment. An employee who is not credited with 1,000 hours of service during his initial 12 months of employment shall complete a Year of Eligibility Service as of the close of any Plan Year in which he is credited with 1,000 or more hours of service.

Vesting Service

A participant shall earn one year of Vesting Service for each calendar year of employment in which he completes 1,000 hours of service.

Credited Service

No Participant shall accrue Years of Credited Service for benefit accrual purposes.

For Represented Participants:
Benefit service is credited for all years and fractions thereof worked by the participant. A participant shall be credited with one year of Credited Service for each calendar year in which he completes at least the number of his regularly scheduled, annual hours of service.

A participant shall be credited with a fractional year of Credited Service for any calendar year in which he is credited with fewer than his regularly scheduled hours of service. The fractional year of Credited Service credited to the participant will be the greater of:

a. 1/12th of a year for each 83 hours of service credited to the participant during the calendar year; or
b. The fractional year of Credited Service determined by dividing the hours of service credited to the participant by his regularly scheduled hours of service.

No Credited Service will be earned after June 30, 2006.

For Non-Represented Participants:
A participant shall earn one year of Credited Service for each calendar year of employment in which he completes 1,000 or more hours of service. No Credited Service shall be earned after December 31, 2003.

Compensation (for Non-Represent Participants)

Generally all compensation other than severance pay, automobile allowances, third-party sick pay, disability pay or bonuses is considered compensation for pension plan purposes.

Covered Compensation (for Non-Represented Participants)

The average of the Social Security taxable wage bases in the 35 years ending in the year the participant is eligible for full Social Security retirement benefits.

Contributions

All contributions are fully paid by the Ipsen, Inc.

Accrued Benefit

Represented Participants:

Monthly benefit amount equal to Credited Service multiplied by the benefit rate in effect on the participant's date of termination. Recent benefit rates are shown below.

Date of Termination	Benefit Rate
12/1/00 through 11/30/01	$24.00
12/1/01 through 2/9/03	$24.50
2/10/03 through 2/9/04	$25.00
2/10/04 through 2/9/05	$25.50
2/10/05 and beyond	$26.00

The accrued benefit for all participants was frozen as of June 30, 2006.

Non-Represented Participants:

Annual benefit amount equal to the sum of (a) and (b) as described below:

a. For Credited Service after 1990 (not to exceed 35 years), 0.75% of Compensation earned in the Plan Year not in excess of Covered Compensation plus 1.25% of Compensation in excess of Covered Compensation.

b. $13.00 times Credited Service through December 31, 1990, multiplied by twelve.
The monthly benefit amount is equal to the annual benefit amount divided by 12.

The accrued benefit for all participants was frozen as of December 31, 2003.

Normal Retirement

The Normal Retirement Date is the first day of the month coincident with or next following the attainment of age 65. A participant's Normal Retirement Benefit is equal to the Accrued Benefit at Normal Retirement Date.

Early Retirement

Early Retirement occurs on the first day of any month coinciding with or next following the termination of employment after attainment of age 58 and the completion of 15 or more years of vesting service. A participant's Early Retirement Benefit is equal to the Accrued Benefit as of termination date reduced by 6.66% for each of the first 5 years and 3.33% for each of the next 2 years between the actual commencement date and Normal Retirement Date.

Late Retirement

A participant who retires after Normal Retirement Date will receive a benefit equal to the Accrued Benefit as of the late retirement date.

Disability Retirement Benefit

Disability Retirement occurs on the first day of any month coinciding with or next following total and permanent disability and the completion of 15 or more years of Vesting Service. A participant's Disability Retirement Benefit is equal to the Accrued Benefit as of disability date reduced by 6.66% for each of the first 5 years and 3.33% for each of the next 5 years between the actual commencement date and Normal Retirement Date.

Vested Termination

A vested termination occurs upon termination of employment after the completion of 5 or more years of Vesting Service. A participant's Deferred Vested Benefit is equal to the Accrued Benefit as of termination date and payable at Normal Retirement Date. If the participant has 15 or more years of Vesting Service at termination, payments may commence prior to the Normal Retirement Date on the first of the month coinciding with or following the attainment of age 58 and are reduced in the same manner as an Early Retirement Benefit for Commencement prior to Normal Retirement Date.

Normal Form of Benefit and Options

The Normal Form of Benefit is equal to the Accrued Benefit defined above paid in the form of a monthly life annuity. For married participants, the Normal Form is a Qualified 50% Joint and Survivor Annuity which is actuarially equivalent to the monthly life annuity.

In lieu of the above annuity options, a married participant may elect to be paid monthly in the form of a 75% or 100% Joint and Survivor Annuity that is actuarially equivalent to the monthly life annuity.

If the actuarially equivalent lump sum value of the participant's Accrued Benefit is less than or equal to $5,000, it will be paid to the participant if the participant so elects.

Death Benefit Prior to Commencement

Upon the death of a vested participant who has not yet commenced payment of their benefit, the

participant's spouse will be entitled to receive a benefit equal to 50% of the benefit the participant would have received had the participant separated from service on the date of death (or date of separation from service, if earlier), survived to earliest retirement age, retired with a Qualified 50% Joint and Survivor Annuity at the earliest retirement age and died on the day after early retirement age. The spouse benefit is payable at the later of the date the participant would have been eligible for Early Retirement or the date of the participant’s death.

Changes in Principal Plan Provisions since Prior Valuation

None.

Schedule SB, Line 26 – Schedule of Active Participants Data
Ipsen, Inc. Employee Pension Plan
EIN/PN:36-4108317/002

Active Participants by Age and Service

The number of active participants, summarized by attained age and years of credited service as of January 1, 2025, is shown below.

	Years of Credited Service										
Age	**0**	**1–4**	**5–9**	**10–14**	**15–19**	**20–24**	**25–29**	**30–34**	**35–39**	**40+**	**Total**
0–24	-	-	-	-	-	-	-	-	-	-	-
25–29	-	-	-	-	-	-	-	-	-	-	-
30–34	-	-	-	-	-	-	-	-	-	-	-
35–39	-	-	-	-	-	-	-	-	-	-	-
40–44	-	-	-	-	-	-	-	-	-	-	-
45–49	-	-	-	1	-	-	-	-	-	-	1
50–54	-	-	-	1	3	-	-	-	-	-	4
55–59	-	-	-	-	2	2	-	-	-	-	4
60–64	-	-	-	-	4	3	-	-	-	-	7
65–69	-	-	-	1	-	6	-	-	-	-	7
70+	-	-	-	1	-	-	-	-	-	-	1
Total	-	-	-	4	9	11	-	-	-	-	24

Schedule SB, Line 22, - Weighted Average Retirement Age
Ipsen, Inc. Employee Pension Plan
EIN/PN:36-4108317/002

Weighted Average Retirement Age

The weighted average retirement age for active participants is 66. This equals the sum, over all retirement ages, of the retirement age multiplied by the probability of retiring at that age, as shown in the following table

(a) Possible Retirement Age "r"	(b) Expected Active Headcount	(c) Retirement Rate	(d) (b) x (c) = Expected Retirements	(e) (a) x (d) = Weighted Average Retirement Age
65	17.4713	1.0000	17.4713	1,135.6315
66	2.0000	1.0000	2.0000	132.0000
67	0.0000	1.0000	0.0000	0.0000
68	2.0000	1.0000	2.0000	136.0000
69	1.0000	1.0000	1.0000	69.0000
70	0.0000	1.0000	0.0000	0.0000
71	1.0000	1.0000	1.0000	71.0000
Total:			23.4713	1,543.6315
Average Age				65.77

The Ipsen, Inc. Employee Pension Plan
EIN/PN: 36-4108317/002
Attachment to 2025 Form 5500
Schedule SB, Line 19 - Discounted Employer Contributions

Line 19a. - Contribution Allocated Toward Unpaid Minimum Required Contribution from Prior Plan Years

None

Line 19b. - Contributions Made To Avoid Benefit Restrictions

None

Line 19c. - Contributions Allocated Toward Minimum Required Contribution for Current Year

Date	Plan Year to Apply Contribution	Effective Interest Rate	Late Quarterly Interest Rate	Contribution Amount	Discounted Value as of 1/1/2025
04/15/2025	2025	5.33%		$ 10,136	$ 9,987
07/15/2025	2025	5.33%		10,136	9,859
10/15/2025	2025	5.33%		10,136	9,730
01/14/2026	2025	5.33%		10,136	9,605
04/17/2026	2025	5.33%		17,109	16,000
07/14/2026	2025	5.33%		17,109	15,801
Total				74,762	70,982

Schedule SB, Line 32, - Schedule of Amortization Bases
Ipsen, Inc. Employee Pension Plan
EIN/PN:36-4108317/002

Shortfall Amortization

The amount needed to amortize the Funding Shortfall to the Applicable Funding Target, in combination with prior Shortfall Amortizations, for the plan year beginning January 1, 2025 is determined below. The net Funding Shortfall for a plan year is amortized in fifteen level payments. The present value and amortization factors shown below are based on the interest rates for determining the Applicable Funding Target for the current plan year.

1. Present value of remaining prior Shortfall Amortizations

	Date Established	Amortization Amount	Years Remaining	Present Value Factor	Present Value
a.	1/1/2023	$44,100	13	9.729931	$429,090
b.	1/1/2024	(18,556)	14	10.240313	(190,019)
c.	Total	25,544			239,071

2. Shortfall Amortization for current plan year

a.	Applicable Funding Target	12,371,077
b.	Actuarial Value of Assets less Prefunding Balance	11,832,867
c.	Is the plan exempt from establishing a Shortfall Amortization for the current year?	No
d.	Funding Shortfall [(a) - (b), but not < $0]	538,210
e.	Net Funding Shortfall [If (d) > $0, (d) - (1c), otherwise n/a]	299,139
f.	Amortization factor	10.724960
g.	Shortfall Amortization for current plan year [(e) ÷ (f)]	$27,892

3. Total Shortfall Amortizations [(1c) + (2g), but not < $0] 53,436

Schedule SB, Part V, - Summary of Principal Plan Provisions
Ipsen, Inc. Employee Pension Plan
EIN/PN:36-4108317/002

Summary of Principal Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Plan Name

Ipsen, Inc. Employee Pension Plan. The Plan is a result of a merger between the Ipsen, Inc. Illinois Bargaining Unit Pension Plan and the Ipsen, Inc. Non-Bargaining Unit Pension Plan.

Plan Year

The 12-month period from January 1 through December 31.

Effective Date

January 1, 2014. The first amendment was adopted during March of 2014.

The original effective date of the plans are and October 1, 1969 and March 1, 1977 for the Ipsen, Inc. Illinois Bargaining Unit Pension Plan and the Ipsen, Inc. Non-Bargaining Unit Pension Plan respectively. Both Plans were amended and restated on January 1, 2012.

Eligibility and Participation

Represented Employee (any hourly-rated employee whose conditions of employment are subject to the term of a Collective Bargaining Agreement) shall be eligible to participant on the date on which he first becomes such employee. No employee will be eligible to participate in the plan after June 30, 2006.

Non-Represented employee (any salary employee and any hourly employee of the company who is not covered by a collective bargaining agreement) shall be eligible to participate in the Plan on the January 1 or July 1 following the date on which he attains age 21 and completes one year of eligibility service. No employee will be eligible to participate in the plan after December 31, 2003.

A Non-Represented employee will earn a Year of Eligibility Service if he completes 1,000 hours of service in the 12 month period beginning on his date of employment. An employee who is not credited with 1,000 hours of service during his initial 12 months of employment shall complete a Year of Eligibility Service as of the close of any Plan Year in which he is credited with 1,000 or more hours of service.

Vesting Service

A participant shall earn one year of Vesting Service for each calendar year of employment in which he completes 1,000 hours of service.

Credited Service

No Participant shall accrue Years of Credited Service for benefit accrual purposes.

For Represented Participants:
Benefit service is credited for all years and fractions thereof worked by the participant. A participant shall be credited with one year of Credited Service for each calendar year in which he completes at least the number of his regularly scheduled, annual hours of service.

A participant shall be credited with a fractional year of Credited Service for any calendar year in which he is credited with fewer than his regularly scheduled hours of service. The fractional year of Credited Service credited to the participant will be the greater of:

a. 1/12th of a year for each 83 hours of service credited to the participant during the calendar year; or
b. The fractional year of Credited Service determined by dividing the hours of service credited to the participant by his regularly scheduled hours of service.

No Credited Service will be earned after June 30, 2006.

For Non-Represented Participants:
A participant shall earn one year of Credited Service for each calendar year of employment in which he completes 1,000 or more hours of service. No Credited Service shall be earned after December 31, 2003.

Compensation (for Non-Represent Participants)

Generally all compensation other than severance pay, automobile allowances, third-party sick pay, disability pay or bonuses is considered compensation for pension plan purposes.

Covered Compensation (for Non-Represented Participants)

The average of the Social Security taxable wage bases in the 35 years ending in the year the participant is eligible for full Social Security retirement benefits.

Contributions

All contributions are fully paid by the Ipsen, Inc.

Accrued Benefit

Represented Participants:

Monthly benefit amount equal to Credited Service multiplied by the benefit rate in effect on the participant's date of termination. Recent benefit rates are shown below.

Date of Termination	Benefit Rate
12/1/00 through 11/30/01	$24.00
12/1/01 through 2/9/03	$24.50
2/10/03 through 2/9/04	$25.00
2/10/04 through 2/9/05	$25.50
2/10/05 and beyond	$26.00

The accrued benefit for all participants was frozen as of June 30, 2006.

Non-Represented Participants:

Annual benefit amount equal to the sum of (a) and (b) as described below:

a. For Credited Service after 1990 (not to exceed 35 years), 0.75% of Compensation earned in the Plan Year not in excess of Covered Compensation plus 1.25% of Compensation in excess of Covered Compensation.

b. $13.00 times Credited Service through December 31, 1990, multiplied by twelve.
The monthly benefit amount is equal to the annual benefit amount divided by 12.

The accrued benefit for all participants was frozen as of December 31, 2003.

Normal Retirement

The Normal Retirement Date is the first day of the month coincident with or next following the attainment of age 65. A participant's Normal Retirement Benefit is equal to the Accrued Benefit at Normal Retirement Date.

Early Retirement

Early Retirement occurs on the first day of any month coinciding with or next following the termination of employment after attainment of age 58 and the completion of 15 or more years of vesting service. A participant's Early Retirement Benefit is equal to the Accrued Benefit as of termination date reduced by 6.66% for each of the first 5 years and 3.33% for each of the next 2 years between the actual commencement date and Normal Retirement Date.

Late Retirement

A participant who retires after Normal Retirement Date will receive a benefit equal to the Accrued Benefit as of the late retirement date.

Disability Retirement Benefit

Disability Retirement occurs on the first day of any month coinciding with or next following total and permanent disability and the completion of 15 or more years of Vesting Service. A participant's Disability Retirement Benefit is equal to the Accrued Benefit as of disability date reduced by 6.66% for each of the first 5 years and 3.33% for each of the next 5 years between the actual commencement date and Normal Retirement Date.

Vested Termination

A vested termination occurs upon termination of employment after the completion of 5 or more years of Vesting Service. A participant's Deferred Vested Benefit is equal to the Accrued Benefit as of termination date and payable at Normal Retirement Date. If the participant has 15 or more years of Vesting Service at termination, payments may commence prior to the Normal Retirement Date on the first of the month coinciding with or following the attainment of age 58 and are reduced in the same manner as an Early Retirement Benefit for Commencement prior to Normal Retirement Date.

Normal Form of Benefit and Options

The Normal Form of Benefit is equal to the Accrued Benefit defined above paid in the form of a monthly life annuity. For married participants, the Normal Form is a Qualified 50% Joint and Survivor Annuity which is actuarially equivalent to the monthly life annuity.

In lieu of the above annuity options, a married participant may elect to be paid monthly in the form of a 75% or 100% Joint and Survivor Annuity that is actuarially equivalent to the monthly life annuity.

If the actuarially equivalent lump sum value of the participant's Accrued Benefit is less than or equal to $5,000, it will be paid to the participant if the participant so elects.

Death Benefit Prior to Commencement

Upon the death of a vested participant who has not yet commenced payment of their benefit, the

participant's spouse will be entitled to receive a benefit equal to 50% of the benefit the participant would have received had the participant separated from service on the date of death (or date of separation from service, if earlier), survived to earliest retirement age, retired with a Qualified 50% Joint and Survivor Annuity at the earliest retirement age and died on the day after early retirement age. The spouse benefit is payable at the later of the date the participant would have been eligible for Early Retirement or the date of the participant’s death.

Changes in Principal Plan Provisions since Prior Valuation

None.

Ipsen, Inc. Employee Pension Plan

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

EIN: 36-4108317
Plan: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Shares of registered investment companies:		
	American Funds	Europacific Growth R6	$ 189,704	$ 211,099
	BlackRock iShares	Russell Mid-Cap Growth ETF	110,399	119,275
	BlackRock iShares	Russell 2000 Growth ETF	45,763	51,359
	BlackRock iShares	Core MSCI Emerging EFT	81,150	104,460
	BlackRock iShares	Russell 2000 Value ETF	53,355	58,893
	DoubleLine Funds	Total Return Bond, Class I	562,063	577,707
	JPMorgan Funds	Mid-Cap Value, Class L	141,424	125,205
	Lazard Funds	Emerging Markets Equity Institutional	51,507	70,788
	Lord Abbett	Short Duration Income, Class I	1,043,890	1,051,716
	Pimco	Income Institutional	592,947	618,491
	Oakmark	International Fund	157,547	203,661
	SPDR	S&P 500 ETF	509,304	592,588
	Vanguard	Intermediate-Term C	1,974,160	2,059,748
	Vanguard	Long-Term Bond ETF	4,457,393	4,528,393
	Vanguard	Short-Term Corporate Bond EFT	975,905	997,422
	Vanguard	Russell 1000 Growth	398,222	469,346
	Vanguard	Russell 1000 Value	319,638	363,108
			11,664,371	12,203,259
*	Principal	Cash, interest-bearing, collateralized institutional bank deposit	91,149	91,149
			$ 11,755,520	$ 12,294,408

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

The above information has been certified or provided by Principal Bank, the trustee, as complete and accurate.

Schedule SB, Line 32, - Schedule of Amortization Bases
Ipsen, Inc. Employee Pension Plan
EIN/PN:36-4108317/002

Shortfall Amortization

The amount needed to amortize the Funding Shortfall to the Applicable Funding Target, in combination with prior Shortfall Amortizations, for the plan year beginning January 1, 2025 is determined below. The net Funding Shortfall for a plan year is amortized in fifteen level payments. The present value and amortization factors shown below are based on the interest rates for determining the Applicable Funding Target for the current plan year.

1. Present value of remaining prior Shortfall Amortizations

	Date Established	Amortization Amount	Years Remaining	Present Value Factor	Present Value
a.	1/1/2023	$44,100	13	9.729931	$429,090
b.	1/1/2024	(18,556)	14	10.240313	(190,019)
c.	Total	25,544			239,071

2. Shortfall Amortization for current plan year

a.	Applicable Funding Target	12,371,077
b.	Actuarial Value of Assets less Prefunding Balance	11,832,867
c.	Is the plan exempt from establishing a Shortfall Amortization for the current year?	No
d.	Funding Shortfall [(a) - (b), but not < $0]	538,210
e.	Net Funding Shortfall [If (d) > $0, (d) - (1c), otherwise n/a]	299,139
f.	Amortization factor	10.724960
g.	Shortfall Amortization for current plan year [(e) ÷ (f)]	$27,892

3. Total Shortfall Amortizations [(1c) + (2g), but not < $0] 53,436