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
IMS HEALTH INCORPORATED RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1998

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)
IQVIA INCORPORATED

83 WOOSTER HEIGHTS ROAD
SUITE 501
DANBURY, CT 06810

2b Employer Identification Number (EIN) 06-1506026

2c Plan Sponsor's telephone number 610-595-4023

2d Business code (see instructions) 541910

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.	10/14/2026	AMY PAWLOWSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	4900
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)**	1114
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1079
b	Retired or separated participants receiving benefits	**6b**	1204
c	Other retired or separated participants entitled to future benefits	**6c**	2503
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4786
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	95
f	Total. Add lines **6d** and **6e**.	**6f**	4881
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1C

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)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
IMS HEALTH INCORPORATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
IQVIA INCORPORATED

D Employer Identification Number (EIN)
06-1506026

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	530657911
b Actuarial value	**2b**	489248197

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	1154	106844011	106844011
b For terminated vested participants	2655	151281667	151281667
c For active participants	1114	145407283	147395752
d Total	4923	403532961	405521430

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**	5.46 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	9398674
b Expected plan-related expenses	**6b**	897702
c Target normal cost	**6c**	10296376

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

Date

RYAN FENNELL
Type or print name of actuary

26-09193
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

203-326-5400
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	100088985	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	11054348	0
9	Amount remaining (line 7 minus line 8)	89034637	0
10	Interest on line 9 using prior year's actual return of 13.20 %	11752572	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.16 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	100787209	0

Part III Funding Percentages

14	Funding target attainment percentage	14	95.79 %
15	Adjusted funding target attainment percentage	15	120.64 %
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	125.36 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used
b Applicable month (enter code)			**21b**	
22 Weighted average retirement age			**22**	63

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment			[X] Yes [ ] No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment			[ ] Yes [X] No
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment			[X] Yes [ ] No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment			[X] Yes [ ] No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment		**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	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**	10296376
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	10296376

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	10296376	0	10296376

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

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

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

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

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

A Name of plan
IMS HEALTH INCORPORATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
IQVIA INCORPORATED

D Employer Identification Number (EIN)
06-1506026

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

FID INV INST OPS CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 14 28 50	NONE	538014	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TOWERS WATSON DELAWARE INC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	263438	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COHNREZNICK LLP

22-1478099

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	28000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

VERRILL DANA LLP

01-0176171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 29 50	NONE	15656	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IR+M

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	15222	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK

32-0174431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	7216	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
IMS HEALTH INCORPORATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
IQVIA INCORPORATED

D Employer Identification Number (EIN)
06-1506026

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	BLACKROCK TREAS NON-LEND FUND		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 26-4558648-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	293051
a Name of MTIA, CCT, PSA, or 103-12 IE:	BTC US TREAS 10 YEAR KEYRATE A		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 47-4226866-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1302620
a Name of MTIA, CCT, PSA, or 103-12 IE:	BTC US TREAS 20 YEAR KEYRATE A		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 45-3856189-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2722306
a Name of MTIA, CCT, PSA, or 103-12 IE:	BTC US TREAS 15 YEAR KEYRATE DUR FD		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 45-3856099-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2606387
a Name of MTIA, CCT, PSA, or 103-12 IE:	BTC US TREAS 25PLUS YEAR KEYRATE DU		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 45-3856224-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8134798
a Name of MTIA, CCT, PSA, or 103-12 IE:	IR+M INTERMEDIATE CORP COL FD		
b Name of sponsor of entity listed in (a):	IR&M INTERMEDIATE FUND LLC C/O INCOME RESEARCH & MANAGEMENT		
c EIN-PN 27-1803513-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	22735085
a Name of MTIA, CCT, PSA, or 103-12 IE:	SSGA INTERMEDIATE US GOV BD I		
b Name of sponsor of entity listed in (a):	STATE STREET BANK AND TRUST COMPANY		
c EIN-PN 04-6897328-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5613125

a Name of MTIA, CCT, PSA, or 103-12 IE: WTW DIV CREDIT FD

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

c EIN-PN 82-6695738-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99559589

a Name of MTIA, CCT, PSA, or 103-12 IE: WTW DIV EQ FD

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

c EIN-PN 82-6695738-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 259286567

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

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

c EIN-PN 82-6695738-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89583469

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
IMS HEALTH INCORPORATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
IQVIA INCORPORATED

D Employer Identification Number (EIN)
06-1506026

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	249975	310738
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	96672111
(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)	405425470	491836997
(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)	124982466	0
(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	530657911	588819846
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	387554	315747
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	387554	315747
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	530270357	588504099

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4041726	
(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)		4041726
(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)	298641	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		298641
(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)		59885198
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		4683469
(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)		2790386
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		71699420
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11762470	
(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)		11762470
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	464573	
(4) IQPA audit fees	2i(4)	28000	
(5) Investment advisory and investment management fees	2i(5)	617079	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	58500	
(8) Legal fees	2i(8)	15656	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	519400	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1703208
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13465678
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		58233742
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: COHNREZNICK LLP **(2)** EIN: 33-4144829

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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 591315.

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
IMS HEALTH INCORPORATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
IQVIA INCORPORATED

D Employer Identification Number (EIN)
06-1506026

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): 82-3967259

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: 43.4 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 9.0 %
High-Yield Debt: 14.2 % Real Assets: 12.7 % Cash or Cash Equivalents: 20.7 % Other: 0.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

IMS Health Incorporated Retirement Plan

Financial Statements
(With Supplementary Information)
and Independent Auditor's Report

December 31, 2025 and 2024

CohnReznick

IMS Health Incorporated Retirement Plan
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* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Independent Auditor's Report

To the Plan Administrator
IMS Health Incorporated Retirement Plan

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

We have performed audits of the financial statements of IMS Health Incorporated Retirement 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)"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 5 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.

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the *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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 significant 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 accounting principles generally accepted in the United States of America.

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

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) as of December 31, 2025 and Schedule of Reportable Transactions (Schedule H, Line 4j) for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

CohnReznick LLP

Boston, Massachusetts
October 8, 2026

IMS Health Incorporated Retirement Plan
Statements of Net Assets Available for Benefits

	December 31, 2025	December 31, 2024
Assets:		
Investments, at fair value	$ 588,509,108	$ 530,407,936
Dividends receivable	310,738	249,975
Total Assets	588,819,846	530,657,911
Liabilities:		
Accrued expenses	315,747	387,554
Net assets available for benefits	$ 588,504,099	$ 530,270,357

See accompanying notes to financial statements.

IMS Health Incorporated Retirement Plan
Statements of Changes in Net Assets Available for Benefits

	For the Years Ended December 31, 2025	2024
Changes in net assets attributed to:		
Investment income:		
Net appreciation in the fair value of investments	$ 67,359,053	$ 56,812,987
Interest and dividend income	4,340,367	6,433,589
Total investment income	71,699,420	63,246,576
Deductions:		
Benefit payments to participants	11,762,470	10,863,469
Investment advisory, trustee and administrative expenses	1,703,208	1,551,368
Total deductions	13,465,678	12,414,837
Net increase	58,233,742	50,831,739
Net assets available for benefits, beginning of year	530,270,357	479,438,618
Net assets available for benefits, end of year	$ 588,504,099	$ 530,270,357

See accompanying notes to financial statements.

1. Description of Plan

Background

The IMS Health Incorporated Retirement Plan (the "Plan") is a noncontributory defined benefit pension plan covering substantially all United States ("U.S.") employees of IQVIA Holdings Incorporated (the "Company"), including U.S. citizens working at foreign affiliates, except certain individuals who became employees of the Company as a result of certain acquisitions and those covered by a collective bargaining agreement that does not provide for participation. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan was adopted by the Company in 1998 as a result of the Company's spin-off from Cognizant Corporation ("Cognizant") for the benefit of employees who were former participants in the Cognizant Retirement Plan (the "Cognizant Plan"), a successor to the Dun and Bradstreet Retirement Plan (the "D&B Plan").

The Company previously outsourced the Plan's recordkeeping functions to Charles Schwab Trust Bank ("CSTB"), the trustee of the Plan. Effective July 1, 2024, plan assets and the recordkeeping functions were transferred to Fidelity Management Trust Company ("FMTC"), who also became the trustee of the Plan. The Employee Benefits Committee is responsible for operation and administration of the Plan. The chairperson of the Employee Benefits Committee shall, from time to time, report on the Employee Benefits Committee's activities to the Board of Directors or the Leadership Development and Compensation Committee of the Board. The Benefits Investment Committee oversees the management and investment of the assets of the Plan. The chairperson of the Benefits Investment Committee shall, from time to time, report on the Benefits Investment Committee's activities to the Board of Directors or the Leadership Development and Compensation Committee of the Board.

Pension Benefits

Participants are entitled to monthly pension benefits upon retirement, vested termination or by reason of permanent disability or death. If a participant's benefit is less than $1,000 upon entitlement to benefits, such amounts will then be distributed on a lump-sum basis. Benefits are based upon years of service, age and monthly compensation, among other factors. The normal retirement age under the Plan is 65, but early retirement is permitted at age 55 provided that the participant has completed three years of vesting service. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

The Plan is a cash balance pension plan whereby a notional retirement account is created and maintained for each participant and is the sum of the initial balance (if any), retirement credits, and monthly investment credits thereon as follows:

Initial balance: For participants formerly in the Cognizant Plan (but only if a transfer of assets and liabilities occurred from the Cognizant Plan in respect of such participant, and such assets and liabilities were not subsequently returned to the Cognizant Plan for any reason) and who were eligible employees under the Cognizant Plan as of July 1, 1998, the initial balance of the retirement account shall be the sum of (a) the single sum amount equal to the actuarial equivalent value, as of October 31, 1996, of the normal retirement benefit such participant had accrued under the terms of the D&B Plan as of October 31, 1996 (if any), determined with the participant's age as of October 31, 1996; and (b) the sum of the retirement credits and monthly investment credits under the Cognizant Plan as of June 30, 1998. For all other participants, the initial balance shall equal zero.

Retirement credits: For each calendar month following June 30, 1998, each eligible employee who is a participant shall have his or her retirement account credited with notional retirement credits in an amount equal to six percent (6%) times his or her compensation, as defined in the Plan document, with respect to such month.

Investment credits: A participant's retirement account, including the retirement account of a participant who is no longer actively employed, shall be credited as of the last day of each calendar month with a notional investment credit calculated by multiplying the participant's retirement account as of the last day of the prior calendar month by the greater of 0.25% or 1/12th of the annual yield on 30-Year Treasury Bonds as of the end of the first business day of the current month. Investment credits will cease to be credited after the participant's benefit commencement date. The retirement account shall be created and maintained for the purposes of calculating benefits under this Plan. The retirement account shall not represent any share of the Plan's trust nor shall it entitle the participant to any share in the earnings of the Plan's trust.

The normal form of benefit for unmarried participants is a straight-life annuity. For married participants, the normal form of benefit is a 50% joint and survivor annuity with the participant's spouse as the beneficiary. Participants may also elect other optional actuarially equivalent forms of benefit.

The former Cognizant Plan included a special provision to ensure that former D&B employees were guaranteed that their retirement benefits would be at least what they would have received if the D&B Plan formula had continued unchanged. That is, at the time of retirement, benefits would be calculated under both retirement plans – the D&B Plan and the Cognizant Plan – and these employees would get the more favorable of the two benefits. Employees were eligible for this provision if, as of October 31, 1996, they had been actively employed by D&B and were at least age 50 with at least five years of vesting service.

A special provision has been carried over to the Plan for any affected D&B employee who was transferred to Cognizant and who subsequently became an employee of the Company as a result of the spin-off that was effective July 1, 1998. Any such employee will continue to be eligible to receive the more favorable of the two benefits calculated under the Plan and the former D&B Plan. Under the D&B Plan, a participant's normal retirement benefit is calculated at 1.7% of a participant's average final compensation multiplied by years of credited service (up to 25 years), plus 1% of a participant's average final compensation multiplied by years of credited service (over 25 years), minus a Social Security Offset. The amount of the Social Security Offset is calculated at 1.7% of a participant's primary Social Security benefit multiplied by years of credited service (up to 25 years), plus 0.5% of a participant's primary Social Security benefit multiplied by years of credited service (over 25 years). A participant's primary Social Security benefit is the estimated annual retirement benefit they are entitled to receive at age 65 from Social Security based on their D&B service, their Cognizant service and their service to the Company.

Death and Disability Benefits

If a fully vested active participant dies, a death benefit equal to the value of the participant's accumulated pension benefit is paid to the participant's beneficiary. Unless elected otherwise, disability retirement benefit payments begin on the participant's normal retirement date. However, participants may elect to begin payments as early as the first of the month after reaching age 55. Disabled participants will continue to accumulate retirement credits and interest credits until the participant reaches age 65 or benefit payments begin, whichever comes first. Retirement credits will be computed as though the participant had been employed up to their retirement date, with their eligible compensation remaining the same as the last full month before the date of their disability.

Eligibility
All employees (other than those covered by a collective-bargaining agreement and leased employees) age 21 and older are eligible to participate in the Plan on the first day of the month after they have completed one year of service. Employees are automatically enrolled as soon as they become eligible to participate.

Effective March 1, 2016, any employee who had not satisfied the age and service requirements of the Plan shall become eligible to participate on the *earlier* of: (1) the first day of the first calendar year beginning after the date on which the employee attains age 21 and completes one year of service; or (2) the first day of the month that is the sixth month after the date on which the employee attains age 21 and completes one year of service.

Effective October 3, 2016, the Plan was amended to exclude all employees who were employed by Quintiles Transnational Holdings, Inc. or any member of the controlled group of corporations of which Quintiles Transnational Holdings, Inc. was a member immediately prior to its merger with IMS Health Holdings, Inc. and any employee who was transferred to an employer following the merger from such an entity.

Effective December 31, 2016, the Plan was amended to cease all future additional participation. Participants who are active in the Plan as of December 31, 2016 will continue to earn vesting credit as well as accrue additional benefits consistent with Plan provisions.

Vesting
Participants are 100% vested in their retirement plan benefits upon completion of three years of service.

2. Summary of Accounting Policies

Basis of Accounting
The accompanying financial statements are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition
The Plan's 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 fair value of the investments is determined by the quoted market share values and common/collective trust net asset values reported by CSTB and FMTC. The Plan's Benefits Investment Committee determines the Plan's valuation policies utilizing information provided by the trustee and the Plan's investment advisors. See Note 8 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation in the fair value of its investments consists of the realized gains or losses, unrealized appreciation and transaction fees on those investments.

Expenses
Investment advisory, trustee and certain administrative expenses are borne by the Plan. All other expenses are paid by the Company.

Payment of Benefits
Benefit payments to participants are recorded upon distribution.

Contributions and Funding Policy
All contributions under the Plan are made by the Company and are equal to, or greater than, amounts required under the provisions of ERISA. Such contributions are determined on the basis of actuarial valuations of the assets and liabilities of the Plan by an independent actuary, who also performs consulting services for the Plan. Due to past contributions above the minimum requirements, the Company has a credit balance and elected to use the credit balance to satisfy current contribution requirements. The Company made no elective contributions to the Plan in 2025 or 2024. The Company's contributions for 2025 and 2024 have met the minimum funding requirements of ERISA.

Use of Estimates
The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and certain disclosures. These significant estimates include the Plan's actuarial present value of accumulated plan benefits and fair value of assets at the date of the financial statements. Actual results could differ from those estimates.

3. 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 services employees have rendered through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of deceased employees, and (c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits was determined by the Plan's independent actuary using the projected unit credit actuarial cost method. It is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions used in the calculations of accumulated plan benefits at December 31, 2024 and 2023 were:

	December 31, 2024	**December 31, 2023**
Discount rate	5.86% per annum	5.32% per annum
Annuity conversion Rate	4.61% per annum	4.07% per annum
Mortality basis	Pri-2012 employee and healthy retiree tables with white collar adjustment and contingent survivor mortality for beneficiaries after the retiree's death, projected generationally with MP-2021	Pri-2012 employee and healthy retiree tables with white collar adjustment and contingent survivor mortality for beneficiaries after the retiree's death, projected generationally with MP-2021
Retirement	The assumed average retirement age was 63	The assumed average retirement age was 63

The following tables present the actuarial present value of accumulated plan benefits and changes therein:

Actuarial Present Value of Accumulated Plan Benefits
December 31, 2024

Actuarial present value of accumulated plan benefits:	
Vested benefits	
Participants currently receiving benefits	$ 105,524,511
Other vested benefits	297,690,850
Total vested benefits	403,215,361
Nonvested benefits	1,556,829
Total actuarial present value of accumulated plan benefits	$ 404,772,190

Changes in Actuarial Present Value of Accumulated Plan Benefits
For the Year Ended December 31, 2024

Actuarial present value of accumulated plan benefits at December 31, 2023	$ 389,825,270
Increase (decrease) during the year attributable to:	
Benefits accumulated	9,982,410
Actuarial gains	(96,038)
Interest due to the decrease in the discount period	20,984,470
Benefits paid	(10,863,469)
Changes in actuarial assumptions	(5,060,453)
Net increase	14,946,920
Actuarial present value of accumulated plan benefits at December 31, 2024	$ 404,772,190

The 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. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, there would be no material difference.

4. Plan Termination

While the Company has not expressed any formal intent to terminate the Plan, the Plan provides that it may do so in certain circumstances subject to provisions set forth in ERISA. In the event the Plan terminates, the net assets available for benefits of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

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

- Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. Government Agency) up to the applicable limitations (discussed below).
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All nonvested benefits.

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that 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.

5. Information Certified by the Trustee

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at December 31, 2025 and 2024, and investment income for the years then ended, that are disclosed in the accompanying financial statements and supplemental schedules, were obtained or derived from the information supplied to the Plan administrators and certified as complete and accurate by FMTC and CSTB. CSTB certified the investment income for the period from January 1, 2024 to June 30, 2024. FMTC certified the investments as of December 31, 2025 and 2024, and the investment income for the period from July 1, 2024 to December 31, 2025. FMTC held plan investments assets and executed investment transactions as of December 31, 2025 and for the period July 1, 2024 to December 31, 2025. CSTB held certain plan investment assets and executed transactions for the period January 1, 2024 to June 30, 2024.

6. Related Party and Parties-in-Interest Transactions

During the respective periods disclosed above, both CSTB and FMTC served as a directed trustee for the Plan and the Plan invested in certain investments managed by each. As a result of these related-party relationships, the investments managed by CSTB and FMTC qualify as exempt party-in-interest transactions for the respective periods during which each served as a directed trustee. Total fees charged by the trustee for investment management and certain other administrative expenses totaled $464,573 and $119,827 for the years ended December 31, 2025 and 2024, respectively. Fees incurred by the Plan for other investment management services are included in the net appreciation in the fair value of the investments. Other expenses of $719,235 and $932,500 for the years ended December 31, 2025 and 2024, respectively, were paid to other parties-in-interest for actuarial, legal, and other administrative services related to the Plan. Remaining expenses paid by the Plan of $519,400 and $499,041 for the years ended December 31, 2025 and 2024, respectively, were paid to the PBGC. The Plan sponsor pays directly any other fees related to the Plan's operations.

7. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated February 18, 2021, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan administrator believes that the Plan is currently being operated

in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions. However, there are currently no audits for any tax period in progress.

8. 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). The three levels of the fair value hierarchy for disclosure under Financial Accounting Standards Board issued Accounting Standards Codification 820, *Fair Value Measurement*, are as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Financial assets carried at fair value at December 31, 2025 and 2024 are classified in the tables below in the categories described above.

	December 31, 2025		
	Level 1	Level 2	Total
Money market fund	$ 96,672,111	$ -	$ 96,672,111
Total assets in the fair value hierarchy	$ 96,672,111	$ -	96,672,111
Common/collective trusts measured at NAV[(1)]			491,836,997
Total investments, at fair value			$ 588,509,108

	December 31, 2024		
	Level 1	Level 2	Total
Mutual funds	$ 124,982,467	$ -	$ 124,982,467
Total assets in the fair value hierarchy	$ 124,982,467	$ -	124,982,467
Common/collective trusts measured at NAV[(1)]			405,425,469
Total investments, at fair value			$ 530,407,936

(1) Certain investments that are measured at fair value using the net asset value ("NAV") per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value of investments in the fair value hierarchy to the amounts presented in the statements of net assets available for benefits as of December 31, 2025 and 2024.

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

Investments in mutual funds and the money market fund are valued at the daily closing price as reported by the funds. Mutual funds and the money market fund 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 NAV and to transact at that price. The mutual funds and the money market fund held by the Plan are deemed to be actively traded.

Investments in common/collective trust funds are valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund, less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Plan transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. There are no unfunded commitments for these investments, the redemption frequency is daily, and the redemption notice period is either one day before trade date or on the trade date depending on the investment.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and changes in net assets available for benefits.

Plan contributions are made, and the actuarial present values of the 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.

10. Subsequent Events

The Plan has evaluated events and transactions for potential recognition or disclosure through October 8, 2026, the date the financial statements were available to be issued.

IMS HEALTH INCORPORATED RETIREMENT PLAN
PLAN NUMBER: 002
PLAN SPONSOR EIN: 06-1506026
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	Fidelity Investments Money Market Government Portfolio – Institutional Class	Money Market Fund	$ 96,672,111	$ 96,672,111
	WTW Real Assets Fund	Common/Collective Trust Fund	89,583,469	89,583,469
	BlackRock Treas Non-Lend Fund	Common/Collective Trust Fund	249,884	293,051
	BTC US Treasury 10 Year Key Rate A	Common/Collective Trust Fund	1,099,495	1,302,620
	BTC US Treasury 20 Year Key Rate A	Common/Collective Trust Fund	2,798,708	2,722,306
	BTC US Treasury 15 Year Key Rate Duration Fund C	Common/Collective Trust Fund	2,448,878	2,606,387
	BTC US Treasury 25+ Year Key Rate Duration Fund	Common/Collective Trust Fund	8,745,937	8,134,798
	IR+M Intermediate Corporate Collective Fund Class B	Common/Collective Trust Fund	21,235,338	22,735,085
	SSGA Intermediate U.S. Govt Bond Index NL Fund	Common/Collective Trust Fund	5,299,506	5,613,125
	WTW Diversified Credit Fund	Common/Collective Trust Fund	99,559,589	99,559,589
	WTW Diversified Equity Fund	Common/Collective Trust Fund	222,830,201	259,286,567
		Total	$ 550,523,116	$ 588,509,108

* Party-in-interest.

See Independent Auditor's Report.

IMS HEALTH INCORPORATED RETIREMENT PLAN
PLAN NUMBER: 002
PLAN SPONSOR EIN: 06-1506026
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/(Loss)
Single Transaction:								
* FIMM	FIMM MM Government Portfolio – Instl Class	$ 124,529,096	$ -	$ -	$ -	$ 124,529,096	$ 124,529,096	$ -
* FIMM	FIMM MM Government Portfolio – Instl Class	$ 74,783,287	$ -	$ -	$ -	$ 74,783,287	$ 74,783,287	$ -
* FIMM	FIMM MM Government Portfolio – Instl Class	$ -	$ 85,813,131	$ -	$ -	$ 85,813,131	$ 85,813,131	$ -
NTGI-QM	NTGI-QM Collective Daily EAFE Index	$ -	$ 75,831,153	$ -	$ -	$ 74,253,537	$ 75,831,153	$ 1,577,616
NTGI-QM	NTGI-QM Collective Daily Russell 1000	$ -	$ 75,831,153	$ -	$ -	$ 74,253,537	$ 75,831,153	$ 1,577,616
NTGI-QM	NTGI-QM Collective Daily Russell 1000	$ -	$262,466,636	$ -	$ -	$ 233,136,283	$ 262,466,636	$ 29,330,353
NTGI-QM	NTGI-QM Collective Daily Russell 2000	$ -	$ 44,384,933	$ -	$ -	$ 39,114,589	$ 44,384,933	$ 5,270,344
PIMCO	PIMCO Total Return Instl	$ -	$ 55,674,906	$ -	$ -	$ 55,059,593	$ 55,674,906	$ 615,313
WTW	WTW Div Credit Fund	$ 92,900,000	$ -	$ -	$ -	$ 92,900,000	$ 92,900,000	$ -
WTW	WTW Div Credit Fund	$ -	$ 99,559,589	$ -	$ -	$ 92,900,000	$ 99,559,589	$ 6,659,589
WTW	WTW Div Credit Fund	$ 99,559,589	$ -	$ -	$ -	$ 99,559,589	$ 99,559,589	$ -

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/(Loss)
WTW	WTW Diversified EQ Fund	$ 228,400,000	$ -	$ -	$ -	$ 228,400,000	$ 228,400,000	$ -
WTW	WTW Real Assets Fund	$ 84,900,000	$ -	$ -	$ -	$ 84,900,000	$ 84,900,000	$ -
WTW	WTW Real Assets Fund	$ -	$ 89,583,469	$ -	$ -	$ 84,900,000	$ 89,583,469	$ 4,683,469
WTW	WTW Real Assets Fund	$ 89,583,469	$ -	$ -	$ -	$ 89,583,469	$ 89,583,469	$ -
Series of Transactions:								
* FIMM	FIMM MM Government Portfolio – Instl Class							
	Total number of purchases: 34	$ 217,423,369	$ -	$ -	$ -	$ 217,423,369	$ 217,423,369	$ -
	Total number of sales: 45	$ -	$120,751,258	$ -	$ -	$ 120,751,258	$ 120,751,258	$ -
NTGI-QM	NTGI-QM Collective Daily EAFE Index							
	Total number of purchases: 1	$ 152	$ -	$ -	$ -	$ 152	$ 152	$ -
	Total number of sales: 4	$ -	$ 75,857,061	$ -	$ -	$ 74,279,924	$ 75,857,061	$ 1,577,137
NTGI-QM	NTGI-QM Collective Daily Russell 1000							
	Total number of purchases: 1	$ 458	$ -	$ -	$ -	$ 458	$ 458	$ -
	Total number of sales: 5	$ -	$262,497,186	$ -	$ -	$ 233,164,273	$ 262,497,186	$ 29,332,913
NTGI-QM	NTGI-QM Collective Daily Russell 2000							
	Total number of purchases: 2	$ 84	$ -	$ -	$ -	$ 84	$ 84	$ -
	Total number of sales: 5	$ -	$ 44,398,997	$ -	$ -	$ 39,127,340	$ 44,398,997	$ 5,271,657

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/(Loss)
PIMCO	PIMCO Total Return Instl							
	Total number of purchases: 4	$ 432,325	$ -	$ -	$ -	$ 432,325	$ 432,325	$ -
	Total number of sales: 4	$ -	$ 55,676,390	$ -	$ -	$ 55,061,377	$ 55,676,390	$ 615,313
WTW	WTW Div Credit Fund							
	Total number of purchases: 2	$ 192,459,589	$ -	$ -	$ -	$ 192,459,589	$ 192,459,589	$ -
	Total number of sales: 1	$ -	$ 99,559,589	$ -	$ -	$ 92,900,000	$ 99,559,589	$ 6,659,589
WTW	WTW Diversified EQ Fund							
	Total number of purchases: 2	$ 235,400,000	$ -	$ -	$ -	$ 235,400,000	$ 235,400,000	$ -
	Total number of sales: 2	$ -	$ 14,300,000	$ -	$ -	$ 12,569,798	$ 14,300,000	$ 1,730,202
WTW	WTW Real Assets Fund							
	Total number of purchases: 2	$ 174,483,469	$ -	$ -	$ -	$ 174,483,469	$ 174,483,469	$ -
	Total number of sales: 1	$ -	$ 89,583,469	$ -	$ -	$ 84,900,000	$ 89,583,469	$ 4,683,469

* Party-in-interest.

See Independent Auditor’s Report.

CohnReznick

Independent Member of Nexia

cohnreznick.com

SCHEDULE SB ATTACHMENTS

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

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

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	1	0	7	2	0	0	0	0	0	0	10
	-	-	-	-	-	-	-	-	-	-	-
35-39	5	0	38	45	3	0	0	0	0	0	91
	-	-	196,592	197,003	-	-	-	-	-	-	186,836
40-44	5	0	31	51	27	3	0	0	0	0	117
	-	-	191,689	208,446	180,703	-	-	-	-	-	194,270
45-49	8	0	52	66	46	22	3	0	0	0	197
	-	-	176,277	222,884	214,678	194,135	-	-	-	-	200,860
50-54	2	0	61	57	35	30	19	3	0	0	207
	-	-	195,968	237,869	236,429	191,827	-	-	-	-	208,841
55-59	2	0	68	52	27	31	29	27	19	0	255
	-	-	189,446	215,932	200,394	187,738	186,611	164,098	-	-	188,425
60-64	1	0	28	30	19	14	16	17	26	6	157
	-	-	157,332	202,289	-	-	-	-	189,699	-	183,089
65-69	0	0	9	18	4	10	5	4	7	8	65
	-	-	-	-	-	-	-	-	-	-	156,888
70 & over	0	0	1	7	2	1	1	0	0	3	15
	-	-	-	-	-	-	-	-	-	-	-
Total	24	0	295	328	163	111	73	51	52	17	1,114
	119,045	-	185,740	212,951	205,251	187,501	175,275	160,223	162,093	-	192,370

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

Plan Name: IMS Health Incorporated Retirement Plan
EIN / PN: 06-1506026/002
Plan Sponsor: IQVIA, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

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

	Attained Years of Credited Service[2]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	1	0	7	2	0	0	0	0	0	0	10
	-	-	-	-	-	-	-	-	-	-	-
35-39	5	0	38	45	3	0	0	0	0	0	91
	-	-	81,750	99,506	-	-	-	-	-	-	90,049
40-44	5	0	31	51	27	3	0	0	0	0	117
	-	-	81,432	118,511	137,515	-	-	-	-	-	112,099
45-49	8	0	52	66	46	22	3	0	0	0	197
	-	-	79,907	134,836	186,137	200,567	-	-	-	-	138,700
50-54	2	0	61	57	35	30	19	3	0	0	207
	-	-	87,928	146,988	220,294	213,221	-	-	-	-	160,074
55-59	2	0	68	52	27	31	29	27	19	0	255
	-	-	90,600	138,774	180,480	221,016	256,821	273,340	-	-	174,441
60-64	1	0	28	30	19	14	16	17	26	6	157
	-	-	76,067	139,653	-	-	-	-	325,216	-	212,970
65-69	0	0	9	18	4	10	5	4	7	8	65
	-	-	-	-	-	-	-	-	-	-	206,310
70 & over	0	0	1	7	2	1	1	0	0	3	15
	-	-	-	-	-	-	-	-	-	-	-
Total	24	0	295	328	163	111	73	51	52	17	1,114
	81,796	-	83,708	129,892	184,373	213,549	250,099	272,832	285,373	-	159,448

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

Plan Name: IMS Health Incorporated Retirement Plan
EIN / PN: 06-1506026/002
Plan Sponsor: IQVIA, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: December
- Interest rate basis: Full Yield Curve
- Effective interest rate: 5.46%

Annual rates of increase:

- Interest crediting rate: 4.46%
- Conversion to annuity rate: 4.46% (and IRS prescribed 417(c)(3) applicable unisex mortality table for lump sums)
- Compensation: 3.00%
- Future social security wage base: 3.00%
- Statutory limits on compensation: 2.50%

Plan-related expenses: The amount included this year for expected non-investment plan-related expenses is $897,702.

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

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

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

New or rehired employees

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

Mortality

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

Mortality for annuity conversions

PPA 2025 Optional Combined Unisex mortality table

Termination

Rates varying by age.

Representative Termination Rates (not Due to Disability Retirement or Mortality)

Percentage leaving during the year	
Attained Age	Rates
25	0.300
30	0.150
35	0.120
40	0.090
45	0.090
50	0.079
54	0.050

Disability (per 1,000 employees)

1987 Group Long Term Disability (GLTD) Experience Tables with 6-month elimination period for males and females.

SCHEDULE SB ATTACHMENTS

Retirement

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

Percentage retiring during the year	
Age	Rate
55 - 63	0.075
64	0.150
65	0.200
66	0.300
67 - 69	0.250
70	1.000

Benefit commencement date

- Deferred vested benefit — For participants less than age 65, age 65. For participants age 65 or greater, the later of current age plus 3 years, but not later than age 70 or termination of employment.
- Disability benefit — Upon disablement
- Retirement benefit — Upon termination of employment

Form of payment

For valuation purposes, participants are assumed to elect the life annuity option.

Percent married

For purposes of valuing the preretirement surviving spouse's benefit, 100% of participants are assumed to be married.

Spouse age

Wife three years younger than husband.

Covered pay

Covered pay is pensionable base pay increased with compensation scale plus target bonus.

Timing of benefit payments

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

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Participant Data	Employee data, data on persons receiving benefits, and data on other participants was supplied by IQVIA, Inc., through its third party administrator, as of the valuation date.

SCHEDULE SB ATTACHMENTS

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with IQVIA, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2025. Information on assets, contributions benefit payments, administrative expenses, and plan provisions was also supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

IMS HEALTH INCORPORATED RETIREMENT PLAN
PLAN NUMBER: 002
PLAN SPONSOR EIN: 06-1506026
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/(Loss)
Single Transaction:								
* FIMM	FIMM MM Government Portfolio – Instl Class	$ 124,529,096	$ -	$ -	$ -	$ 124,529,096	$ 124,529,096	$ -
* FIMM	FIMM MM Government Portfolio – Instl Class	$ 74,783,287	$ -	$ -	$ -	$ 74,783,287	$ 74,783,287	$ -
* FIMM	FIMM MM Government Portfolio – Instl Class	$ -	$ 85,813,131	$ -	$ -	$ 85,813,131	$ 85,813,131	$ -
NTGI-QM	NTGI-QM Collective Daily EAFE Index	$ -	$ 75,831,153	$ -	$ -	$ 74,253,537	$ 75,831,153	$ 1,577,616
NTGI-QM	NTGI-QM Collective Daily Russell 1000	$ -	$ 75,831,153	$ -	$ -	$ 74,253,537	$ 75,831,153	$ 1,577,616
NTGI-QM	NTGI-QM Collective Daily Russell 1000	$ -	$262,466,636	$ -	$ -	$ 233,136,283	$ 262,466,636	$ 29,330,353
NTGI-QM	NTGI-QM Collective Daily Russell 2000	$ -	$ 44,384,933	$ -	$ -	$ 39,114,589	$ 44,384,933	$ 5,270,344
PIMCO	PIMCO Total Return Instl	$ -	$ 55,674,906	$ -	$ -	$ 55,059,593	$ 55,674,906	$ 615,313
WTW	WTW Div Credit Fund	$ 92,900,000	$ -	$ -	$ -	$ 92,900,000	$ 92,900,000	$ -
WTW	WTW Div Credit Fund	$ -	$ 99,559,589	$ -	$ -	$ 92,900,000	$ 99,559,589	$ 6,659,589
WTW	WTW Div Credit Fund	$ 99,559,589	$ -	$ -	$ -	$ 99,559,589	$ 99,559,589	$ -

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/(Loss)
WTW	WTW Diversified EQ Fund	$ 228,400,000	$ -	$ -	$ -	$ 228,400,000	$ 228,400,000	$ -
WTW	WTW Real Assets Fund	$ 84,900,000	$ -	$ -	$ -	$ 84,900,000	$ 84,900,000	$ -
WTW	WTW Real Assets Fund	$ -	$ 89,583,469	$ -	$ -	$ 84,900,000	$ 89,583,469	$ 4,683,469
WTW	WTW Real Assets Fund	$ 89,583,469	$ -	$ -	$ -	$ 89,583,469	$ 89,583,469	$ -
Series of Transactions:								
* FIMM	FIMM MM Government Portfolio – Instl Class							
	Total number of purchases: 34	$ 217,423,369	$ -	$ -	$ -	$ 217,423,369	$ 217,423,369	$ -
	Total number of sales: 45	$ -	$120,751,258	$ -	$ -	$ 120,751,258	$ 120,751,258	$ -
NTGI-QM	NTGI-QM Collective Daily EAFE Index							
	Total number of purchases: 1	$ 152	$ -	$ -	$ -	$ 152	$ 152	$ -
	Total number of sales: 4	$ -	$ 75,857,061	$ -	$ -	$ 74,279,924	$ 75,857,061	$ 1,577,137
NTGI-QM	NTGI-QM Collective Daily Russell 1000							
	Total number of purchases: 1	$ 458	$ -	$ -	$ -	$ 458	$ 458	$ -
	Total number of sales: 5	$ -	$262,497,186	$ -	$ -	$ 233,164,273	$ 262,497,186	$ 29,332,913
NTGI-QM	NTGI-QM Collective Daily Russell 2000							
	Total number of purchases: 2	$ 84	$ -	$ -	$ -	$ 84	$ 84	$ -
	Total number of sales: 5	$ -	$ 44,398,997	$ -	$ -	$ 39,127,340	$ 44,398,997	$ 5,271,657

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
IMS HEALTH INCORPORATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
IQVIA INCORPORATED

D Employer Identification Number (EIN)
06-1506026

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	530,657,911
b Actuarial value	**2b**	489,248,197

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	1,154	106,844,011	106,844,011
b For terminated vested participants	2,655	151,281,667	151,281,667
c For active participants	1,114	145,407,283	147,395,752
d Total	4,923	403,532,961	405,521,430

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**	5.46%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	9,398,674
b Expected plan-related expenses	**6b**	897,702
c Target normal cost	**6c**	10,296,376

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

Ryan Fennell RMF
Signature of actuary

10/09/2026
Date

Ryan Fennell
Type or print name of actuary

2609193
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

203-326-5400
Telephone number (including area code)

PO Box 674401

Houston TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	100,088,985	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	11,054,348	0
9	Amount remaining (line 7 minus line 8)	89,034,637	0
10	Interest on line 9 using prior year's actual return of 13.20%	11,752,572	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.16%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	100,787,209	0

Part III Funding Percentages

14	Funding target attainment percentage	14	95.79%
15	Adjusted funding target attainment percentage	15	120.64%
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	125.36%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

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

22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	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**	10,296,376
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	10,296,376

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	10,296,376	0	10,296,376

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

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

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

SCHEDULE SB ATTACHMENTS

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

The average retirement age for line 22 was calculated by creating a hypothetical life table with retirement as the only decrement and then computing the average retirement age for the table.

Age (x)	Retirement Rates q_x^r	Lives at each Age ${}_{x-50}p_{50} = l_x / l_{55}$	Retirements at each Age $q_x^r * l_x / l_{55}$	Weighted Avg Age $x * q_x * l_x / l_{55}$
55	7.50%	1.000000	0.075000	4.125000
56	7.50%	0.925000	0.069375	3.885000
57	7.50%	0.855625	0.064172	3.657797
58	7.50%	0.791453	0.059359	3.442821
59	7.50%	0.732094	0.054907	3.239517
60	7.50%	0.677187	0.050789	3.047342
61	7.50%	0.626398	0.046980	2.865771
62	7.50%	0.579418	0.043456	2.694295
63	7.50%	0.535962	0.040197	2.532420
64	15.00%	0.495765	0.074365	4.759341
65	20.00%	0.421400	0.084280	5.478200
66	30.00%	0.337120	0.101136	6.674976
67	25.00%	0.235984	0.058996	3.952732
68	25.00%	0.176988	0.044247	3.008796
69	25.00%	0.132741	0.033185	2.289782
70	100.00%	0.099556	0.099556	6.968902
Average age at retirement				62.6
Nearest whole age				**63.0**

Plan Name: IMS Health Incorporated Retirement Plan
EIN / PN: 06-1506026/002
Plan Sponsor: IQVIA, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	731,199	806,308	10,296,322	11,833,829
2026	1,962,860	1,602,244	9,979,685	13,544,789
2027	2,921,082	2,544,114	9,702,862	15,168,058
2028	3,839,515	3,783,274	9,427,750	17,050,539
2029	4,751,384	5,012,337	9,155,567	18,919,288
2030	5,623,246	6,072,266	8,871,262	20,566,774
2031	6,469,021	6,837,560	8,584,491	21,891,072
2032	7,276,871	7,522,084	8,281,224	23,080,179
2033	8,046,346	8,260,728	7,972,840	24,279,914
2034	8,762,341	9,072,170	7,657,070	25,491,581
2035	9,402,217	9,820,821	7,332,188	26,555,226
2036	9,988,234	10,683,890	6,997,517	27,669,641
2037	10,534,456	11,091,502	6,644,702	28,270,660
2038	11,027,945	11,555,015	6,276,978	28,859,938
2039	11,498,834	12,195,533	5,901,415	29,595,782
2040	11,983,507	12,748,584	5,527,816	30,259,907
2041	12,412,169	13,168,849	5,161,059	30,742,077
2042	12,839,240	13,521,653	4,793,244	31,154,137
2043	13,263,571	13,733,915	4,426,343	31,423,829
2044	13,622,214	14,004,169	4,062,416	31,688,799
2045	13,912,200	14,236,311	3,703,638	31,852,149
2046	14,109,704	14,466,353	3,352,319	31,928,376
2047	14,230,869	14,616,673	3,010,893	31,858,435
2048	14,290,324	14,649,717	2,681,914	31,621,955
2049	14,207,277	14,577,572	2,367,977	31,152,826
2050	14,083,867	14,543,508	2,071,597	30,698,972
2051	13,987,342	14,344,912	1,795,034	30,127,288
2052	13,854,403	14,060,909	1,540,136	29,455,448
2053	13,656,158	13,731,070	1,308,229	28,695,457
2054	13,343,922	13,347,834	1,100,060	27,791,816
2055	12,925,140	12,879,172	915,790	26,720,102
2056	12,407,581	12,375,557	754,978	25,538,116
2057	11,871,768	11,825,422	616,636	24,313,826
2058	11,297,866	11,210,047	499,322	23,007,235
2059	10,676,682	10,536,324	401,240	21,614,246
2060	10,052,214	9,883,474	320,369	20,256,057
2061	9,429,370	9,240,790	254,564	18,924,724
2062	8,813,532	8,611,397	201,674	17,626,603
2063	8,207,710	7,997,925	159,627	16,365,262
2064	7,614,580	7,402,534	126,522	15,143,636
2065	7,037,010	6,827,052	100,665	13,964,727
2066	6,476,989	6,272,990	80,587	12,830,566
2067	5,936,143	5,741,504	65,058	11,742,705
2068	5,415,949	5,233,401	53,057	10,702,407

Plan Name: IMS Health Incorporated Retirement Plan
EIN / PN: 06-1506026/002
Plan Sponsor: IQVIA, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

2069	4,917,722	4,749,243	43,766	9,710,731
2070	4,442,659	4,289,532	36,540	8,768,731
2071	3,991,823	3,900,470	30,878	7,923,171
2072	3,566,163	3,445,044	26,403	7,037,610
2073	3,166,510	3,060,961	22,828	6,250,299
2074	2,793,404	2,702,614	19,938	5,515,956

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The plan was originally effective July 1, 1998. The most recent amendment reflected in the following plan provisions was adopted and effective on December 31, 2016.

Covered employees	Each employee who was a participant in the Cognizant Plan on June 30, 1998 and for whom pension assets and liabilities were transferred to this plan shall be a covered employee.
Participation date	All other eligible employees will become a participant on the first of the month coincident with or next following attainment of age 21 and the completion of one year of service. As of December 31, 2016, the Plan is closed to new entrants.

Definitions

Credited Service	Years of service as a participant.
Vesting service	General rule - elapsed time for service computed in full months, where a full month is granted for each completed or partial calendar month. As of July 1, 1998, an employee shall be credited with Vesting Service for periods of service completed as an employee of D&B and Cognizant.
Pensionable pay	Pensionable compensation shall include base salary, annual bonuses, commissions, overtime and shift pay. Compensation shall exclude severance pay, stay-on bonuses, long-term bonuses, retirement income, change-in-control payments, contingent payments, income derived from stock options, stock appreciation rights and other equity-based compensation.
Average final compensation	The average of the highest consecutive 60 months in the last 120 months.
Normal retirement date (NRD)	First of the month coinciding with or next following the attainment of age 65 and 3 years of service. For participants whose accounts were transferred from the Cognizant Plan, this is the first of the month coinciding with or next following the attainment of age 65.

SCHEDULE SB ATTACHMENTS

Opening Account Balance

For a participant who was a member of the Cognizant Plan, the opening account balance is equal to (a) the single sum amount equal to the actuarial equivalent value of the accrued benefit under the D&B MRP as of October 31, 1996, and (b) the sum of the retirement credits and monthly investment credits under the Cognizant Plan as of June 30, 1998.

For all other employees, the opening account balance is zero.

Accrued Benefit

The participant's accrued benefit will be the largest of:

i. The amount of the single life annuity as of the participant's Normal Retirement Date, or on the date of determination if later, which is actuarially equivalent to the value of the amount in the participant's retirement account. The amount of the retirement account is equal to the opening account balance plus the sum of the following credits at the end of each month:

   a. Retirement credits, which are equal to 6% times the participant's compensation for the month

   b. Investment credits, which are equal to the balance of the participant's retirement account as of the last day of the previous month times the greater of (a) .25% or (b) 1/12th of the annual yield of on 30-Year Treasury Bonds as of the end of the first business day of the current month.

ii. The Frozen Accrued Benefit as of the participant's Normal Retirement Date or the date of determination if later. This applies to a participant of the D&B Plan on October 31, 1996 whose accrued benefit was transferred to the Cognizant Plan and then transferred to this plan. This is the minimum benefit, which will be equal to the accrued benefit under the D&B Plan as of October 31, 1996, subject to the early retirement subsidies formerly available under the D&B MRP, and calculated as follows:

   a. 1.7% times Average Final Compensation (AFC) times credited service to 25 years, plus

   b. 1.0% times AFC credited service over 25 years, minus

   c. 1.7% of Social Security times credited service to 25 years, minus

d. 0.5% of Social Security times credited service over 25 years

iii. The Grandfathered Benefit Amount. This applies to a participant who had attained age 50 and had been credited with at least 5 years of Vesting Service under the D&B Plan as of October 31, 1996. For these employees, the minimum benefit determined under the prior plan, as described above, continues to accrue.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	First of the month coinciding with or next following the attainment of age 55 and 3 years of service.
Postponed retirement	Retirement after NRD
Vested termination	3 year cliff vesting in effect as of January 1, 2008.
Disability	Total and permanent disability after completing 3 years of vesting service.
Death Benefits for Participants in Active Service	Death of a participant with a surviving spouse who is eligible for, but has not commenced normal, early, postponed, or deferred vested retirement benefits and has been credited with at least 3 years of service. This benefit is payable on the later of the member's earliest benefit commencement date or the first of the month coincident with or next following the date of death.

Benefits Paid Upon the Following Events

Normal retirement	100% of the Accrued Benefit as of NRD.
Early retirement	Accrued Benefit determined as a life annuity at the Early Retirement Date. For minimum and grandfathered benefit, if such date is after the participant attains Age 55 and completes 10 years of Vesting Service, the minimum benefit is reduced 3/12% for each month by which the Early Retirement Date precedes the Normal Retirement

	Date (or precedes Age 60 if the participant has 35 years of Vesting Service). Otherwise, the benefit is reduced actuarially.
Postponed retirement	Pension benefit determined as of Postponed Retirement Date.
Vested Benefits upon Termination of Service	Benefit is payable as of the vested participant's Normal Retirement Date or Early Retirement Date. Accrued Benefit is determined based on service and pay credits through the termination date and investment credits to the benefit commencement date. The minimum and grandfathered benefits are reduced for Early Retirement.
Disability Benefit	The Benefit Commencement Date is the first of the month following the date that the participant (a) attains age 55, or (b) becomes disabled. The participant's account will continue to accrue Retirement and Investment Credits until the Benefit Commencement Date, calculated as though compensation continues at the same rate effective immediately prior to disability. For purposes of determining the minimum benefit for Grandfathered participants, Credited Service will continue to be credited until the earlier of (a) Benefit Commencement Date, or (b) Normal Retirement Date.
Death Benefits for Participants in Active Service	The greater of: i. The actuarial equivalent annuity of the cash balance account ii. 50% of the minimum benefit as of the date of death, reduced for the 50% contingent annuitant option

Other Plan Provisions

Forms of payment	Normal form is life annuity if the participant has no spouse as of the date payments begin. Otherwise, benefits are paid in the form of the 50% contingent annuitant option. Other optional forms are a life annuity, a 75% or 100% contingent annuitant option or a 10 year certain and continuous annuity. Level income options are also available. The minimum benefit formula may be paid in the form of a 15 year certain and continuous annuity.

SCHEDULE SB ATTACHMENTS

Actuarial Equivalence for Optional Forms	For annuities derived from account balance, with the exception of the Level Income Options, the IRS prescribed 417(e)(3) mortality table, and an interest rate equal to the average of the 30-year Treasury Bonds for the second, third and fourth calendar months preceding the date of determination. For optional forms of benefit payment with respect to the minimum and grandfathered benefit, other than Level Income Options, mortality rates shown in Appendix A of the plan document and 6.75% interest. For the Level Income Options, as well as small amount cash-outs and refund of employee contributions, the applicable 417(e)(3) mortality and interest rate prescribed by the IRS.
Pension Increases	None.
Plan Participants' Contributions	Participant contributions are not required nor permitted.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes to the plan since the prior valuation.

Substantive Commitment

No substantive commitments other than the above plan provisions have been included in this valuation.

IMS HEALTH INCORPORATED RETIREMENT PLAN
PLAN NUMBER: 002
PLAN SPONSOR EIN: 06-1506026
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Fidelity Investments Money Market Government Portfolio – Institutional Class	Money Market Fund	$ 96,672,111	$ 96,672,111
	WTW Real Assets Fund	Common/Collective Trust Fund	89,583,469	89,583,469
	BlackRock Treas Non-Lend Fund	Common/Collective Trust Fund	249,884	293,051
	BTC US Treasury 10 Year Key Rate A	Common/Collective Trust Fund	1,099,495	1,302,620
	BTC US Treasury 20 Year Key Rate A	Common/Collective Trust Fund	2,798,708	2,722,306
	BTC US Treasury 15 Year Key Rate Duration Fund C	Common/Collective Trust Fund	2,448,878	2,606,387
	BTC US Treasury 25+ Year Key Rate Duration Fund	Common/Collective Trust Fund	8,745,937	8,134,798
	IR+M Intermediate Corporate Collective Fund Class B	Common/Collective Trust Fund	21,235,338	22,735,085
	SSGA Intermediate U.S. Govt Bond Index NL Fund	Common/Collective Trust Fund	5,299,506	5,613,125
	WTW Diversified Credit Fund	Common/Collective Trust Fund	99,559,589	99,559,589
	WTW Diversified Equity Fund	Common/Collective Trust Fund	222,830,201	259,286,567
		Total	$ 550,523,116	$ 588,509,108

* Party-in-interest.

See Independent Auditor's Report.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The interest credited rate and conversion to annuity rate used to calculate the funding target and target normal cost were updated from 4.16% for 2024 to 4.46% for 2025.

Plan Name:	IMS Health Incorporated Retirement Plan
EIN / PN:	06-1506026/002
Plan Sponsor:	IQVIA, Inc.
Valuation Date:	January 1, 2025