# 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
LAERDAL MEDICAL CORPORATION 401(K) PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 01/01/1981

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
LAERDAL MEDICAL CORPORATION

167 MYERS CORNERS ROAD
WAPPINGERS FALLS, NY 12590

**2b** Employer Identification Number (EIN) 13-2587752

**2c** Plan Sponsor's telephone number 845-297-7700

**2d** Business code (see instructions) 423990

**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. | 10/15/2026 | PATRICIA GOODWIN |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/15/2026 | PATRICIA GOODWIN |
| | **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** | 568 |
| **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)** | 483 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 505 |
| **b** | Retired or separated participants receiving benefits | **6b** | 3 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 79 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 587 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 2 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 589 |
| **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)** | 493 |
| **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)** | 505 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 24 |
| **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:

2E 2F 2G 2J 2K 2T 3D 3H

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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [ ] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(4)** | [ ] General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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
LAERDAL MEDICAL CORPORATION 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
LAERDAL MEDICAL CORPORATION

**D** Employer Identification Number (EIN)
13-2587752

## 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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**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)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

| (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? |
|---|---|---|---|---|---|---|
| 15 52 60 62 72 | RECORDKEEPER | 132586 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [ ] |

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

PKF O'CONNOR DAVIES, LLP

27-1728945

| (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? |
|---|---|---|---|---|---|---|
| 70 | ACCOUNTANT | 22770 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

**A** Name of plan
LAERDAL MEDICAL CORPORATION 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
LAERDAL MEDICAL CORPORATION

**D** Employer Identification Number (EIN)
13-2587752

## 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 | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 50 | 100 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 2700752 | 1631514 |
| **(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) | 1010227 | 824092 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 66087695 | 77151308 |
| **(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 | 69798724 | 79607014 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 69798724 | 79607014 |

## 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) | 2675550 | |
| **(B)** Participants | 2a(1)(B) | 3926742 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 243402 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 6845694 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 87690 | |
| **(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) | 73709 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 161399 |
| **(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) | 5114293 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 5114293 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 2168419 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 2168419 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 4722914 |
| c Other income | 2c | | 7463 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 16851763 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 6856686 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 6856686 |
| f Corrective distributions (see instructions) | 2f | | 3476 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 27955 |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | 132586 | |
| (4) IQPA audit fees | 2i(4) | 22770 | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 0 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 155356 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 7043473 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 9808290 |
| 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: PKF O'CONNOR DAVIES, LLP **(2)** EIN: 27-1728945

**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 | | 5000000 |
| **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.) ..... ☐ Yes ☐ No ☐ Not determined

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

# 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
LAERDAL MEDICAL CORPORATION 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
LAERDAL MEDICAL CORPORATION

**D** Employer Identification Number (EIN)
13-2587752

## 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): 94-1687665

**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**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

| | | |
|---|---|---|
| **a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14b** | |
| **c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

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

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

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702803A .

# Laerdal Medical Corporation Employees' Pension Plan

Financial Statements and Supplemental Schedules

December 31, 2025 and 2024

PKF O'CONNOR DAVIES
ACCOUNTANTS AND ADVISORS

# Independent Auditors' Report

The Board of Directors of
Laerdal Medical Corporation Employees' Pension Plan

## *Opinion*

We have audited the financial statements of Laerdal Medical Corporation Employees' Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended and the accumulated plan benefits as of December 31, 2024, and the changes in accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

## *Basis for Opinion*

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Laerdal Medical Corporation Employees' Pension 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 audit opinion.



PKF O'Connor Davies LLP is a member firm of the PKF International Limited network of legally independent firms and does not accept any responsibility or liability for the actions or inactions on the part of any other individual member firm or firms.

***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.

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 Laerdal Medical Corporation Employees' Pension Plan's ability to continue as a going concern for at least one year following 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.

***Auditors' Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

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

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Laerdal Medical Corporation Employees' Pension 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 Laerdal Medical Corporation Employees' Pension Plan's ability to continue as a going concern for a reasonable period of time.

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.

***Supplemental Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL) 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 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

PKF O'Connor Davies, LLP

Harrison, New York
August 31, 2026

## Laerdal Medical Corporation Employees' Pension Plan

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

| | 2025 | 2024 |
|---|---|---|
| **ASSETS** | | |
| Cash and cash equivalents | $ 9,551 | $ 8,207 |
| **Investments** | | |
| **Investments at fair value** | | |
| Money market funds and interest bearing cash | 1,470,421 | 847,426 |
| U.S. government securities | 2,225,281 | 2,064,373 |
| Common stocks | 6,536,268 | 5,785,487 |
| Real estate investment trusts | 812,504 | 753,637 |
| Mutual funds | 1,877,070 | 1,742,619 |
| Preferred stock | - | 12,881 |
| **Total Investments at Fair Value** | 12,921,544 | 11,206,423 |
| **Total Investments** | 12,921,544 | 11,206,423 |
| **Receivables** | | |
| Employer contributions | 1,200,000 | 1,250,000 |
| Interest and dividend income | 31,163 | 28,613 |
| **Total Receivables** | 1,231,163 | 1,278,613 |
| **Total Assets** | 14,162,258 | 12,493,243 |
| **Net Assets Available for Benefits** | $14,162,258 | $12,493,243 |

See accompanying notes to the financial statements.

**Laerdal Medical Corporation Employees' Pension Plan**

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

| | 2025 | 2024 |
|---|---|---|
| **ADDITIONS** | | |
| **Investment income** | | |
| Net appreciation in fair value of investments | $ 1,009,551 | $ 1,175,132 |
| Interest and dividends | 318,203 | 278,684 |
| **Total Investment Income** | 1,327,754 | 1,453,816 |
| **Contributions** | | |
| Employer contributions | 1,200,000 | 1,250,000 |
| **Total Additions** | 2,527,754 | 2,703,816 |
| **DEDUCTIONS** | | |
| Benefits paid to participants | 747,724 | 1,493,591 |
| Administrative expenses | 111,015 | 112,733 |
| **Total Deductions** | 858,739 | 1,606,324 |
| **Net Increase** | 1,669,015 | 1,097,492 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | | |
| Beginning of year | 12,493,243 | 11,395,751 |
| **End of year** | $14,162,258 | $12,493,243 |

See accompanying notes to the financial statements.

## Laerdal Medical Corporation Employees' Pension Plan

Statement of Accumulated Plan Benefits
As of December 31, 2024

| | 2024 |
|---|---|
| **Actuarial Present Value of Accumulated Plan Benefits** | |
| **Vested Benefits** | |
| Participants currently receiving payments | $ 1,001,848 |
| Participants entitled to deferred benefits | 705,844 |
| Other participants | 8,036,810 |
| **Total Vested Benefits** | 9,744,502 |
| **Total Actuarial Present Value of Accumulated Plan Benefits** | $ 9,744,502 |

See accompanying notes to the financial statements.

## Laerdal Medical Corporation Employees' Pension Plan

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

| | 2024 |
|---|---|
| Actuarial present value of accumulated plan benefits at beginning of year | $ 9,432,839 |
| **Increase (decrease) during the year attributable to:** | |
| Decrease in discount period at 7.00% | 608,907 |
| Additional benefits earned, including experience (gains) and losses | 1,196,347 |
| Benefits paid | (1,493,591) |
| **Net increase** | 311,663 |
| **Actuarial present value of accumulated plan benefits at end of year** | $ 9,744,502 |

See accompanying notes to the financial statements.

## 1. Description of Plan

The following description of the Laerdal Medical Corporation Employees' Pension Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

*General*

The Plan is a noncontributory defined benefit plan covering substantially all employees of Laerdal Medical Corporation (the "Company" or "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Board of Directors is responsible for oversight of the Plan. The Plan's management determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Directors.

*Funding policy*

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2025 and 2024.

*Pension benefits*

Eligible employees automatically participate in the Plan on January 1 or July 1 after having attained the age of 21 and completing 1,000 hours of service within twelve months of the employee's hire date or any plan year beginning after the year in which the employee was hired. Employees hired after December 31, 2018 are not eligible to participate in the Plan. The Plan provides defined benefits to participants who retire at age 65 after at least three years of participation, based on their years of service, age and the average of the highest three consecutive calendar years of total salary. Benefits are also available at early retirement after age 55 with at least three years participation. Participants hired on or prior to January 1, 2008 became vested in accordance with a graded scale which results in full vesting after they had completed three years of continuous service. Participants hired after January 1, 2008 are not vested until after three years of continuous service, after which they are fully vested. Pension payments are made as either annuities or a lump sum payment. The Plan provides a death benefit for employees equal to the lump sum value of the accrued benefit.

## 2. Summary of Accounting Policies

*Basis of Accounting*

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

*Use of Estimates*

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

*Fair Value Measurements*

The Plan follows U.S. GAAP guidance on Fair Value Measurements which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist.

*Investment Valuation and Income Recognition*

Investments are reported at fair value. Common stocks, preferred stocks, real estate investment trusts, and U.S. government securities that are traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and asked prices. The mutual funds and money market fund are valued at the daily closing price as reported by the fund. These funds held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price and are deemed actively traded. The interest-bearing cash is an insured savings account, which is valued at amortized cost, which approximates fair value.

**2. Summary of Accounting Policies (continued)**

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

*Payment of Benefits*

Benefits payments to participants are recorded upon distribution.

*Administrative Expenses*

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

*Subsequent Events*

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is August 31, 2026.

**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 service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit

**3. Actuarial Present Value of Accumulated Plan Benefits (continued)**

accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

There were no changes in significant actuarial assumptions from the prior year valuation.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuation been performed as of December 31, there would be no material differences. The significant actuarial assumptions used in the valuation were:

| **Assumption** | **December 31, 2024** |
|---|---|
| Discount rate | 7.00% |
| Mortality | Pri-2012 Total Dataset Mortality Table with MP-2021 Scaling |
| Retirement age | 65 |
| Salary increase (optional disclosure) | 3.00% per annum |

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

**4. Investments**

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

**4. Investments (continued)**

| **Assets at Fair Value as of December 31, 2025** | **Level 1** | **Level 2** | **Total** |
|---|---|---|---|
| Money market funds and interest bearing cash | $ 1,461,696 | $ 8,725 | $ 1,470,421 |
| U.S. government securities | 788,580 | 1,436,701 | 2,225,281 |
| Common stocks | 6,536,268 | - | 6,536,268 |
| Real estate investment trusts | 812,504 | - | 812,504 |
| Mutual funds | 1,877,070 | - | 1,877,070 |
| **Total investments at fair value** | $ 11,476,118 | $ 1,445,426 | $ 12,921,544 |

| **Assets at Fair Value as of December 31, 2024** | **Level 1** | **Level 2** | **Total** |
|---|---|---|---|
| Money market funds and interest bearing cash | $ 838,903 | $ 8,523 | $ 847,426 |
| U.S. government securities | 771,649 | 1,292,724 | 2,064,373 |
| Common stocks | 5,785,487 | - | 5,785,487 |
| Real estate investment trusts | 753,637 | - | 753,637 |
| Mutual funds | 1,742,619 | - | 1,742,619 |
| Preferred stock | 12,881 | - | 12,881 |
| **Total investments at fair value** | $ 9,905,176 | $ 1,301,247 | $ 11,206,423 |

**5. Related-Party and Party In Interest Transactions**

Certain Plan investments are managed by Bank of America, N.A. Bank of America, N.A. is the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions under ERISA. Fees paid by the Plan to the trustee amounted to $111,015 and $112,733 for the years ending December 31, 2025 and 2024.

As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

## 6. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits , early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all 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.

## 7. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated December 6, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related 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 position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## 8. Risks and Uncertainties

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions 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.

# Laerdal Medical Corporation Employees' Pension Plan

Supplemental Schedules

December 31, 2025 and 2024

Laerdal Medical Corporation Employees' Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-2587752 Plan Number: 001
As of 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 |
|---|---|---|---|---|
| | | SHARES/UNITS | | |
| | MONEY MARKET FUNDS AND INTEREST BEARING CASH | | | |
| | BlackRock Liquidity Fund T-Fund | 93,655 | $ 93,655 | $ 93,655 |
| | BLF FedFund Cash Reserve | 1,368,041 | 1,368,041 | 1,368,041 |
| * | ISA Bank of America | 8,725 | 8,725 | 8,725 |
| | Total Money Market Funds and Interest Bearing Cash | | 1,470,421 | 1,470,421 |
| | U.S. GOVERNMENT SECURITIES | | | |
| | FHLMC RA 5391 | 3%; 2051 | 82,197 | 83,963 |
| | FHLMC SD 3478 | 2.5%; 2052 | 11,423 | 11,731 |
| | FHLMC SD 4583 | 3.5%; 2053 | 16,700 | 17,093 |
| | FHLMC SD 5368 | 2.5%; 2052 | 12,303 | 12,366 |
| | FHLMC SD 6647 | 3.5%; 2052 | 855 | 866 |
| | FHLMC SD 6653 | 3.5%; 2053 | 4,899 | 5,096 |
| | FHLMC SD 8179 | 3%; 2051 | 8,895 | 7,556 |
| | FHLMC SD 8190 | 3%; 2052 | 13,804 | 11,777 |
| | FHLMC SD 8213 | 3%; 2052 | 4,854 | 4,973 |
| | FHLMC SD 8220 | 3%; 2052 | 20,764 | 20,131 |
| | FHLMC SD 8227 | 4%; 2052 | 16,342 | 16,030 |
| | FHLMC SD 8243 | 3.5%; 2052 | 2,209 | 2,297 |
| | FHLMC SD 8244 | 4%; 2052 | 6,086 | 6,218 |
| | FHLMC SD 8258 | 5%; 2052 | 5,388 | 5,389 |
| | FHLMC SD 8264 | 3.5%; 2052 | 14,307 | 14,523 |
| | FHLMC SD 8299 | 5%; 2053 | 1,559 | 1,616 |
| | FHLMC SD 8316 | 5.5%; 2053 | 762 | 768 |
| | FHLMC SD 8342 | 5.5%; 2053 | 8,682 | 8,846 |
| | FHLMC SD 8347 | 4.5%; 2053 | 19,650 | 20,323 |
| | FHLMC SD 8360 | 4.5%; 2053 | 48,360 | 49,873 |
| | FHLMC SD 8363 | 6%; 2053 | 739 | 722 |
| | FHLMC SD 8384 | 6%; 2053 | 6,645 | 6,703 |
| | FHLMC SD 8393 | 4.5%; 2054 | 853 | 879 |
| | FHLMC SD 8438 | 5.5%; 2054 | 11,401 | 11,559 |
| | FHLMC SD 8468 | 5%; 2054 | 5,379 | 5,466 |
| | FHLMC SD 8469 | 5.5%; 2054 | 5,974 | 6,041 |
| | FHLMC SD 8473 | 4.5%; 2054 | 7,165 | 7,325 |
| | FHLMC SD 8487 | 4%; 2054 | 2,666 | 2,710 |
| | FHLMC SD 8489 | 4.5%; 2054 | 26,992 | 26,857 |
| | FHLMC SD 8508 | 6.5%; 2055 | 31,204 | 31,084 |
| | FHLMC SD 8524 | 5.5%; 2055 | 7,317 | 7,339 |
| | FHLMC SD 8534 | 6%; 2055 | 35,690 | 35,565 |
| | FHLMC SB 1057 | 5%; 2038 | 678 | 677 |
| | FHLMC SB 1215 | 6%; 2039 | 15,568 | 14,674 |
| | FHLMC SB 8243 | 5%; 2038 | 2,382 | 2,397 |
| | FHLMC SB 8272 | 5%; 2038 | 3,790 | 3,760 |
| | FHLMC SB 8328 | 5.5%; 2039 | 24,987 | 24,661 |
| | FHLMC SB 8353 | 5.5%; 2040 | 7,431 | 7,519 |
| | FHLMC SB 8373 | 6%; 2040 | 15,338 | 15,516 |
| | FNMA PCB3586 | 3%; 2052 | 736 | 726 |
| | FNMA PFA0741 | 6%; 2038 | 2,329 | 2,321 |
| | FNMA PFA2839 | 2.5%; 2052 | 8,351 | 8,349 |

Laerdal Medical Corporation Employees' Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-2587752 Plan Number: 001
As of 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 |
|---|---|---|---|---|
| | | SHARES/UNITS | | |
| | FNMA PFA3067 | 6%; 2040 | 10,988 | 10,985 |
| | FNMA PFS2824 | 2.5%; 2051 | 34,033 | 35,366 |
| | FNMA PFS3497 | 3.5%; 2052 | 1,545 | 1,546 |
| | FNMA PFS5387 | 2.5%; 2052 | 734 | 746 |
| | FNMA PFS5452 | 3.5%; 2052 | 15,470 | 15,974 |
| | FNMA PFS6256 | 3.5%; 2052 | 23,875 | 24,861 |
| | FNMA PFS6631 | 2.5%; 2052 | 185,318 | 190,123 |
| | FNMA PFS7751 | 4%; 2053 | 825 | 854 |
| | FNMA PFS7879 | 2.5%; 2052 | 5,181 | 5,380 |
| | FNMA PFS8852 | 2.5%; 2052 | 17,572 | 17,868 |
| | FNMA PFS8874 | 3%; 2052 | 24,110 | 24,415 |
| | FNMA PFS9366 | 2.5%; 2052 | 5,239 | 5,394 |
| | FNMA PMA4579 | 3%; 2052 | 1,418 | 1,378 |
| | FNMA PMA4599 | 3%; 2052 | 2,141 | 2,134 |
| | FNMA PMA4624 | 3%; 2052 | 43,899 | 45,680 |
| | FNMA PMA4731 | 3.5%; 2052 | 1,552 | 1,537 |
| | FNMA PMA4737 | 5%; 2052 | 3,675 | 3,585 |
| | FNMA PMA4782 | 3.5%; 2052 | 18,908 | 19,271 |
| | FNMA PMA4783 | 4%; 2052 | 10,504 | 10,758 |
| | FNMA PMA4869 | 5.5%; 2053 | 21,326 | 21,305 |
| | FNMA PMA4918 | 5%; 2053 | 27,757 | 28,302 |
| | FNMA PMA5087 | 5.5%; 2038 | 1,810 | 1,810 |
| | FNMA PMA5107 | 5.5%; 2053 | 24,712 | 25,239 |
| | FNMA PMA5139 | 6%; 2053 | 18,533 | 18,733 |
| | FNMA PMA5164 | 5%; 2053 | 838 | 859 |
| | FNMA PMA5294 | 5%; 2054 | 13,714 | 14,164 |
| | FNMA PMA5300 | 5.5%; 2039 | 3,359 | 3,407 |
| | FNMA PMA5389 | 6%; 2054 | 4,441 | 4,391 |
| | FNMA PMA5425 | 5.5%; 2039 | 5,386 | 5,262 |
| | FNMA PMA5446 | 6.5%; 2054 | 9,240 | 9,277 |
| | FNMA PMA5448 | 5%; 2039 | 663 | 663 |
| | FNMA PMA5507 | 5%; 2039 | 8,833 | 8,825 |
| | FNMA PMA5550 | 4%; 2054 | 3,613 | 3,635 |
| | FNMA PMA5552 | 5%; 2054 | 12,948 | 12,943 |
| | FNMA PMA5761 | 6%; 2055 | 4,711 | 4,714 |
| | FNMA PMA5762 | 6.5%; 2055 | 4,552 | 4,539 |
| | FNMA PMA5772 | 5.5%; 2040 | 14,117 | 14,065 |
| | FNMA PMA5800 | 5%; 2040 | 1,864 | 1,864 |
| | FNMA PMA5801 | 5.5%; 2040 | 4,505 | 4,497 |
| | FHLMC RR 0017 | 5%; 2040 | 3,629 | 3,616 |
| | FHLMC RQ 0012 | 5%; 2055 | 64,085 | 65,054 |
| | FHLMC RQ 0056 | 5.5%; 2055 | 25,654 | 25,703 |
| | GNM PMA8151M | 4.5%; 2052 | 3,828 | 3,685 |
| | GNM PMA8346M | 4%; 2052 | 13,291 | 13,413 |
| | GNM PMA8347M | 4.5%; 2052 | 5,393 | 5,333 |
| | GNM PMA8426M | 4%; 2052 | 1,472 | 1,510 |
| | GNM PMA8724M | 4.5%; 2053 | 1,585 | 1,574 |
| | GNM PMA8726M | 5.5%; 2053 | 9,606 | 9,650 |
| | GNM PMA9015M | 4.5%; 2053 | 42,767 | 43,817 |

Laerdal Medical Corporation Employees' Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-2587752 Plan Number: 001
As of 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 |
|---|---|---|---|---|
| | | SHARES/UNITS | | |
| | GNM PMA9103M | 4%; 2053 | 11,865 | 12,337 |
| | GNM PMA9104M | 4.5%; 2053 | 822 | 854 |
| | GNM PMA9106M | 5.5%; 2053 | 2,903 | 3,007 |
| | GNM PMA9305M | 5.5%; 2053 | 9,969 | 10,172 |
| | GNM PMA9489M | 6%; 2054 | 6,908 | 7,030 |
| | GNM PMA9541M | 5.5%; 2054 | 3,775 | 3,873 |
| | GNM PMA9726M | 6%; 2054 | 666 | 672 |
| | GNM PMB0024M | 4.5%; 2054 | 5,471 | 5,556 |
| | GNM PMB0093M | 6%; 2054 | 5,758 | 5,812 |
| | GNM PMB0206M | 6%; 2055 | 23,858 | 23,903 |
| | GNM PMB0305M | 4%; 2055 | 3,736 | 3,730 |
| | GNM PMB0308M | 5.5%; 2055 | 4,763 | 4,837 |
| | GNM PMB0422M | 4.5%; 2055 | 3,757 | 3,858 |
| | GNM PMB0622M | 5%; 2055 | 21,855 | 21,880 |
| | GNM PMB0624M | 6%; 2055 | 10,170 | 10,119 |
| | GNM PMB0744M | 4.5%; 2055 | 976 | 974 |
| | GNM PMB0746M | 5.5%; 2055 | 5,056 | 5,041 |
| | GNM PMA9962M | 4%; 2054 | 8,772 | 9,057 |
| | U.S.Treasury Bond | 3%; 2052 | 76,786 | 68,756 |
| | U.S.Treasury Note | 4%; 2028 | 108,068 | 111,147 |
| | U.S.Treasury Note | 3.625%; 2029 | 74,238 | 75,988 |
| | U.S.Treasury Note | 4.00%; 2034 | 117,092 | 118,629 |
| | U.S.Treasury Note | 4.750%; 2045 | 94,731 | 94,517 |
| | U.S.Treasury Note | 4.750%; 2055 | 23,315 | 22,612 |
| | U.S.Treasury Note | 4.00%; 2030 | 129,667 | 130,642 |
| | U.S.Treasury Note | 4.250%; 2035 | 65,243 | 65,538 |
| | U.S.Treasury Note | 3.625%; 2030 | 71,807 | 71,744 |
| | U.S.Treasury Note | 3.500%; 2027 | 28,942 | 29,007 |
| | Total U.S. Government Securities | | 2,209,842 | 2,225,281 |
| | COMMON STOCKS | | | |
| | Accenture PLC | 94 | 29,850 | 25,220 |
| | AerCap Holdings | 450 | 28,831 | 64,692 |
| | AES Corp. | 3,999 | 51,205 | 57,346 |
| | AIA Group LTD | 451 | 17,833 | 18,505 |
| | Akzo Nobel | 802 | 18,266 | 18,566 |
| | Albertsons Cos Inc | 2,569 | 53,453 | 44,110 |
| | Alcon Sa Act | 292 | 25,165 | 23,013 |
| | Alibaba Group Holding | 45 | 5,408 | 6,596 |
| | Allison Transmission Holdings Inc. | 433 | 22,697 | 42,391 |
| | Ally Fincl Inc | 893 | 31,409 | 40,444 |
| | Alphabet Inc. Shs Cl A | 565 | 54,012 | 176,845 |
| | Alphabet Inc. Shs Cl C | 318 | 6,559 | 99,788 |
| | Amazon Com Inc. | 607 | 34,935 | 140,108 |
| | Amphenol Corp. Cl A | 109 | 4,206 | 14,730 |
| | Applied Material Inc | 167 | 29,028 | 42,917 |
| | AptarGroup Inc. | 188 | 27,368 | 22,928 |
| | Armstrong World Inds Inc. | 283 | 30,251 | 54,081 |
| | Autodesk Inc. | 194 | 12,323 | 57,426 |

Laerdal Medical Corporation Employees' Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-2587752 Plan Number: 001
As of 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 |
|---|---|---|---|---|
| | | SHARES/UNITS | | |
| | Ashtead Group Plc | 452 | 26,769 | 31,974 |
| | Assa Abloy Ab | 1,535 | 24,238 | 29,641 |
| | Avantor Inc. | 2,488 | 34,201 | 28,512 |
| | Ball Corp. | 517 | 34,348 | 27,385 |
| | Barrick Mining Corp | 830 | 14,634 | 36,147 |
| | Berkshire Hathaway Inc. | 128 | 48,227 | 64,339 |
| | Block Inc. | 240 | 25,107 | 15,622 |
| | Boeing Co. | 501 | 85,327 | 108,777 |
| | Boyd Gaming Corp. | 38 | 1,953 | 3,239 |
| | BP Plc | 1,105 | 40,407 | 38,377 |
| | Brookfield Corp | 1,101 | 42,163 | 50,525 |
| | Brown Forman Corp. | 245 | 16,368 | 6,385 |
| | Bruker Corp. | 498 | 38,610 | 23,461 |
| | Caesars Entertainment Inc, | 373 | 13,993 | 8,724 |
| | Cameco Corp | 509 | 29,934 | 46,568 |
| | Capital One Financial Corp. | 275 | 27,613 | 66,649 |
| | CBRE Group | 228 | 21,274 | 36,660 |
| | Check Point Software Tech | 263 | 52,972 | 48,802 |
| | Churchill Downs Inc. | 458 | 49,826 | 52,111 |
| | CIE Generale Des Etablissements Michelin | 1,558 | 30,034 | 25,847 |
| | Cincinnati Financial Corp. | 185 | 16,271 | 30,214 |
| | Citi Group Inc. | 548 | 38,147 | 63,946 |
| | Coca-Cola Europacific | 373 | 34,041 | 33,831 |
| | Cooper Cos Inc | 426 | 35,171 | 34,915 |
| | Copart Inc. | 626 | 17,101 | 24,508 |
| | Coterra Energy Inc. | 1,949 | 48,786 | 51,298 |
| | Credicorp Ltd Com | 149 | 31,361 | 42,763 |
| | CSX Corp | 1,309 | 44,334 | 47,451 |
| | Daikin Industries LTD | 1,437 | 16,397 | 18,322 |
| | DBS Group Holdings | 237 | 26,048 | 41,620 |
| | Deere & Co. | 46 | 11,258 | 21,416 |
| | Diageo Plc Spsd Adr New | 200 | 21,917 | 17,254 |
| | Disney Walt Co. | 1,039 | 110,690 | 118,207 |
| | Dollar Tree Inc. | 525 | 46,267 | 64,580 |
| | DSM-Firmenich | 2,255 | 25,248 | 18,119 |
| | Entegris Inc. | 454 | 30,390 | 38,250 |
| | EQT Corp | 822 | 41,551 | 44,059 |
| | Erste Group | 876 | 35,275 | 52,770 |
| | Expeditors International Wash Inc. | 193 | 9,130 | 28,759 |
| | Experian PLC | 530 | 23,819 | 23,940 |
| | Factset Resh Systems Inc. | 51 | 7,260 | 14,800 |
| | Fanuc Ltd | 1,307 | 18,397 | 25,447 |
| | Fast Retailing Co LTD | 832 | 27,825 | 30,118 |
| | Flex Ltd. | 585 | 420 | 35,346 |
| | Fidelity National Info | 1,285 | 78,112 | 85,401 |
| | General Motors Co. | 616 | 26,938 | 50,093 |
| | GE Healthcare | 587 | 44,139 | 48,146 |
| | GSK Plc Shs | 573 | 22,903 | 28,100 |
| | Haleon Plc Shs | 2,728 | 30,913 | 27,580 |

Laerdal Medical Corporation Employees' Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-2587752 Plan Number: 001
As of 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 |
|---|---|---|---|---|
| | | SHARES/UNITS | | |
| | Heineken N V | 404 | 17,979 | 16,483 |
| | Huntington Ingalls | 122 | 26,155 | 41,489 |
| | Illumina Inc. | 147 | 34,770 | 19,281 |
| | Incyte Corp. | 512 | 34,704 | 50,570 |
| | Intuitive Surgical Inc. | 58 | 10,237 | 32,849 |
| | ING GP | 1,876 | 35,720 | 52,528 |
| | Keysight Technologies | 188 | 29,954 | 38,200 |
| | Kinder Morgan Inc. | 2,056 | 45,964 | 56,519 |
| | Kyndryl Holdings | 1,753 | 50,560 | 46,560 |
| | Lamb Weston Holdings Inc. | 334 | 24,687 | 13,991 |
| | Lennox International Inc. | 64 | 15,683 | 31,077 |
| | LVMH Moet Hennessy Adr | 151 | 16,497 | 22,772 |
| | M&T Bank Corp. | 201 | 32,772 | 40,497 |
| | Magnum (the) Ice Cream CO B.V. Regiest | 65 | 939 | 1,030 |
| | Marvell Tech Inc | 555 | 41,355 | 47,164 |
| | Meta Platforms Inc. | 263 | 26,969 | 173,604 |
| | Microsoft Corp. | 212 | 14,069 | 102,527 |
| | Moelis and Company | 517 | 20,061 | 35,539 |
| | Mohawk Industries Inc | 356 | 41,156 | 38,911 |
| | Monotaro Co LTF | 2,024 | 41,859 | 32,161 |
| | Monster Beverage Corp. | 886 | 16,225 | 67,930 |
| | Muenchener Rueck-Unspon | 517 | 34,715 | 35,362 |
| | Nestle SA | 587 | 52,140 | 57,984 |
| | Netflix Com Inc. | 1,380 | 43,689 | 129,389 |
| | Newmarket Corp. | 47 | 23,074 | 32,301 |
| | Nike Inc. | 280 | 20,403 | 17,839 |
| | Novartis AG ADR | 206 | 12,210 | 28,401 |
| | Novo Nordisk AS ADR | 619 | 36,080 | 31,495 |
| | Nvidia Corp. | 1,443 | 21,137 | 269,120 |
| | Old Dominion Freight Line Inc. | 118 | 10,160 | 18,502 |
| | Oracle Corp. | 582 | 33,665 | 113,438 |
| | Otis Worldwide Corp. | 379 | 26,784 | 33,106 |
| | Otsuka Holdings Co | 1,083 | 26,999 | 30,681 |
| | PACS Group Inc. | 146 | 5,570 | 5,605 |
| | Pan Pac Intl Hldgs Corp | 3,132 | 41,133 | 36,989 |
| | PayPal Holdings, Inc. | 230 | 18,747 | 13,427 |
| | Pool Corp. | 90 | 29,185 | 20,588 |
| | Post Holdings Inc. | 255 | 14,735 | 25,258 |
| | Pub SVC Enterprise Group | 813 | 63,099 | 65,284 |
| | Qualcomm Inc. | 482 | 61,974 | 82,446 |
| | QXO inc | 2,302 | 42,942 | 44,406 |
| | Regeneron Pharmaceuticals | 169 | 92,958 | 130,446 |
| | Rentokil Intl | 586 | 14,169 | 17,264 |
| | Roche Holding Ltd ADR | 1,231 | 49,259 | 63,483 |
| | SalesForce Inc. | 425 | 89,103 | 112,587 |
| | Safran Sa-Unspon | 602 | 44,930 | 52,404 |
| | SEI Investments Co. | 297 | 9,022 | 24,360 |
| | Shopify, Inc. CL A | 478 | 27,282 | 76,944 |
| | Somnigroup International | 605 | 31,810 | 54,014 |

Laerdal Medical Corporation Employees' Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-2587752 Plan Number: 001
As of 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 |
|---|---|---|---|---|
| | | SHARES/UNITS | | |
| | Sony Group Corp | 1,750 | 46,528 | 44,800 |
| | Southwest Airlines Co. | 1,429 | 46,034 | 59,061 |
| | Starbucks Corp. | 322 | 22,231 | 27,116 |
| | Steris PLC | 151 | 27,171 | 38,282 |
| | Symrise Ag | 780 | 23,240 | 15,694 |
| | Tesla Inc. | 468 | 96,340 | 210,469 |
| | Teva Pharmaceutical Industries Ltd | 2,526 | 26,431 | 78,836 |
| | Thermo Fisher Scientific Inc | 52 | 27,927 | 30,131 |
| | Totalenergies SE | 348 | 20,424 | 22,881 |
| | UniFirst Corp. | 129 | 27,641 | 24,884 |
| | Unilever PLC | 291 | 17,051 | 19,031 |
| | Vertex Pharmacuticals Inc. | 140 | 34,623 | 63,470 |
| | Visa Inc. CL A | 328 | 20,924 | 115,033 |
| | Vulcan Materials Co. | 131 | 20,600 | 37,364 |
| | Wal-Mart De Mex Spnadr V | 962 | 28,981 | 29,986 |
| | Warner Bros Discovery | 676 | 6,085 | 19,482 |
| | Wells Fargo & Co. | 766 | 40,318 | 71,391 |
| | Weyerhaeuser Co | 879 | 27,585 | 20,824 |
| | Willis Towers Watson Plc | 131 | 30,373 | 43,047 |
| | Workday Inc. | 68 | 9,788 | 14,605 |
| | Waters Corp. | 79 | 22,346 | 30,007 |
| | Yum Brands Inc. | 135 | 8,451 | 20,423 |
| | Yum China Holdings Inc. | 126 | 4,913 | 6,015 |
| | Zimmer Biomet Holdings | 533 | 53,858 | 47,927 |
| | Total Common Stocks | | 4,306,058 | 6,536,268 |
| | REAL ESTATE INVESTMENT TRUSTS | | | |
| | Agree Realty Corp. | 248 | 18,502 | 17,863 |
| | American Homes 4 Rent | 339 | 11,757 | 10,882 |
| | American Tower Corp. | 289 | 58,071 | 50,740 |
| | Americold Realty TR | 180 | 5,181 | 2,315 |
| | BXP Inc | 239 | 16,495 | 16,128 |
| | Carter Reit Inc | 297 | 9,313 | 10,740 |
| | Crown Castle International Corp. | 723 | 79,845 | 64,253 |
| | Digital Reality Trust, Inc. | 508 | 69,593 | 78,593 |
| | Equinix Inc. | 44 | 31,258 | 33,711 |
| | Equity Lifestyles Properties Inc. | 113 | 6,829 | 6,849 |
| | Equity Residential | 171 | 10,981 | 10,780 |
| | Essex Property Trust, Inc. | 103 | 24,936 | 26,953 |
| | Extra Space Storage Inc. | 316 | 45,014 | 41,150 |
| | Gaming and Leisure | 152 | 6,658 | 6,793 |
| | Healthcare Trust of America Inc. | 1,002 | 21,190 | 16,984 |
| | HighWoods Properties Inc. | 389 | 14,091 | 10,044 |
| | Host Hotels & Resorts Inc. | 1,341 | 21,091 | 23,776 |
| | Hudson Pacific | 323 | 6,114 | 3,498 |
| | Invitation Homes Inc. | 888 | 33,110 | 24,678 |
| | IRON Mountain REIT Inc. | 357 | 26,820 | 29,613 |
| | Kilroy Realty Corp | 96 | 3,223 | 3,588 |
| | Kimco Realty Corp. | 916 | 17,760 | 18,567 |

Laerdal Medical Corporation Employees' Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-2587752 Plan Number: 001
As of 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 |
|---|---|---|---|---|
| | | SHARES/UNITS | | |
| | Kite Realty Group | 585 | 12,715 | 14,022 |
| | Lamar Advertising Co. A | 33 | 4,117 | 4,177 |
| | Omega Healthcare Inv. | 226 | 8,694 | 10,021 |
| | Outfront Media Inc | 239 | 4,427 | 5,760 |
| | Prologis Inc. | 455 | 36,918 | 58,085 |
| | Public Storage, Inc. | 54 | 15,475 | 14,013 |
| | Realty Income | 230 | 13,709 | 12,965 |
| | SBA Communications Corp. | 98 | 21,553 | 18,956 |
| | SL Green Realty Group | 108 | 5,402 | 4,954 |
| | Simon Property Group | 86 | 9,875 | 15,919 |
| | Sun Communities Inc. | 191 | 27,292 | 23,667 |
| | UDR Inc. | 412 | 17,454 | 15,112 |
| | Welltower Inc. | 573 | 52,146 | 106,355 |
| | Total Real Estate Investment Trusts | | 767,609 | 812,504 |
| | MUTUAL FUNDS | | | |
| | Cohen & Steers Low Duration Fund | 66,370 | 618,658 | 637,151 |
| | Lord Abbett Short Duration Income Fund | 157,243 | 616,077 | 611,674 |
| | Neuberger Berman Strategic Income Fund | 61,412 | 643,657 | 628,245 |
| | Total Mutual Funds | | 1,878,392 | 1,877,070 |
| | Total Investments | | $ 10,632,322 | $ 12,921,544 |

*Denotes a party-in-interest.

**Laerdal Medical Corporation Employees' Pension Plan**

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
EIN: 13-2587752 Plan Number: 001
For the Year Ended December 31, 2025

| | (a) | (b) Description of asset | (c) Purchase price | (d) Selling price | (g) Cost | (h) Current value | (i) Net gain/(loss) |
|---|---|---|---|---|---|---|---|
| **Single Transactions** | | | | | | | |
| | Bank of America, N.A. | BlackRock Liquidity Fed Fund | $1,250,000 | $ - | $1,250,000 | $1,250,000 | $ - |
| **Series Transactions** | | | | | | | |
| | Bank of America, N.A. | BlackRock Liquidity Fed Fund | 1,543,791 | - | 1,543,791 | 1,543,791 | - |
| | Bank of America, N.A. | BlackRock Liquidity Fed Fund | - | 1,009,714 | 1,009,714 | 1,009,714 | - |
| **Total Series Transactions** | | | $1,543,791 | $1,009,714 | $2,553,505 | $2,553,505 | $ - |

See independent auditors' report

**Attachment to 2025 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held At End of Year)**

**Plan Name: Laerdal Medical Corporation 401(k) Profit Sharing Plan** **EIN:13-2587752**
**Plan Sponsor's Name: Laerdal Medical Corporation** **PN:002**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | | | | |
| | LOAN FUND | LOANS | 824,092 | 824,092 |
| | BLACKROCK FEDFUND PREMIER CL | MONEY MARKET | 1,631,514 | 1,631,514 |
| | AMERICAN WASHINGTON | MUTUAL FUNDS | 5,200,164 | 5,981,133 |
| | BLACKROCK GLOBAL ALLOCATION K | MUTUAL FUNDS | 9,848,437 | 10,163,180 |
| | BLACKROCK HEALTH SCIENCE OPPS | MUTUAL FUNDS | 1,689,882 | 1,582,102 |
| | COLUMBIA SMALL CAP INDX INSTL2 | MUTUAL FUNDS | 2,275,640 | 2,088,797 |
| | EATON VANCE ATL CAPITAL CL R6 | MUTUAL FUNDS | 4,967,649 | 4,284,666 |
| | INVESCO CORE BOND FUND R6 | MUTUAL FUNDS | 9,507,611 | 9,033,209 |
| | ISHARES MSCI EAFE INTRNL IDX K | MUTUAL FUNDS | 4,623,811 | 4,976,928 |
| | ISHARES S&P 500 INDEX FD CL K | MUTUAL FUNDS | 10,687,912 | 16,211,942 |
| | LAZARD EMERGING MARKETS R6 | MUTUAL FUNDS | 2,491,035 | 2,491,035 |
| | MFS INTERNATIONAL GROWTH R6 | MUTUAL FUNDS | 1,796,113 | 2,047,807 |
| | MFS MID CAP VALUE FUND R6 | MUTUAL FUNDS | 2,420,916 | 2,550,093 |
| | PGIM JENNISON GRTH FD CL R6 | MUTUAL FUNDS | 8,611,358 | 8,450,062 |
| | PIMCO INTRNL BD USD HEDGE INST | MUTUAL FUNDS | 302,105 | 293,764 |
| | PRINCIPAL REAL ESTATE SEC R6 | MUTUAL FUNDS | 1,345,722 | 1,260,739 |
| | TRANSAMERICA INTL EQTY FD R6 | MUTUAL FUNDS | 1,708,843 | 2,039,971 |
| | TRANSAMERICA SHORT TERM BD R6 | MUTUAL FUNDS | 3,675,523 | 3,695,880 |

**Attachment to 2025 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held At End of Year)**

**Plan Name: Laerdal Medical Corporation 401(k) Profit Sharing Plan** **EIN:13-2587752**
**Plan Sponsor's Name: Laerdal Medical Corporation** **PN:002**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | | | | |
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