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
THE PURDUE PHARMA L. P. PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1961

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)
PURDUE PHARMA L.P.

1 STAMFORD FORUM
STAMFORD, CT 06901-3516

2b Employer Identification Number (EIN) 06-1307484

2c Plan Sponsor's telephone number 203-588-8000

2d Business code (see instructions) 325410

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	KEITH DARRAGH
	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: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	3176
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)**	191
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	8
b	Retired or separated participants receiving benefits	**6b**	542
c	Other retired or separated participants entitled to future benefits	**6c**	793
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1343
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	77
f	Total. Add lines **6d** and **6e**.	**6f**	1420
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I 3F

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)	[X] Insurance	**(1)**	[X] 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)** [ ] **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
THE PURDUE PHARMA L. P. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PURDUE PHARMA L.P.

D Employer Identification Number (EIN)
06-1307484

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**	334462335
b Actuarial value	**2b**	334462335

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	805	115437011	115437011
b For terminated vested participants	2180	186317546	186317546
c For active participants	191	30716637	30716637
d Total	3176	332471194	332471194

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	0

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/24/2026
Date

JEREMY OLSZEWSKI
Type or print name of actuary

26-06603
Most recent enrollment number

FIDELITY INVESTMENTS
Firm name

617-563-7000
Telephone number (including area code)

245 SUMMER STREET V1B
BOSTON, MA 02210
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	24662666
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5073183
9	Amount remaining (line 7 minus line 8)	0	19589483
10	Interest on line 9 using prior year's actual return of 2.81 %	0	550464
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		29110202
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 5.04 %		1211466
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		142556
c	Total available at beginning of current plan year to add to prefunding balance		30464224
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	20139947

Part III Funding Percentages

14	Funding target attainment percentage	14	94.54 %
15	Adjusted funding target attainment percentage	15	100.59 %
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	84.17 %
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
11/13/2025	1101083	0			
11/26/2025	300000	0			
12/23/2025	700000	0			
01/27/2026	600000	0			
			Totals ► 18(b)	2701083	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	2571693

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

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

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	18148806	917625
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**	917625

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1300000	1300000

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**	2571693
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	2571693
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	1300000
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE 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
THE PURDUE PHARMA L. P. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PURDUE PHARMA L.P.

D Employer Identification Number (EIN)
06-1307484

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: FIAM LONG DURATION COMMINGLED POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

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)
20-4659714-053	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG CORPORATE A OR BETTER

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

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)
20-4659714-103	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM EMERGING MARKETS DEBT COMM PL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

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)
20-4659714-022	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM GLOBAL LOW VOLATILITY EQUITY

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

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)
20-4659714-145	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN WORLD MIN VOLATILITY INDEX

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY LLC

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)
82-6293122-016	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INSTITUTIONAL CASH COMMINGLED

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

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)
20-4659714-055	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG U.S. TREASURY STRIPS INDX

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

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)
20-4659714-120	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM FLOATING RATE HIGH INCOME

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN 20-4659714-058	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN 500 INDEX POOL

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC

c EIN-PN 82-6293122-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN DEVELOPED INTERNATIONAL IDX

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC

c EIN-PN 82-6293122-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN EMERGING MARKETS INDEX POOL

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC

c EIN-PN 82-6293122-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN EXTENDED MARKET INDEX POOL

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC

c EIN-PN 82-6293122-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN REAL ESTATE INDEX POOL

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC

c EIN-PN 82-6293122-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC

c EIN-PN 82-6293122-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN SMALL CAP INDEX POOL

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC

c EIN-PN 82-6293122-009	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN 20-4659714-101	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT INTERNATIONAL SMALL CAP

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN 20-4659714-036	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INT INFLATION-PROTECTED BD IDX

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN 20-4659714-104	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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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
THE PURDUE PHARMA L. P. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PURDUE PHARMA L.P.

D Employer Identification Number (EIN)
06-1307484

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	339890	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	8556	1540
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1425252	74781
(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)	6807611	0
(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)	295303670	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	303884979	76321
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	303884979	76321

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)	36605000	
(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)		36605000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	246391	
(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)		246391
(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)	3837887	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3837887
(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)		12662429
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		53351707
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	197819831	
(2) To insurance carriers for the provision of benefits	2e(2)	159340534	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		357160365
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		357160365
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-303808658
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: ERNST & YOUNG **(2)** EIN: 34-6565596

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)** [X] 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		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [X] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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 583879.

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
THE PURDUE PHARMA L. P. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PURDUE PHARMA L.P.

D Employer Identification Number (EIN)
06-1307484

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): 06-1307484

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** 1781

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: 30.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 62.0 %
High-Yield Debt: 6.0 % Real Assets: 1.0 % Cash or Cash Equivalents: _____ % Other: 1.0 %

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_____.

Structured Attachment

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2025

This Form is Open to Public Inspection

Name of Plan	THE PURDUE PHARMA L. P. PENSION PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	06-1307484	**PN**	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	3930918	7710900	10087074	21728892
2026	2444762	11437852	9942845	23825459
2027	1992297	11104247	9787793	22884337
2028	2380920	14776268	9622046	26779234
2029	3328341	14724844	9445397	27498582
2030	2141695	20740672	9254978	32137345
2031	3711284	22552626	9052550	35316460
2032	3069379	18383942	8837670	30290991
2033	2200633	17327885	8607548	28136066
2034	1868022	17149531	8359763	27377316
2035	1286665	13232474	8100695	22619834
2036	2236931	17528201	7826311	27591443
2037	2016145	12118661	7535810	21670616
2038	1572765	9601600	7229284	18403649
2039	1478928	10016124	6907198	18402250
2040	931057	9713092	6570405	17214554
2041	1124200	8441767	6220167	15786134
2042	1175853	8250889	5858141	15284883
2043	1246531	6763853	5486349	13496733
2044	881684	6687487	5107181	12676352
2045	741417	5729611	4723399	11194427
2046	711112	5572304	4338116	10621532
2047	756019	5190648	3954758	9901425
2048	707173	4720337	3577005	9004515
2049	590024	4392985	3208709	8191718

Name of Plan	THE PURDUE PHARMA L. P. PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	06-1307484	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2050	524646	3988675	2853764	7367085
2051	488265	3671300	2515878	6675443
2052	461544	3436299	2198341	6096184
2053	412077	3202446	1903854	5518377
2054	387690	2983568	1634351	5005609
2055	347852	2769288	1390980	4508120
2056	318110	2546592	1174065	4038767
2057	285693	2327872	983197	3596762
2058	256059	2112148	817311	3185518
2059	227747	1901756	674838	2804341
2060	200992	1698913	553852	2453757
2061	175987	1505613	452190	2133790
2062	152873	1323570	367612	1844055
2063	131744	1154129	297874	1583747
2064	112637	998191	240839	1351667
2065	95536	856276	194537	1146349
2066	80380	728532	157215	966127
2067	67074	614761	127328	809163
2068	55506	514498	103550	673554
2069	45548	427030	84751	557329
2070	37058	351470	69976	458504
2071	29886	286830	58431	375147
2072	23882	232059	49456	305397
2073	18903	186089	42505	247497
2074	14813	147868	37131	199812

2025 Form 5500 Schedule SB Attachments
Schedule SB, Line 26a – Schedule of Active Participant Data
Purdue Pharma L.P. Pension Plan
EIN: 06-1307484 / Plan Number: 001

Age and Service Distribution of Active Members

	Completed Years of Credited Service on January 1, 2025										
Attained Age	**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40+**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	**0**
25-29	0	0	0	0	0	0	0	0	0	0	**0**
30-34	0	0	0	0	0	0	0	0	0	0	**0**
35-39	0	1	0	0	0	0	0	0	0	0	**1**
40-44	1	3	1	1	0	0	0	0	0	0	**6**
45-49	0	9	14	3	1	0	0	0	0	0	**27**
50-54	0	14	9	13	1	1	0	0	0	0	**38**
55-59	0	7	5	19	22	3	4	0	0	0	**60**
60-64	0	0	9	6	17	0	2	2	0	0	**36**
65-69	0	1	2	2	10	1	1	0	0	0	**17**
Over 69	0	0	2	0	2	1	0	0	0	1	**6**
Total	**1**	**35**	**42**	**44**	**53**	**6**	**7**	**2**	**0**	**1**	**191**

Actuarial Assumptions and Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

"Minimum" means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

"Maximum" means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

	2025 Plan Year		**2024 Plan Year**	
Purpose	Minimum	Maximum	Minimum	Maximum
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First 5 years	5.07%	5.07%	4.75%	3.62%
Next 15 years	5.31%	5.33%	4.87%	4.46%
Over 20 years	5.50%	5.36%	5.59%	4.52%
Applicable Law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

Salary Scale: N/A

Administrative Expenses: Administrative expenses are assumed to be paid directly by the plan sponsor and not paid from the Trust.

Increase in Consumer Price Index (CPI): 3.00%. This is based on long-term historical inflation rates of about 3.00%.

Mortality:

ERISA: IRS Generational Mortality Table as prescribed by IRC Section 430 for plans with more than 500 participants. This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act. (unchanged from previous year). This plan does not have a large enough population to vary from the standard tables.

Actuarial Assumptions and Methods (continued)

Retirement Rates: Rates varying by age and status, based on a study of experience under this plan conducted several years ago by the prior actuary for this plan.

Age	Rate
55-59	1.0%
60	2.0%
61	1.0%
62	10.0%
63-64	3.0%
65	66.0%
66-69	2.0%
70	100.0%

Terminated Vested participants are assumed to commence benefits at age 65.

Termination: Rates varying by age and service, as determined by the prior actuary. There has been no pattern of significant consistent gains or consistent losses related to this decrement. Sample rates are shown below:

	Service				
Age	**1**	**2**	**3**	**4**	**5+**
25	19.7%	15.7%	13.1%	11.1%	10.0%
30	16.5%	13.1%	10.7%	9.0%	7.8%
35	13.5%	10.7%	8.8%	7.4%	6.4%
40	10.4%	8.4%	6.9%	5.9%	5.3%
45	7.1%	5.7%	4.8%	4.1%	3.6%
50	3.4%	2.8%	2.3%	1.8%	1.6%
55	0.5%	0.6%	0.5%	0.3%	0.0%

Marital Status: 80% of males and females are assumed married, with females 3 years younger than males as used by the prior actuary for this plan.

Maximum Benefit: $280,000 for 2025. No future increases in the salary limit have been reflected.

Maximum Salary: $350,000 for 2025. No future increases in the salary limit have been reflected.

Actuarial Assumptions and Methods (continued)

Form of Payment: 75% of new retirees (from both active and terminated status) are assumed to elect a lump sum.

Timing of Payment: It is assumed participants will commence benefits at their normal retirement age (age 65).

Data Assumptions: None

Actuarial Value of Plan Assets for Funding Purposes: The actuarial value of assets is equal to the market value of assets (including discounted employer contributions receivable) on the valuation date.

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

Actuarial Assumptions and Methods (continued)

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT). Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The Purdue Pharma L.P. Pension Plan

EIN 06-1307484 Plan #001

Schedule H, Line 4(j) – Schedule of Reportable Transactions

Year Ended December 31, 2025

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (1) – Single transaction in excess of 5% of plan assets						
Fidelity Management Trust Company*	Fidelity Government Portfolio Institution	$ 159,529,657	$ –	$ 159,529,657	$ 159,529,657	$ –
Fidelity Management Trust Company*	Fidelity Government Portfolio Institution	145,000,000	–	145,000,000	145,000,000	–
Fidelity Management Trust Company*	FIAM Long Duration CIT	73,759,952	–	73,759,952	73,759,952	–
Fidelity Management Trust Company*	FIAM Long Corporate A or Better – Pool	65,883,680	–	65,883,680	65,883,680	–
Fidelity Management Trust Company*	FIAM 8-10 Year Corporate Bond Commingled Pool – Cl	45,116,185	–	45,116,185	45,116,185	–
Fidelity Management Trust Company*	FIAM Long U.S. Treasury Strips IDX Commingled Pool	42,972,370	–	42,972,370	42,972,370	–
Fidelity Management Trust Company*	Fidelity Government Portfolio Institution	31,102,672	–	31,102,672	31,102,672	–
Fidelity Management Trust Company*	FIAM Intermediate Duration Pool	15,465,836	–	15,465,836	15,465,836	–
Fidelity Management Trust Company*	Fidelity Government Portfolio Institution	–	140,331,964	140,331,964	140,331,964	–
Fidelity Management Trust Company*	FIAM Long Duration CIT	–	81,893,230	78,882,387	81,893,230	3,010,843
Fidelity Management Trust Company*	FIAM Long Duration CIT	–	73,759,952	71,201,410	73,759,952	2,558,542
Fidelity Management Trust Company*	FIAM Long Corporate A or Better – Pool	–	65,883,680	61,616,772	65,883,680	4,266,908
Fidelity Management Trust Company*	FIAM Long Corporate A or Better – Pool	–	57,782,500	58,686,438	57,782,500	(903,938)
Fidelity Management Trust Company*	FIAM 8-10 Year Corporate Bond Commingled Pool – Cl	–	54,177,716	50,814,965	54,177,716	3,362,751
Fidelity Management Trust Company*	FIAM Long U.S. Treasury Strips IDX Commingled Pool	–	42,972,370	48,858,917	42,972,370	(5,886,547)
Fidelity Management Trust Company*	Spartan 500 Index Pool A	–	31,204,530	18,893,861	31,204,530	12,310,669
Fidelity Management Trust Company*	FIAM Long U.S. Treasury Strips IDX Commingled Pool	–	30,856,000	31,968,894	30,856,000	(1,112,894)
Fidelity Management Trust Company*	Spartan 500 Index Pool A	–	29,159,500	17,655,627	29,159,500	11,503,873

Category (2) – Series of transactions with same broker in excess of 5% of Plan assets

No transactions qualified for this section.

The Purdue Pharma L.P. Pension Plan

EIN 06-1307484 Plan #001

Schedule H, Line 4(j) – Schedule of Reportable Transactions (continued)

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (3) – Series of transactions in the same security in excess of 5% of plan assets						
Fidelity Management Trust Company*	FIAM 8-10 Year Corporate Bond Commingled Pool – Cl	$ 54,116,569	$ –	$ 54,116,569	$ 54,116,569	$ –
Fidelity Management Trust Company*	FIAM 8-10 Year Corporate Bond Commingled Pool – Cl	–	57,644,391	54,116,569	57,644,391	3,527,822
Fidelity Management Trust Company*	FIAM Intermediate Duration Pool	15,465,946	–	15,465,946	15,465,946	–
Fidelity Management Trust Company*	FIAM Intermediate Duration Pool	–	16,106,181	15,465,946	16,106,181	640,235
Fidelity Management Trust Company*	FIAM Long Corporate A or Better – Pool	68,141,235	–	68,141,235	68,141,235	–
Fidelity Management Trust Company*	FIAM Long Corporate A or Better – Pool	–	131,106,449	127,837,226	131,106,449	3,269,223
Fidelity Management Trust Company*	FIAM Long Duration CIT	84,940,821	–	84,940,821	84,940,821	–
Fidelity Management Trust Company*	FIAM Long Duration CIT	–	159,748,554	154,021,225	159,748,554	5,727,329
Fidelity Management Trust Company*	FIAM Long U.S. Treasury Strips IDX Commingled Pool	47,077,460	–	47,077,460	47,077,460	–
Fidelity Management Trust Company*	FIAM Long U.S. Treasury Strips IDX Commingled Pool	–	87,549,825	94,760,570	87,549,825	(7,210,745)
Fidelity Management Trust Company*	Spartan 500 Index Pool A	–	64,580,530	38,983,813	64,580,530	25,596,717
Fidelity Management Trust Company*	Spartan Developed International Index Pool A	–	21,342,749	18,158,242	21,342,749	3,184,507

Category (4) – Single transaction with one broker in excess of 5% of plan assets

No transactions qualified for this section.

* Indicates party in interest to the Plan.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
THE PURDUE PHARMA L.P. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PURDUE PHARMA L.P.

D Employer Identification Number (EIN)
06-1307484

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**	334,462,335
b Actuarial value	**2b**	334,462,335

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	805	115,437,011	115,437,011
b For terminated vested participants	2,180	186,317,546	186,317,546
c For active participants	191	30,716,637	30,716,637
d Total	3,176	332,471,194	332,471,194

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.34%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	0

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

JEREMY P. OLSZEWSKI — Signature of actuary

9/24/2026 — Date

Jeremy Olszewski — Type or print name of actuary

2606603 — Most recent enrollment number

Fidelity Investments — Firm name

617-563-7000 — Telephone number (including area code)

245 Summer Street V1B

Boston MA 02210 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	24,662,666
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5,073,183
9	Amount remaining (line 7 minus line 8)	0	19,589,483
10	Interest on line 9 using prior year's actual return of 2.81%	0	550,464
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		29,110,202
	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 5.04%		1,211,466
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		142,556
	c Total available at beginning of current plan year to add to prefunding balance		30,464,224
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	20,139,947

Part III Funding Percentages

14	Funding target attainment percentage	14	94.54%
15	Adjusted funding target attainment percentage	15	100.59%
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	84.17%
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
11/13/2025	1,101,083				
11/26/2025	300,000				
12/23/2025	700,000				
01/27/2026	600,000				
		Totals ▶ 18(b)	2,701,083	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	2,571,693

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

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

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	18,148,806	917,625
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**	917,625

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,300,000	1,300,000

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**	2,571,693
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	2,571,693
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	1,300,000
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

2025 Form 5500 Schedule SB Attachments
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
Purdue Pharma L.P. Pension Plan
EIN: 06-1307484 / Plan Number: 001

Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The average retirement age is 65.

(1) Age	(2) Rate	(3) Lives Remaining	(4) (1) x (2) x (3)
55	1.00%	1,000.00	550.00
56	1.00%	990.00	554.40
57	1.00%	980.10	558.66
58	1.00%	970.30	562.77
59	1.00%	960.60	566.75
60	2.00%	950.99	1,141.19
61	1.00%	931.97	568.50
62	10.00%	922.65	5,720.43
63	3.00%	830.39	1,569.43
64	3.00%	805.47	1,546.51
65	66.00%	781.31	33,518.19
66	2.00%	265.65	350.65
67	2.00%	260.33	348.85
68	2.00%	255.13	346.97
69	2.00%	250.02	345.03
70+	100.00%	245.02	17,151.59

Weighted Average Retirement Age: **65.40**

October 15, 2026

Plan Name: The Purdue Pharma L.P. Pension Plan

EIN: 06-1307484

Plan: #001

Plan Year End: 12/31/2025

Form 5500, Schedule H, Part III, Accountant's Opinion

The undersigned plan administrator hereby elects to defer the inclusion of the report of an independent qualified public accountant (IQPA) with respect to the annual report (Form 5500) for the plan year ending **December 31, 2025**, in accordance with the provisions of **29 CFR § 2520.104-50**.

The annual report (Form 5500) for the immediately following plan year **May 31, 2026** will include an IQPA report and comparative audited financial statements covering both this year and the subsequent final short plan year.

Sincerely,

Keith Darragh
Executive Vice President
Chief Financial Officer
Knoa Pharma, LLC

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

The Purdue Pharma L.P. Pension Plan
Years Ended December 31, 2025 (In Liquidation) and 2024 (Going Concern)

The Purdue Pharma L.P. Pension Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2025 (In Liquidation) and 2024 (Going Concern)

Contents

Financial Statements

Statements of Assets Available for Benefits....1
Statements of Changes in Assets Available for Benefits....2
Notes to Financial Statements....3

Supplemental Schedules

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)....19
Schedule H, Line 4(j) – Schedule of Reportable Transactions....20-21

The Purdue Pharma L.P. Pension Plan

Statements of Assets Available for Benefits

	December 31	
	2025 (In Liquidation)	**2024 (Going Concern)**
Assets		
Investments, at fair value	**$ 74,781**	$ 303,876,423
Accrued interest and dividends	**1,540**	8,556
Assets available for benefits	**$ 76,321**	$ 303,884,979

See accompanying notes.

The Purdue Pharma L.P. Pension Plan

Statements of Changes in Assets Available for Benefits

	Year Ended December 31	
	2025 (In Liquidation)	**2024 (Going Concern)**
Additions to (deductions from) assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	**$ 12,662,429**	$ 8,339,128
Interest and dividends	**4,084,278**	100,352
Total investment income	**16,746,707**	8,439,480
Employer contributions	**36,605,000**	–
Total additions	**53,351,707**	8,439,480
Benefits paid directly to participants	**(197,819,831)**	(9,772,030)
Annuity premiums	**(159,340,534)**	–
Total deductions	**(357,160,365)**	(9,772,030)
Net decrease	**(308,808,658)**	(1,332,550)
Assets available for benefits at beginning of year	**303,884,979**	305,217,529
Assets available for benefits at end of year	**$ 76,321**	$ 303,884,979

See accompanying notes.

The Purdue Pharma L.P. Pension Plan

Notes to Financial Statements

December 31, 2025 (In Liquidation)

1. Description of Plan

The following description of The Purdue Pharma L.P. 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, copies of which may be obtained from the plan sponsor.

General

The Plan is a noncontributory defined benefit plan sponsored by Purdue Pharma L.P. and certain associated companies (the Company or the Plan Administrator). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan covers certain salaried employees of the Company located in the United States who have reached the age of 21 and have completed one year of service.

In September 2019, Purdue Pharma L.P. and certain of its affiliates (together, the Debtors) each filed a voluntary petition for relief (the Bankruptcy Petition) under chapter 11 of title 11 of the United States Code (the Bankruptcy Code) in the United States Bankruptcy Court for the Southern District of New York (the Bankruptcy Court) due to a significant number of active product liability claims and litigations with various jurisdictions in the U.S., specifically related to its opioid products. On September 17, 2021, the Bankruptcy Court confirmed the Debtors' joint chapter 11 plan of reorganization (the Original Plan), which provided that the Company's shareholders would relinquish all of their equity interest in the Company, and substantially all of their assets would be transferred to a new company held by several trusts organized for the benefit of claimants and the public. Following several appeals, the order confirming the Original Plan was ultimately vacated by the U.S. Supreme Court on June 24, 2024 (the Supreme Court Decision). Following the Supreme Court Decision, the Bankruptcy Court then ordered mediation to facilitate negotiations among key stakeholders to modify the shareholder settlements embodied in the Original Plan. Mediation yielded a further revised global settlement, which is incorporated into a further revised plan of reorganization filed with the Bankruptcy Court on March 18, 2025. On November 18, 2025, the Bankruptcy Court entered an order [Docket No. 8263] (the Confirmation Order) confirming the *Eighteenth Amended Joint Chapter 11 Plan of Reorganization of Purdue Pharma L.P. and its Affiliated Debtors*, attached as Exhibit A to the Confirmation Order (the Confirmed Plan).

1. Description of Plan (continued)

The Confirmed Plan became effective on May 1, 2026 (the Effective Date) [Docket No. 9133]. Pursuant to the Confirmed Plan and that certain Transfer Agreement, dated as of May 1, 2026, between Purdue Pharma L.P. and Knoa Pharma LLC, The Purdue Pharma L.P. Pension Plan was transferred to Knoa Pharma LLC as the new sponsor, and renamed "Knoa Pharma LLC Pension Plan."

Contributions

The annual amount of company contributions is determined by the Company, based upon input from the Plan's consulting actuary. In determining the amount of contributions, the Company generally reviews amounts necessary to provide assets sufficient to meet benefits to be paid to plan participants. The Company's policy is to contribute funds for prior service costs in an amount at least equal to the ERISA minimum funding requirements and may elect to make contributions in excess of that amount. The Plan has met the ERISA minimum funding requirements for 2025 and 2024. During 2025, the Company contributed $36.6 million to the Plan to fund and pay out all benefit obligations (see *Plan Termination* section below).

Benefits

Under the terms of the Plan, a participant's accrued monthly benefit is determined based on past service and compensation as outlined in the plan document.

Benefits were frozen as of December 31, 2012, for employees who did not meet age and service requirements of age 45 and 50 age/service points as of December 31, 2012. Additionally, on June 15, 2017, it was decided by the Board of Directors of Purdue Pharma, Inc., as the general partner of Purdue Pharma L.P., that effective December 31, 2017, no participant shall accrue any benefit under the Plan on and after January 1, 2018.

Under the Plan, participants were normally entitled to monthly pension benefits beginning at retirement age (65) and five years of service or an actuarially reduced pension any time the participant reached the age of 55 and had ten years of service. Participants were 100% vested in their accrued benefit after five years of service.

1. Description of Plan (continued)

Death and Disability Benefits

Generally, when a vested participant died, a death benefit in the form of a 50% survivor annuity was paid to the participant's surviving spouse if the participant, on the date of death, met the requirements for early or normal retirement. If the participant was a former employee who has retired but whose first pension payment has not become due, the benefit to the surviving spouse would start to be paid on the first date the participant would have been entitled to receive it. The Plan allowed an unmarried participant who was still employed to designate a beneficiary. Upon the participant's death while in active employment, the beneficiary would receive a single-sum payment equal to the present value of 50% of the accrued pension. This death benefit was payable no later than December 31 of the year of the five-year anniversary of the participant's death.

An active participant who becomes eligible to receive disability benefits under the Company's long-term disability insurance plan while employed by the Company on a salaried basis would continue to be credited with years of service for the purposes of vesting and eligibility for an early retirement pension, but not for the purpose of continuing to accrue pension benefits for as long as such participant remains eligible for disability benefits.

Plan Termination

In February 2025, the Bankruptcy Court approved the Company's motion to terminate the Plan, and effective May 31, 2025 (the Plan Termination Date), the Plan was terminated. All assets of the Plan would be distributed in accordance with the terms of the Plan, the trust agreement thereunder and applicable law. The Pension Benefit Guaranty Corporation was notified in a timely manner, in accordance with standard plan termination procedures. Each participant became fully vested as of the Plan Termination Date and was given the option to elect to receive an annuity or a one-time lump-sum payment. During the period from June 2025 through April 2026, distributions were made to participants who elected to receive lump-sum payments. For all participants who did not elect to receive lump-sum payments, their benefits were paid out of the Plan on November 11, 2025, in the form of annuities purchased from Principal Life Insurance Company, who will continue to pay benefits in accordance with the terms of the Plan. All assets of the Plan were liquidated by April 23, 2026.

1. Description of Plan (continued)

Expenses

As provided by the plan document, expenses of the Plan are paid by either the Plan or the Company. Expenses paid by the Company are excluded from the statement of changes in assets of the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

As discussed in Note 1. Description of Plan, the Plan was terminated effective May 31, 2025. As a result of the Plan's termination and management's determination that liquidation was imminent, the Plan changed its basis of accounting from the going-concern basis used in presenting the 2024 financial statements to the liquidation basis of accounting for the year ended December 31, 2025. Under the liquidation basis of accounting, assets are stated at their estimated net realizable values and liabilities are stated at their estimated net settlement amounts.

Investment Valuation and Income Recognition

The Plan’s investments are stated at fair value (see Note 3. Fair Value Measurements). Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date and interest income is recorded as earned on the accrual basis. Net appreciation or depreciation includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

2. Summary of Significant Accounting Policies (continued)

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, 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 on the statements of 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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements. As noted above, the decision was made to terminate the Plan effective as of May 31, 2025. Such termination is reflected in the accompanying financial statements.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 5. Accumulated Plan Benefits) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions for services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. See Note 1. Description of Plan for discussion of benefit freezes.

The actuary uses the unit credit cost method to determine the actuarial present value of accumulated plan benefits. The formula used to determine benefits includes two parts – a "Past Service Benefit" and a "Future Service Benefit."

2. Summary of Significant Accounting Policies (continued)

Past Service Benefit

For years of service through December 31, 1997, the following formula applies:

- 1.2% of Past Service Compensation up to $31,200 plus
- 1.5% of Past Service Compensation over $31,200 times
- Years of Service through December 31, 1997, up to a maximum of 30 years.

"Past Service Compensation" is the average of Annual Compensation over the highest three consecutive calendar years out of the ten years preceding January 1, 1998.

Future Service Benefit

Effective January 1, 1998, the Plan was amended to update the pension plan formula. For each year of service between January 1, 1998 and December 31, 2017, the following formula applies:

- 1.2% of Annual Compensation for each such year up to $31,200 plus
- 1.5% of Annual Compensation for each such year in excess of $31,200.

"Annual Compensation" is compensation received from the Company each calendar year, including salary, bonus, overtime, and any amounts deferred in the Company's 401(k) and flexible benefits plans. The Annual Compensation limit as set by the Internal Revenue Service (IRS) was $350,000 and $345,000 in 2025 and 2024, respectively; however, as discussed in Note 1, no participant shall accrue any benefit under the Plan on or after January 1, 2018.

Annuity premiums

During 2025, the Plan entered into a group annuity contract with Principal Life Insurance Company under which Principal assumed an irrevocable commitment to pay the pension benefits for the majority of its retirees and beneficiaries that were in payment status on November 12, 2025. The Plan paid premiums of approximately $159.3 million in connection with the annuity purchase. Accordingly, the related benefit obligations were settled through the purchase of the group annuity contract.

2. Summary of Significant Accounting Policies (continued)

Subsequent Events

The Company has evaluated subsequent events that have occurred through October 15, 2026, which represents the date on which the financial statements were available to be issued. See Note 1. Description of Plan and Note 5. Accumulated Plan Benefits for discussion of plan termination and liquidation. Other than discussed in these notes, no other subsequent events have occurred that require either adjustment to or disclosure in these financial statements.

3. Fair Value Measurements

Accounting Standards Codification 820, *Fair Value Measurement*, defines fair value, establishes a framework for measuring fair value, and expands disclosure about fair value by establishing a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

Level 1: Unadjusted quoted prices in active markets that are available at the measurement date for identical assets or liabilities.

Level 2: Quoted prices of similar assets or liabilities in active markets or quoted prices for identical or similar assets in markets that are not active.

3. Fair Value Measurements (continued)

Level 3: Prices or valuations where there is little, if any, market activity and require inputs that are significant and unobservable.

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

The following is a description of the valuation methodologies used for assets measured at fair value:

Money market funds: Valued at year-end based on quoted prices in an active market.

Common/collective trust funds: Valued on a daily basis at net asset value (NAV) as quoted by the issuer. The NAV of each share of the common/collective trust is determined as of each valuation date by subtracting total liabilities from the total value of assets and dividing the amount remaining by the number of units outstanding on such valuation date. The common/collective trust fund was assessed as having a readily determinable fair value at December 31, 2025 and 2024.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

	Level 1	Level 2	Level 3	Total
Money market funds	**$ 74,781**	**$ –**	**$ –**	**$ 74,781**
Total investments at fair value	**$ 74,781**	**$ –**	**$ –**	**$ 74,781**

3. Fair Value Measurements (continued)

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

	Level 1	Level 2	Level 3	Total
Money market funds	$ 1,754,104	$ –	$ –	$ 1,754,104
Common/collective trust funds	295,314,708	–	–	295,314,708
Common stock	6,807,611	–	–	6,807,611
Total investments at fair value	$ 303,876,423	$ –	$ –	$ 303,876,423

4. Investments

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2025 and 2024, and net depreciation or appreciation in fair value of investments, interest, and dividends for the years then ended, was obtained or derived from information provided to the Plan Administrator and certified as complete and accurate by the Fidelity Management Trust Company (the Trustee).

5. Accumulated Plan Benefits

An actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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.

As discussed in Note 1, on June 15, 2017, the decision was made to cease all further benefit accruals under the Plan effective December 31, 2017. This amendment is reflected in the accumulated plan benefit obligation presented below.

5. Accumulated Plan Benefits (continued)

Accumulated plan benefit information is as follows as of December 31, 2024:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	$ 97,668,173
Terminated vested participants	159,460,753
Other vested participants	26,961,637
Subtotal	284,090,563
Nonvested benefits	35,163
Total actuarial present value of accumulated plan benefits	$ 284,125,726

The actuarial present value of accumulated plan benefits as of December 31, 2024, changed from the prior year balance as follows:

Actuarial present value of accumulated plan benefits at December 31, 2023	$ 298,376,345
Benefits accumulated including changes due to plan experience	(2,231,668)
Interest due to a decrease in the discount period	19,962,806
Benefits paid	(9,772,030)
Change in actuarial assumption*	(22,209,727)
Actuarial present value of accumulated plan benefits at December 31, 2024	$ 284,125,726

* The mortality improvement scale was updated to take into account Scale MP-2021, and mortality assumptions were updated per IRS requirements.

The significant assumptions used in the calculation of the actuarial present value of accumulated plan benefits are as follows:

Expected rate of return used for discounting	7.50%, 6.80% in prior year
Mortality basis – 2025 and 2024	The Pri-2012 Mortality Table with MP-2021 Mortality Improvement Scale

5. Accumulated Plan Benefits (continued)

Retirement age: The assumed percentage of individuals who will retire within each age group is as follows:

Age	Plan Year 2024 Rate
55–59	1.0%
60	2.0
61	1.0
62	10.0
63–64	3.0
65	66.0
66–69	2.0
70	100.0

As discussed in Note 1. Description of Plan, the decision was made to terminate the Plan effective as of May 31, 2025. The above accumulated plan benefit information does not reflect the impact of such termination. During 2025, $357.1 million was paid out of the Plan in the form of lump-sum payments as well as an annuity purchased from Principal Life Insurance Company. As of December 31, 2025, accumulated plan benefits totaled $76 thousand, representing less than 1% of the obligation at the beginning of the year. The remaining obligation relates primarily to administrative holdbacks and participant accounts awaiting final distribution.

6. Income Tax Status

The Plan has received a determination letter from the IRS, dated June 10, 2015, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan, as amended, is qualified and the related trust is tax-exempt.

6. Income Tax Status (continued)

U.S. GAAP requires plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Party-in-Interest Transactions

In 2025 and 2024, the Plan held units of money market funds and/or common/collective trust funds managed by the Trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

Supplemental Schedules

The Purdue Pharma L.P. Pension Plan

EIN 06-1307484 Plan #001

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

December 31, 2025

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par, or Maturity Value	Shares	Cost	Current Value
Money market fund				
Fidelity Management Trust Company*	Fidelity Institutional Cash US Gov't Fund	74,781	$ 74,781	$ 74,781
				$ 74,781

* Indicates party in interest to the Plan.

The Purdue Pharma L.P. Pension Plan

EIN 06-1307484 Plan #001

Schedule H, Line 4(j) – Schedule of Reportable Transactions

Year Ended December 31, 2025

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (1) – Single transaction in excess of 5% of plan assets						
Fidelity Management Trust Company*	Fidelity Government Portfolio Institution	$ 159,529,657	$ –	$ 159,529,657	$ 159,529,657	$ –
Fidelity Management Trust Company*	Fidelity Government Portfolio Institution	145,000,000	–	145,000,000	145,000,000	–
Fidelity Management Trust Company*	FIAM Long Duration CIT	73,759,952	–	73,759,952	73,759,952	–
Fidelity Management Trust Company*	FIAM Long Corporate A or Better – Pool	65,883,680	–	65,883,680	65,883,680	–
Fidelity Management Trust Company*	FIAM 8-10 Year Corporate Bond Commingled Pool – Cl	45,116,185	–	45,116,185	45,116,185	–
Fidelity Management Trust Company*	FIAM Long U.S. Treasury Strips IDX Commingled Pool	42,972,370	–	42,972,370	42,972,370	–
Fidelity Management Trust Company*	Fidelity Government Portfolio Institution	31,102,672	–	31,102,672	31,102,672	–
Fidelity Management Trust Company*	FIAM Intermediate Duration Pool	15,465,836	–	15,465,836	15,465,836	–
Fidelity Management Trust Company*	Fidelity Government Portfolio Institution	–	140,331,964	140,331,964	140,331,964	–
Fidelity Management Trust Company*	FIAM Long Duration CIT	–	81,893,230	78,882,387	81,893,230	3,010,843
Fidelity Management Trust Company*	FIAM Long Duration CIT	–	73,759,952	71,201,410	73,759,952	2,558,542
Fidelity Management Trust Company*	FIAM Long Corporate A or Better – Pool	–	65,883,680	61,616,772	65,883,680	4,266,908
Fidelity Management Trust Company*	FIAM Long Corporate A or Better – Pool	–	57,782,500	58,686,438	57,782,500	(903,938)
Fidelity Management Trust Company*	FIAM 8-10 Year Corporate Bond Commingled Pool – Cl	–	54,177,716	50,814,965	54,177,716	3,362,751
Fidelity Management Trust Company*	FIAM Long U.S. Treasury Strips IDX Commingled Pool	–	42,972,370	48,858,917	42,972,370	(5,886,547)
Fidelity Management Trust Company*	Spartan 500 Index Pool A	–	31,204,530	18,893,861	31,204,530	12,310,669
Fidelity Management Trust Company*	FIAM Long U.S. Treasury Strips IDX Commingled Pool	–	30,856,000	31,968,894	30,856,000	(1,112,894)
Fidelity Management Trust Company*	Spartan 500 Index Pool A	–	29,159,500	17,655,627	29,159,500	11,503,873

Category (2) – Series of transactions with same broker in excess of 5% of Plan assets

No transactions qualified for this section.

The Purdue Pharma L.P. Pension Plan

EIN 06-1307484 Plan #001

Schedule H, Line 4(j) – Schedule of Reportable Transactions (continued)

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (3) – Series of transactions in the same security in excess of 5% of plan assets						
Fidelity Management Trust Company*	FIAM 8-10 Year Corporate Bond Commingled Pool – Cl	$ 54,116,569	$ –	$ 54,116,569	$ 54,116,569	$ –
Fidelity Management Trust Company*	FIAM 8-10 Year Corporate Bond Commingled Pool – Cl	–	57,644,391	54,116,569	57,644,391	3,527,822
Fidelity Management Trust Company*	FIAM Intermediate Duration Pool	15,465,946	–	15,465,946	15,465,946	–
Fidelity Management Trust Company*	FIAM Intermediate Duration Pool	–	16,106,181	15,465,946	16,106,181	640,235
Fidelity Management Trust Company*	FIAM Long Corporate A or Better – Pool	68,141,235	–	68,141,235	68,141,235	–
Fidelity Management Trust Company*	FIAM Long Corporate A or Better – Pool	–	131,106,449	127,837,226	131,106,449	3,269,223
Fidelity Management Trust Company*	FIAM Long Duration CIT	84,940,821	–	84,940,821	84,940,821	–
Fidelity Management Trust Company*	FIAM Long Duration CIT	–	159,748,554	154,021,225	159,748,554	5,727,329
Fidelity Management Trust Company*	FIAM Long U.S. Treasury Strips IDX Commingled Pool	47,077,460	–	47,077,460	47,077,460	–
Fidelity Management Trust Company*	FIAM Long U.S. Treasury Strips IDX Commingled Pool	–	87,549,825	94,760,570	87,549,825	(7,210,745)
Fidelity Management Trust Company*	Spartan 500 Index Pool A	–	64,580,530	38,983,813	64,580,530	25,596,717
Fidelity Management Trust Company*	Spartan Developed International Index Pool A	–	21,342,749	18,158,242	21,342,749	3,184,507

Category (4) – Single transaction with one broker in excess of 5% of plan assets

No transactions qualified for this section.

* Indicates party in interest to the Plan.

Plan Provisions

Name of Plan: Purdue Pharma L.P. Pension Plan.

Employer Identification Number / Plan Number: 061307484

Effective Date: November 1, 1961, as amended through March 1, 2018. Effective May 31, 2025, the Plan is terminated.

Covered Employees: An Employee becomes a Participant on the first of the month coincident with or next following the later of a) age 21, and b) completion of one year of Credited Service.

Participation Date: Date of becoming a covered employee. Participation is closed to employees hired or rehired after December 31, 2017.

Plan Freeze: Benefits were frozen as of December 31, 2012 for employees who did not meet the age and service requirements of age 45 and 50 age/service points as of December 31, 2012. Benefits were frozen for all employees as of December 31, 2017.

Definitions:

Pensionable pay: Total Annual Compensation. Annual Compensation is total compensation paid each Plan Year (calendar year) including base pay, overtime, bonuses, and other compensation, but excluding relocation pay and the value of benefits received from other Company plans. Compensation earned after December 31, 2012 for employees who do not meet age and service requirements for grandfathering as of December 31, 2012 is not considered. Compensation received from the Severance Plan is also excluded after December 31, 2012. Compensation was frozen for all employees as of December 31, 2017 for benefit purposes.

Vested Benefit: A Participant who has completed five years of Credited Service is 100% Vested in his Accrued Benefit.

Vesting Service: Years and months of employment, with a partial month considered as a complete month. For Part-Time Employees, a year of Vesting Service is earned for each Plan Year during which the employee completes 1,000 Hours of Service.

Credited Service: Years and months of employment, with a partial month considered as a complete month. For Part-Time Employees, a year of Credited Service is earned for each Plan Year during which the employee completes 1,000 Hours of Service. Credited Service earned after December 31, 2012 for employees who do not meet age and service requirements for grandfathering as

of December 31, 2012 is not considered for benefit purposes. Credited Service was frozen for all employees as of December 31, 2017.

Plan Provisions (continued)

Normal retirement date (NRD): The first of the month coincident with or next following the later of a) age 65, and b) completion of 5 years of Vesting Service.

Accrued Benefit: The sum of (1) and (2) below:

(1) The greater of (a) and (b)

(a) 1.2% of "Past Service Compensation" up to $31,200, plus 1.5% of the excess, times years of Credited Service as of December 31, 1997 up to a maximum of 30 years,
(b) The Accrued Benefit as of December 31, 1997 based on the formula in effect as of January 1, 1997;

(2) 1.2% of Annual Compensation up to $31,200 plus 1.5% of the excess, for each year of Credited Service on or after January 1, 1998.

"Past Service Compensation" equals the average of Annual Compensation over the highest three consecutive calendar years of employment out of the 10 years preceding January 1, 1998.

Benefits were frozen as of December 31, 2012 for employees who do not meet the age and service requirements of age 45 and 50 age/service points as of December 31, 2012. Benefits were frozen as of December 31, 2017 for all employees.

Eligibility for Benefits:

Normal Retirement: The first day of the month coincident with or next following a Participant's Normal Retirement Age, coinciding with the later of a) age 65, and b) completion of 5 years of Vesting Service.

Early Retirement: The first of the month coincident with or next following the later of a) age 55, and b) completion of 10 years of Vesting Service.

Deferred Vested: Terminations for reasons other than death, disability, or retirement after completing five years of Vesting Service.

Pre-retirement Death: A Participant who has completed 5 years of Vesting Service.

Plan Provisions (continued)

Disability: A disabled participant who began receiving benefits under the Company's Long-Term Disability Insurance Plan prior to January 1, 2013 shall continue to earn Credited Service until his Early or Normal Retirement Date, and shall be assumed to earn Compensation during this period at his last annualized base pay rate in effect before disablement. Benefits were frozen for all employees as of December 31, 2017.

Beginning January 1, 2013, Credited Service and Compensation earned for a disabled participant who began receiving benefits under the Company's Long-Term Disability Insurance Plan after December 31, 2012 are not considered for benefit purposes during his period of disablement.

Monthly Benefits Paid Upon the Following Events:

Normal Retirement: A monthly benefit equal to one-twelfth of the Participant's Accrued Benefit.

Early retirement: A monthly benefit equal to one-twelfth of the Participant's Accrued Benefit, reduced 1/15 for each of the first 5 years and 1/30 for each of the next 5 years that commencement of payment precedes Normal Retirement.

Deferred Vested: A Participant who has completed five years of Credited Service is 100% Vested in his Accrued Benefit.

Pre-Retirement survivor benefit - Married Participants: The spouse of a Participant who dies after becoming vested but prior to retirement, shall receive a benefit payable at the Participant's earliest retirement date equal to 50% of the Participant's Early Retirement Benefit as of such date adjusted for the Joint and 50% Survivor form of payment.

Pre-Retirement survivor benefit - Single Participants: The Beneficiary of a Participant who dies after becoming vested but prior to retirement, shall receive a lump sum payment equal to 50% of the vested benefit the Participant would have received. This benefit is payable upon the later of the Participant's date of death or his Early Retirement Date.

Plan Provisions (continued)

Forms of Payment:

Normal form (single participants): Life annuity

Normal form (married participants): Actuarially reduced Joint and 50% Survivor Annuity.

Optional forms:

1) Life annuity
2) 10 year Certain and Life Annuity
3) Joint and 50%, 75%, or 100% Survivor Annuity
4) Single Lump Sum payment[1].

Description of optional form conversion factors: All optional forms other than the lump sum are actuarially equivalent using the UP-84 mortality table with 8.5% interest. The lump sum optional form is calculated using the mortality table and interest rate (second month prior to BCD) under IRS Section 417(e)(3).

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

[1] Note: On September 15, 2019, Purdue Pharma filed for bankruptcy protection under Chapter 11 of the Bankruptcy Code in order to reorganize. Under law, since the Purdue Pharma Pension Plan is less than 100% funded using non-stabilized interest rates, participants cannot receive non de minimis lump sum payments while in bankruptcy protection. On May 16, 2025, the Plan's funded status as of January 1, 2025, using non-stabilized interest rates was determined to be at least 100% and lump sum payments were permitted to be made from the Plan. In February 2025, after the measurement date for the actuarial valuation for the plan year beginning January 1, 2025, the plan sponsor decided to terminate the plan with a plan termination date of May 31, 2025.

The Purdue Pharma L.P. Pension Plan

EIN 06-1307484 Plan #001

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

December 31, 2025

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par, or Maturity Value	Shares	Cost	Current Value
Money market fund				
Fidelity Management Trust Company*	Fidelity Institutional Cash US Gov't Fund	74,781	$ 74,781	$ 74,781
				$ 74,781

* Indicates party in interest to the Plan.

2025 Form 5500 Schedule SB Attachments
Schedule SB, Line 32 – Schedule of Amortization Bases
Purdue Pharma L.P. Pension Plan
EIN: 06-1307484 / Plan Number: 001

Schedule of Amortization Bases

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment (Full Year)	Amortization Installment (Short Plan Year)*
2025 Shortfall	$ (30,790,089)	January 1, 2025	15	$ (2,870,882)	$ (1,196,201)
2024 Shortfall	$ (8,483,618)	January 1, 2024	14	$ (828,453)	$ (345,189)
2023 Shortfall	$ 57,422,513	January 1, 2023	13	$ 5,901,636	$ 2,459,015
Total	$ 18,148,806			$ 2,202,301	$ 917,625

***** The Purdue Pharma L.P. Pension Plan was terminated effective May 31, 2025. Accordingly, the full year amortization installment is pro-rated for 5 out of 12 months.