

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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 10/27/2022

- A** This return/report is for:
 - a multiemployer plan
 - a single-employer plan
 - a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - the DFVC program
 - special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>ROCHE U.S. RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>004</u>
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) <u>HOFFMANN-LA ROCHE INC.</u> <u>150 CLOVE ROAD</u> <u>LITTLE FALLS, NJ 07424</u>	1c Effective date of plan <u>04/01/2007</u> 2b Employer Identification Number (EIN) <u>22-0994270</u> 2c Plan Sponsor's telephone number <u>650-225-1000</u> 2d Business code (see instructions) <u>325410</u>

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.	11/10/2023	DAVID MCDEDE
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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 2220
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 1317 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 0 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 2J 2K 3H 2E b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> 0 A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 10/27/2022

A Name of plan <u>ROCHE U.S. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HOFFMANN-LA ROCHE INC.</u>	D Employer Identification Number (EIN) <u>22-0994270</u>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVEST. INSTITUTIONAL OPS.

04-2647786

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

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

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

FIDELITY INVEST. INSTITUTIONAL OPS.

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 71	RECORDKEEPER	65246	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

RSM US LLP

42-0714325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	35554	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CALLAN ASSOCIATES INC.

94-2192581

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 18	CONSULTANT	6461	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RUSSELL INVESTMENTS

91-1934665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTANT	4121	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="font-size: small; text-align: center;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small; text-align: center;">Department of Labor Employee Benefits Security Administration</p>	<p>DFE/Participating Plan Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large; font-weight: bold;">2022</p> <hr/> <p style="font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 10/27/2022

A Name of plan <u>ROCHE U.S. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HOFFMANN-LA ROCHE INC.</u>	D Employer Identification Number (EIN) <u>22-0994270</u>
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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: ROCHE US DC PLANS MASTER TRUST

b Name of sponsor of entity listed in (a): GENENTECH, INC.

c EIN-PN <u>94-2347624-002</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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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)
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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)

**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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **10/27/2022**

A Name of plan ROCHE U.S. RETIREMENT PLAN	B Three-digit plan number (PN) ► 004
C Plan sponsor's name as shown on line 2a of Form 5500 HOFFMANN-LA ROCHE INC.	D Employer Identification Number (EIN) 22-0994270

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	15831918	0
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests.....	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)	303704268	0
(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)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	319536186	0

Liabilities

g Benefit claims payable.....	1g		
h Operating payables.....	1h	2618	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2618	0

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	319533568	0
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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)	0	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-51612351
(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		-51612351
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16283913	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		16283913
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	35554	
(2) Contract administrator fees.....	2i(2)	65173	
(3) Investment advisory and management fees	2i(3)	8038	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		108765
j Total expenses. Add all expense amounts in column (b) and enter total	2j		16392678
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-68005029
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		251528539

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) 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) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: RSM US LLP

(2) EIN: 42-0714325

d The opinion of an independent qualified public accountant is **not attached** because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 251528539.

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)
U.S. ROCHE 401(K) SAVINGS PLAN	94-2347624	003

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 10/27/2022

A Name of plan <u>ROCHE U.S. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HOFFMANN-LA ROCHE INC.</u>	D Employer Identification Number (EIN) <u>22-0994270</u>	

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): 04-2647786

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

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 _____

**Roche U.S. Retirement
Plan – Plan No. 004
EIN: 22-0994270**

Financial Report
October 27, 2022

Contents

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<hr/>	
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Independent Auditor's Report

U.S. Roche DC Fiduciary Committee
Roche U.S. Retirement Plan

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

We have performed audits of the financial statements of the Roche U.S. Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of October 27, 2022 (merger date) and December 31, 2021, the related statement of changes in net assets available for benefits for the period from January 1, 2022 to October 27, 2022 (merger date), and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of October 27, 2022 (merger date) and December 31, 2021 and for the period from January 1, 2022 to October 27, 2022 (merger date), stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate to the best of their knowledge and belief.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Emphasis of Matter

As discussed in Note 1 to the financial statements, on October 27, 2022, the Plan was approved to merge into the U.S. Roche 401(k) Savings Plan. All plan assets were transferred to the U.S. Roche 401(k) Savings Plan on October 27, 2022. Our opinion on the 2022 and 2021 financial statements has not been modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

RSM US LLP

New York, New York
November 7, 2023

Roche U.S. Retirement Plan – Plan No. 004
EIN: 22-0994270

Statements of Net Assets Available for Benefits
October 27, 2022 and December 31, 2021
(Dollars in Thousands)

	October 27, 2022	December 31, 2021
Assets		
Plan interest in Roche U.S. Retirement Plans Master Trust	\$ -	\$ 303,583
Employer's contributions receivable	-	15,832
Total assets	-	319,415
Liabilities		
Administrative expense payable	-	3
Total liabilities	-	3
Net assets available for benefits	\$ -	\$ 319,412

See notes to financial statements.

Roche U.S. Retirement Plan – Plan No. 004
EIN: 22-0994270

Statement of Changes in Net Assets Available for Benefits
Period Ended October 27, 2022
(Dollars in Thousands)

Investment loss:	
Plan interest in Roche U.S. Retirement Plans Master Trust investment loss	<u>\$ (51,491)</u>
Contributions:	
Employer	<u>-</u>
Deductions from net assets attributed to:	
Benefits paid to participants	16,284
Administration and other fees	109
Total deductions	<u>16,393</u>
Net decrease in net assets available for benefits	(67,884)
Transfer to U.S. Roche 401(k) Savings Plan	(251,528)
Net assets available for benefits:	
Beginning	<u>319,412</u>
Ending	<u><u>\$ -</u></u>

See notes to financial statements.

Roche U.S. Retirement Plan – Plan No. 004
EIN: 22-0994270

Notes to Financial Statements
(Dollars in Thousands)

Note 1. Description of Plan (Benefit Amounts not in Thousands)

The following description of the Roche U.S. Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: Hoffmann-La Roche Inc. and certain affiliated companies (collectively, the Employer or Plan Sponsor) adopted and approved their participation in the Plan, a new plan, effective April 1, 2007. The Plan is a participant-directed, employer-only defined contribution plan covering all employees of the Employer meeting the Plan's eligibility requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The U.S. Roche DC Fiduciary Committee (the Governance Committee) is responsible for all of the Plan's operations and oversight.

Plan merger: Effective October 27, 2022, the Plan merged with the U.S. Roche 401(k) Savings Plan. The transfer out of assets of \$251,528 is reflected in the Plan financial statements.

Eligibility: Generally, all employees hired on or after April 1, 2007, but before January 1, 2011, by an employer that was participating during that time period are eligible to participate in the Plan.

Contributions: The Plan is an individual account employer defined-contribution plan. Under the terms of the Plan, the amount of Employer contribution is determined by multiplying the participant's calendar year earnings (as defined in the Plan) from the date of participation, by a specified percentage based on the participant's age as of December 31 of that calendar year.

The following schedule indicates the annual percentage contribution for each age range:

	<u>Percentage of Annual Earnings Contributed</u>
Attained age on December 31:	
Under 25	2%
25-29	3%
30-34	4.25%
35-39	5.50%
40-44	6.75%
45-49	8.25%
50-54	10%
55 and older	12%

Contributions are not taxable to the participants and they do not pay federal income taxes on the contribution until such amounts are withdrawn from the Plan. Contributions are calculated and deposited to individual participant accounts and amounted to approximately \$0 for the period ended 2022.

Participant accounts: Each participant's account is credited with the Employer contribution and Plan earnings and charged with an allocation of administrative expenses, if any. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant's account. Allocations of administrative expenses are based on account balances.

Notes to Financial Statements
(Dollars in Thousands)

Note 1. Description of Plan (Benefit Amounts not in Thousands) (Continued)

Participant investment options: Participants direct their account contributions to selected investment funds. Participants may change their investment options at any time throughout the year via access to Fidelity’s website or phone system. If a participant fails to make an investment direction, contributions shall be invested in a premixed investment vehicle designed to provide investors with a diversified portfolio and asset allocation that is monitored and adjusted over time based on a targeted retirement date.

Vesting and forfeited accounts: Participants will have a 100% vested interest in their account balance (including earnings thereon) if they attain age 65 while actively employed and have completed at least five years of service or if employment terminates due to death. Otherwise, participants will earn a vested percentage as follows:

Contributions made for eligible employees on or after June 1, 2016, will be 100% vested once the employee has at least three years of service.

Contributions made before June 1, 2016, for eligible employees who completed at least one hour of service on June 1, 2016, will earn a vested percentage in accordance with the following schedule:

	<u>Vested Percentage</u>
Years of service:	
Less than 2	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 or more	100%

Contributions made before June 1, 2016, for eligible employees who did not complete at least one hour of service on June 1, 2016, will earn a vested percentage in accordance with the following schedule:

	<u>Vested Percentage</u>
Completed years of service:	
Less than 2	0%
2 but less than 3	20%
3 or more	100%

Any forfeitures of nonvested amounts resulting from termination of continuous service are used to reduce subsequent Employer contributions to the Plan, or reduce Plan administrative expenses. At October 27, 2022 (merger date) and December 31, 2021, forfeited nonvested accounts totaled \$0 and \$214, respectively. During the period ended October 27, 2022 (merger date), \$35 of the forfeited nonvested accounts was used to pay administrative expenses and \$0 was used to reduce Employer contributions.

Notes to Financial Statements
(Dollars in Thousands)

Note 1. Description of Plan (Benefit Amounts not in Thousands) (Continued)

Benefits: Under the terms of the Plan, participants over age 59½ who are no longer employed by the Employer and are not receiving long-term disability benefits under any plan established by the Plan Sponsor may make two partial withdrawals per calendar year. No withdrawals are permitted prior to termination of employment. If a participant dies before the entire benefit under the Plan is paid, the participant's beneficiary will be entitled to a lump-sum distribution of the participant's account.

Upon termination of employment, a participant may elect to take a lump-sum distribution or roll over the vested account balance into another employer's qualified plan or Individual Retirement Account (IRA).

If a distribution election is not made within 60 days of a participant's termination and if the participant's vested account balance exceeds \$5,000, it may remain in the Plan until the participant reaches age 70.

The participant may continue to make investment changes, and upon reaching age 59½, may make up to two withdrawals per year. If the participant's vested account is more than \$1,000 but not greater than \$5,000, the account will be rolled over into a rollover IRA administered by the record keeper and will be invested in the Fidelity Cash Reserve Fund. If the participant's vested balance is \$1,000 or less and the participant has not elected a direct rollover, the balance will be paid in a lump sum as soon as practicable following the participant's termination of employment.

Participants approved for benefits under any of the Employer's long-term disability plans, and who are 100% vested, may take a distribution of their total vested account balance after contributions have been made for the calendar year in which their long-term disability effective date occurred. Partial distributions are not allowed.

Note 2. Summary of Significant Accounting Policies

Basis of presentation: The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of estimates: The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition: The Plan's investment in the Roche U.S. Retirement Plan's Master Trust (Master Trust) is reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, except for the fully benefit-responsive investment contracts, which are reported by the Master Trust at contract value (see Note 5). See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on the trade-date basis. Dividend income is recorded on the ex-dividend date and interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's interest in gains and losses from the Master Trust.

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Notes to Financial Statements
(Dollars in Thousands)

Note 2. Summary of Significant Accounting Policies (Continued)

Payment of benefits: Benefits are recorded when paid.

Administrative expenses: Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are incurred by the Master Trust and included in Plan interest in Master Trust investment loss.

Subsequent events: The Plan evaluates events occurring after the date of the financial statements to consider whether or not the impact of such events needs to be reflected and/or disclosed in the financial statements. Such evaluation is performed through the date the financial statements are available for issuance, which was November 7, 2023, for these financial statements.

Note 3. Assets Held in Master Trust and Information Certified and Provided by the Trustee

Effective October 27, 2022, the Plan merged with the U.S. Roche 401(k) Savings Plan, and all Plan assets held in the Master Trust were transferred to the U.S. Roche 401(k) Savings Plan.

At December 31, 2021, the Master Trust included the investment of assets of the Plan and four other plans that are sponsored by companies affiliated with the Plan Sponsor. The assets of the Master Trust were held by State Street Bank & Trust Company (State Street). At December 31, 2021, the Plan's interest in the net assets of the Master Trust was approximately 1.83%. The Plan either owned or shares ownership of individual pools of assets with other plans in the Master Trust. Investment income (loss) and administrative expenses relating to the Master Trust were allocated to the individual plans based upon the Plan's interest in investments held within Master Trust. The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by State Street, the Trustee of the Plan, as of December 31, 2021 and for the year then ended, except for comparing such information certified by the Trustee to the information included in the Plan's financial statements.

Roche U.S. Retirement Plan – Plan No. 004
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Notes to Financial Statements
(Dollars in Thousands)

Note 3. Assets Held in Master Trust and Information Certified and Provided by the Trustee
(Continued)

The following table presents the fair value of investments held in the Master Trust and the Plan's proportional share, as certified by the Trustee, as of December 31, 2021:

	2021	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Assets:		
Cash	\$ 16,171	\$ 300
Investments, at fair value:		
Asset-backed securities	735,261	20,904
Common or collective trusts and commingled funds	5,787,943	132,679
Corporate bonds	2,647,783	26,444
Equity securities	3,751,940	84,681
Exchange-traded funds	520	13
Government securities	1,466,640	11,554
Limited partnerships (a)	465,275	7,260
Self-directed accounts (b)	1,179,711	16,128
Total investments, at fair value	<u>16,035,073</u>	<u>299,663</u>
Investments, at contract value:		
Synthetic GICs	491,171	6,846
Total investments	<u>16,526,244</u>	<u>306,509</u>
Receivables:		
Notes receivable from participants (b)	63,667	-
Derivatives receivable	459,450	3,574
Receivables for investments sold	214,073	2,230
Dividends and interest receivable	38,056	695
Other receivables	45,750	755
Total receivables	<u>820,996</u>	<u>7,254</u>
Total assets	<u>17,363,411</u>	<u>314,063</u>
Liabilities:		
Accrued fees (c)	8,898	172
Derivative payable	445,906	3,542
Payables for investments purchased	263,213	6,608
Other liabilities	24,613	158
Total liabilities	<u>742,630</u>	<u>10,480</u>
Net assets of the Master Trust	<u>\$ 16,620,781</u>	<u>\$ 303,583</u>

- (a) Limited partnerships' net asset values (NAVs) have been adjusted by management to account for the lag between the certified statements and valuations provided by the respective limited partners as of December 31, 2021 for \$(131,151). The adjustment was not certified.
- (b) Self-directed accounts and notes receivable from participants are not certified as of December 31, 2021. Participant loans are classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued interest. Defaulted notes receivable from participants are recorded as a distribution based on the terms of the Plan document.
- (c) Included in liabilities but not certified are accrued administrative fees.

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Notes to Financial Statements
(Dollars in Thousands)

Note 3. Assets Held in Master Trust and Information Certified and Provided by the Trustee
(Continued)

During 2022, the Master Trust's depreciation in the value of the investments (including investments bought, sold, as well as held during the year) and changes in net assets were as follows:

	<u>2022</u>
Increase (decrease) in Master Trust attributable to:	
Net depreciation in fair value for the Master Trust	\$ (4,260,241)
Dividend, interest and other income	228,139
Advisory fees and other administrative expenses	<u>(33,242)</u>
Total Master Trust loss	(4,065,344)
Transfers from plan level	1,297,835
Transfers to plan level	<u>(1,444,992)</u>
Decrease in net assets of Master Trust	(4,212,501)
Net assets:	
Beginning of year	<u>16,620,781</u>
Ending of year	<u><u>\$ 12,408,280</u></u>

Refer to Note 4 for a description of the valuation methodologies used.

The following table presents the net investment loss for the Plan, as certified by the Trustee except for the adjustments previously disclosed above, for the year ended October 27, 2022:

	<u>2022</u>
Total Master Trust loss	\$ (4,065,344)
Share of total Master Trust loss attributable to other plans	<u>(4,013,853)</u>
Share of total Master Trust loss attributable to the Plan	<u><u>\$ (51,491)</u></u>

Notes to Financial Statements
(Dollars in Thousands)

Note 4. Investments and Fair Value Measurements for Master Trust

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset'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.

Following are descriptions of the valuation methodologies used by the Master Trust for assets measured at fair value. There have been no changes by the Master Trust in the methodologies used during the period from January 1, 2022 to October 27, 2022 (merger date) and the year ended December 31, 2021:

Equity securities: Equity securities include both direct ownership in company shares, mutual funds and publicly traded REITs. Shares of registered investment companies (mutual funds) and publicly traded REITs are reported at fair value based on the quoted price of the fund, which represents the NAV of the shares held by the fund at year-end. Investments in common stock are stated at fair value. The fair value of the common stock is based on quotations obtained from national securities exchanges; where common stock are not listed on an exchange, quotations are obtained from brokerage firms.

Exchange-traded funds (ETFs): ETFs consist of shares of investment funds, which are traded on a public exchange and are regularly quoted. The fair value of the ETFs is based on quotations obtained from national securities exchanges.

Notes to Financial Statements
(Dollars in Thousands)

Note 4. Investments and Fair Value Measurements for Master Trust (Continued)

Asset-backed securities: These include CMOs, FNMA's and other asset-backed securities. Fair values are based on third-party pricing sources obtained by the trustee. Pricing sources principally obtain broker-dealer quotes of such obligations or similar obligations to value these securities. In instances where broker-dealer quotes are not available, pricing sources utilize models that incorporate pertinent data, such as bid matrices.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Common or collective trusts, commingled funds and limited partnerships: The market value of investments is determined by valuations made by the fund managers or general partner. The investments are valued at the NAV at the end of the plan year as determined by the issuer based on the fair value of the underlying assets.

Self-directed accounts: Participants generally invest in cash equivalents, certificates of deposit, equity securities, mutual funds and fixed income securities for which the valuation methods used to measure the investments are consistent with valuation methods described above.

Derivative instruments: Listed derivatives that are actively traded are valued based on quoted prices from the exchange and are categorized in Level 1 of the fair value hierarchy. Over the counter (OTC) derivative contracts include forward, swap and option contracts related to interest rates, foreign currencies, credit standing of reference entities, equity prices or commodity prices. Depending on the product and the terms of the transaction, the fair value of the OTC derivative products can be modeled taking into account the counterparties' creditworthiness and using a series of techniques, including simulation models. Many pricing models do not entail material subjectivity because the methodologies employed do not necessitate significant judgments and the pricing inputs are observed from actively quoted markets, as is the case of interest rate swap and option contracts. A substantial majority of OTC derivative products valued by the Plan using pricing models fall into this category and are categorized within Level 2 of the fair value hierarchy.

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 the Plan believes that the Master Trust's valuation methods are appropriate and consistent with those of 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 Plan did not hold an investment in Master Trust as of October 27, 2022 (merger date).

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Notes to Financial Statements
(Dollars in Thousands)

Note 4. Investments and Fair Value Measurements for Master Trust (Continued)

The following table sets forth by level, within the fair value hierarchy, the Master Trust's financial instruments at fair value as of December 31, 2021:

	Investment at Fair Value as of December 31, 2021			
	Quotes Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Assets:				
Asset-backed securities	\$ -	\$ 735,261	\$ -	\$ 735,261
Corporate bonds	-	2,647,783	-	2,647,783
Equity securities	3,751,940	-	-	3,751,940
Exchange-traded funds	520	-	-	520
Government securities	-	1,466,640	-	1,466,640
Self-directed accounts	1,172,401	7,310	-	1,179,711
Total investments in the fair value hierarchy	<u>\$ 4,924,861</u>	<u>\$ 4,856,994</u>	<u>\$ -</u>	<u>9,781,855</u>
Investments measured at NAV (a)				6,253,218
Total investments, at fair value				<u>\$ 16,035,073</u>
Derivatives:				
Credit default swaps	\$ -	\$ 26,596	\$ -	\$ 26,596
Swap contracts	-	218,854	-	218,854
Foreign exchange contracts	-	212,270	-	212,270
Futures	-	1,730	-	1,730
Total derivatives receivable	<u>\$ -</u>	<u>\$ 459,450</u>	<u>\$ -</u>	<u>\$ 459,450</u>
Liabilities:				
Credit default swaps	\$ -	\$ (20,234)	\$ -	\$ (20,234)
Swap contracts	-	(211,586)	-	(211,586)
Options	-	(196)	-	(196)
Foreign exchange contracts	-	(213,890)	-	(213,890)
Total derivatives payable	<u>\$ -</u>	<u>\$ (445,906)</u>	<u>\$ -</u>	<u>\$ (445,906)</u>

- (a) In accordance with guidance by FASB Accounting Standards Update 2015-07, Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to line items presented in Note 3.

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Notes to Financial Statements
(Dollars in Thousands)

Note 4. Investments and Fair Value Measurements for Master Trust (Continued)

The following table sets forth additional disclosures of the Master Trust's investments whose fair value is estimated using NAV per share as a practical expedient as of December 31, 2021:

	2021 Fair Value	2021 Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Common or collective trusts, commingled:				
Funds and limited partnerships:				
Commodities (a)	\$ 127,088	\$ -	Daily (1)	None
	39,038	-	Monthly	5 Days
Fixed income (b)	1,107,946	-	Daily (1)	None
Infrastructure (c)	65,823	-	Daily (1)	None
International equity (d)	491,784	-	Daily (1)	None
Private equity (e)	268,736	11,724	Upon dissolution	None
Real estate (f)	153,414	-	Daily	None
	61,964	-	Monthly (2)	None
	39,165	-	Quarterly	60 Days
Short-term investment fund (g)	204,834	-	Daily	None
U.S. equity (h)	3,693,426	-	Daily (1)	None
	<u>\$ 6,253,218</u>	<u>\$ 11,724</u>		

- (1) Redemption frequency for participant-directed activity is daily with no limits. Redemption frequency for sponsor-directed redemptions is generally daily, but subject to varying limits set by investment managers.
- (2) Redemption frequency is monthly, but based on fund's liquidity.
- (a) This category includes investments primarily in diversified portfolios of commodities futures and other commodity-related instruments.
- (b) This category includes investments primarily in diversified portfolios of U.S. debt securities that seek to: (1) closely match the return and risk characteristics of the Bloomberg Barclays Long Term Credit Index, or (2) closely match the return and risk characteristics of the Bloomberg Barclays U.S. Aggregate Bond Index, or (3) closely match the return and risk characteristics of the Bloomberg Barclays U.S. TIPS Index, or (4) provide exposure to high-yield debt.
- (c) This category includes investments in global infrastructure funds to provide total return through investments in U.S. and non-U.S. securities issued by infrastructure companies.
- (d) This category includes investments primarily in diversified portfolios of non-U.S. equity investments that: (1) Provide a diversified, multi-manager approach to investing in stocks from emerging countries and economic regions of the world, or (2) closely match the return and risk characteristics of the MSCI ACWI ex-U.S. Index or (3) provide exposure to investments in developed economies outside the U.S.

Notes to Financial Statements
(Dollars in Thousands)

Note 4. Investments and Fair Value Measurements for Master Trust (Continued)

- (e) This category includes investments primarily in limited partnerships that make longer-term investments directly into private companies or buyouts of companies. Such investments are diversified by geography, industry and deal-type.
- (f) This category includes investments primarily in limited partnerships that invest in diversified portfolio of private real estate assets. Investments include both core and noncore real estate assets.
- (g) This category includes investments in the State Street Short Term Investment Fund with the objective to provide safety of principal, daily liquidity and a competitive yield over the long-term by investing in fixed income securities of a short-term nature.
- (h) This category includes investments primarily in diversified portfolios of U.S. equities that: (1) closely match the return and risk characteristics of the Russell 1000 Index, or (2) invest in U.S. large cap companies believed to have above-average growth potential or (3) pursue a small/mid cap core investment style and maintain sector weights similar to those of the Russell 2500 Index.

Note 5. Interest Income Fund in Master Trust

The Plan had no investments in the interest income fund in the Master Trust as of October 27, 2022 (merger date).

The interest income fund in the Master Trust includes wrap contracts (the Synthetic GICs) and securities underlying the Synthetic GICs for 2021. The Synthetic GICs are issued by insurance companies and other financial institutions. The Synthetic GICs are accounted for under the accounting guidance for reporting on fully benefit-responsive investment contracts held by pension plans.

Because the Synthetic GICs are fully benefit-responsive, contract value is a relative measurement attributable for that portion of the net assets available for benefits attributable to the Synthetic GIC value, as reported to the Plan by wrap provider, and represents contributions under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan Administrator revalues the wrap contracts and securities underlying the investments at fair value on the Form 5500. See Note 11, which reconciles the Plan's interest in the Master Trust at contract value with the Plan's interest at fair value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rates are based on a formula agreed upon with the issuers and reviewed on a periodic basis for resetting, and ranged from 1.86% to 2.23% at December 31, 2021.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan); (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable of occurring.

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Notes to Financial Statements
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Note 6. Derivative Instruments in Master Trust

In the normal course of business, certain investments in the Master Trust utilize derivative instruments to manage exposure to fluctuations in interest and currency rates. Certain investments utilize options and futures contracts to hedge interest rate and/or securities price risk and forward foreign exchange contracts to hedge currency risk.

These financial instruments are recorded at fair value as derivative receivables and payables in the Master Trust statements of net assets available for benefits. The Plan did not have any investments in derivative instruments in the Master Trust as of October 27, 2022 (merger date).

The table below represents the fair value of derivative instruments by risk in the statement of net assets available for benefits at December 31, 2021:

Risk	2021		
	Master Trust Statement of Net Assets Available for Benefits Location	Derivative Assets	Derivative Liabilities
Credit exposure	Derivative receivables	\$ 26,597	\$ -
Credit exposure	Derivative payables	-	(20,234)
Currency exposure	Derivative receivables	212,270	-
Currency exposure	Derivative payables	-	(213,890)
Interest rate exposure	Derivative receivables	48,962	-
Interest rate exposure	Derivative payables	-	(211,782)
Equity exposures	Derivative receivables	171,621	-
		<u>\$ 459,450</u>	<u>\$ (445,906)</u>

The table below represents the average volume of derivative instruments by risk in the Master Trust at December 31, 2021:

Risk	Contract Type	2021	
		Long Notional Value	Short Notional Value
Credit exposure	Swaps	\$ 204,365	\$ -
Equity exposures	Futures	65	-
Equity exposures	Swaps	17	-
Interest rate exposure	Futures	1,049,900	(301,400)
Interest rate exposure	Options	-	(120,500)
Interest rate exposure	Swaps	2,106,125	-
		<u>\$ 3,360,472</u>	<u>\$ (421,900)</u>

As of December 31, 2021, there were no derivative contracts accounted for as hedging instruments under ASC 815-10-50. Although the contract or notional amount of these instruments is not recorded within the Master Trust investments, these instruments are recognized as either a receivable or liability, depending on the rights or obligations of the contract measured at fair value.

Notes to Financial Statements
(Dollars in Thousands)

Note 6. Derivative Instruments in Master Trust (Continued)

Options and futures contracts: By writing options, the Master Trust receives a premium and becomes obligated during the term of the option to purchase or sell a specified instrument at a set price if the option is exercised. With purchasing options, the Master Trust pays a premium to own the right to buy or sell a specified instrument at a set price during the term of the option.

Futures contracts are contracts for delayed settlement of specified instruments in which the seller agrees to make delivery on a future date of a specific instrument, at a specified price or yield. Upon entering into an options or futures contract, the Master Trust is required to deposit either cash or securities in an amount equal to a certain percentage of the contract value (i.e., initial margin). As these contracts are marked-to-market on a daily basis, subsequent payments (i.e., variation margin) are made or received by the Master Trust each day.

The Master Trust is subject to option price volatility (risk) and the risk that futures contracts may not correlate with the prices of the portfolio securities. The Master Trust's activities in these contracts are conducted through regulated exchanges, which minimize counterparty credit risk since the exchanges assume the default risk of the counterparty, and generally require margin deposits of cash or securities as collateral to minimize potential credit risk. Liquidity risk may arise if there is insufficient trading activity on the options or futures exchange.

Swaps and swaptions: Swap agreements are valued daily and changes in value, including periodic interest to be paid or received on swaps, are recorded as unrealized appreciation (depreciation) of investments, derivative contracts and foreign currency. Realized gain or loss is recorded upon receipt or payment of a periodic settlement (reset) or termination of swap agreements. The risk of entering into swap agreements includes the possible lack of liquidity, and failure of the counterparty to meet its obligations in the underlying investments and instruments. A credit default swap is a contract between a protection buyer and a protection seller whereby the buyer pays a periodic fee in return for a contingent payment by the seller based on a default or a liquidity event. Credit default swaps are designed to cover many risks, including: defaults, bankruptcy and credit rating downgrades. For the period ended October 27, 2022 (merger date) and for the year ended December 31, 2021, the Master Trust was a buyer and a seller of protection using credit default swaps. Risk arises in swap contracts from potential counterparty nonperformance and from changes in the market values of underlying instruments. Credit risk associated with these contracts is limited to amounts recorded in the statements of net assets available for benefits.

Note 7. Party-in-Interest

Certain Plan investment fund transactions are managed by State Street, the Trustee of the Plan. The Plan has several other arrangements with service providers and related parties related to Plan operations. These transactions are considered exempt party-in-interest transactions under ERISA. In addition, the Employer also provides to the Plan certain accounting and administrative services for which no fees are charged.

Note 8. Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time, and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants become vested in all amounts held on their behalf by the Trustee. Effective October 27, 2022, the Plan merged with the U.S. Roche 401(k) Savings Plan. See Note 1.

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Note 9. Tax Status

The Internal Revenue Service has determined and issued a determination letter on June 14, 2017, that stated that the Plan is designed in accordance with the applicable requirements of the Internal Revenue Code (the Code). Although the Plan has been amended since receiving the determination letter, it is the opinion of the Plan Administrator and Plan counsel, that the Plan remains qualified under the applicable provisions of the Code and is currently being operated in compliance with the applicable requirements of the Code and, therefore, the Plan qualifies under Section 401(a).

The Plan Sponsor's management evaluated the Plan's tax positions and concluded the Plan maintained its tax-exempt status and had taken no uncertain tax positions that require adjustments to the financial statements as of October 27, 2022 (merger date) and December 31, 2021, and for the period ended October 27, 2022 (merger date). Therefore, no provision or liability for income taxes has been included in the financial statements.

Note 10. Risks and Uncertainties

The Plan provides for various investment options in funds that can invest in a combination of stocks, bonds, fixed income securities, mutual funds and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Note 11. Reconciliation of Financial Statements to Form 5500

The net assets of the Plan that are attributed to the fully benefit-responsive investment contracts are recorded at fair value within the Master Trust on Form 5500 (see Note 5). The following is a reconciliation of the Plan's net assets available for benefits between the financial statements and Form 5500 as of December 31, 2021, and period ended October 27, 2022 (merger date):

	<u>2021</u>
Net assets available for benefits per the financial statements	\$ 319,412
Adjustment from contract value to fair value for fully benefit-responsive investment contracts held by the Plan	121
Net assets per Form 5500	<u>\$ 319,533</u>
	<u>2022</u>
Net investment loss per the financial statements	\$ (51,491)
Adjustment from contract value to fair value for fully benefit-responsive investment contracts held by the Plan	(121)
Net investment loss per Form 5500	<u>\$ (51,612)</u>