

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>BRISTOL-MYERS SQUIBB PUERTO RICO INC, RETIREMENT INCOME PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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>BRISTOL-MYERS SQUIBB PUERTO RICO</u></p> <p><u>PO BOX 364707</u> <u>SAN JUAN, PR 00936</u></p>	<p>1c Effective date of plan <u>01/01/1971</u></p> <p>2b Employer Identification Number (EIN) <u>66-0256665</u></p> <p>2c Plan Sponsor's telephone number <u>787-774-2800</u></p> <p>2d Business code (see instructions) <u>325410</u></p>

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.	09/16/2025	R. SCOTT MATARESE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/30/2025	R. SCOTT MATARESE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BRISTOL-MYERS SQUIBB PENSION COMMITTEE ROUTE 206 PROVINCE LINE ROAD PRINCETON, NJ 08543	3b Administrator's EIN 13-2863057 3c Administrator's telephone number 800-332-2056
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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
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5 Total number of participants at the beginning of the plan year	5	1858
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	337
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	0
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1E 1I 3H

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 checked="" 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 checked="" 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
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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 (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan BRISTOL-MYERS SQUIBB PUERTO RICO INC, RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BRISTOL-MYERS SQUIBB PUERTO RICO	D Employer Identification Number (EIN) 66-0256665

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	48159	0	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	94986807	
c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)	0	
	(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	94986807	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	94986807
▶ DISTRIBUTION			
(5) Total deductions	7e(5)	94986807	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f		

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
 e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
 i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
 m Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3))			9a(4)
b Benefit charges (1) Claims paid		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2))			9b(3)
(4) Claims charged			9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention			9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)			9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)
(2) Claim reserves			9d(2)
(3) Other reserves			9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>BRISTOL-MYERS SQUIBB PUERTO RICO INC, RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BRISTOL-MYERS SQUIBB PUERTO RICO</u>	D Employer Identification Number (EIN) <u>66-0256665</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>BRISTOL-MYERS SQUIBB MSTR RET TRUST</u>	
b Name of sponsor of entity listed in (a):	<u>BRISTOL-MYERS SQUIBB COMPANY</u>	
c EIN-PN <u>13-6064033-101</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>
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)

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BRISTOL-MYERS SQUIBB PUERTO RICO INC, RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BRISTOL-MYERS SQUIBB PUERTO RICO	D Employer Identification Number (EIN) 66-0256665

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
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)	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)	0

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	156449090	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	1741445	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1741445	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	154707645	0

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)	13900000	
(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)		13900000
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)		
(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)		
(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)		-3420860
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		10479140

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26299048	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	138887737	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		165186785
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		165186785

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-154707645
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) 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: WITHUMSMITH+BROWN, P.C.

(2) EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)		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.)		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?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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 0.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 555395.

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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>BRISTOL-MYERS SQUIBB PUERTO RICO INC, RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BRISTOL-MYERS SQUIBB PUERTO RICO</u>	D Employer Identification Number (EIN) <u>66-0256665</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	
---	--

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): 04-3275867

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	347
---	-----

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	0
b Enter the amount contributed by the employer to the plan for this plan year	6b	0
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	0

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

BRISTOL-MYERS SQUIBB PUERTO RICO, INC. RETIREMENT INCOME PLAN

**FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED
DECEMBER 31, 2024 (LIQUIDATED) AND 2023 (IN LIQUIDATION)**

AND INDEPENDENT AUDITOR'S REPORT

**BRISTOL-MYERS SQUIBB PUERTO RICO, INC. RETIREMENT INCOME PLAN
INDEX TO FINANCIAL STATEMENTS**

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FINANCIAL STATEMENTS:	
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SUPPLEMENTAL SCHEDULE*	

*Certain schedules are included with the Form 5500 of the Bristol-Myers Squibb Company Master Retirement Trust (Annual Return/ Report of Employee Benefit Plan) filed with the Department of Labor for the Plan's year ended December 31, 2024 and are not required to be disclosed for this Plan.

INDEPENDENT AUDITOR'S REPORT

To the Pension Committee of Bristol-Myers Squibb Company and the Participants in the Bristol-Myers Squibb Puerto Rico, Inc. Retirement Income Plan:

Opinion

We have audited the financial statements of Bristol-Myers Squibb Puerto Rico, Inc. Retirement Income Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2024 (liquidated) and 2023 (in liquidation), and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, information regarding the net assets available for benefits as of December 31, 2024 (liquidated) and 2023 (in liquidation), and the changes in net assets available for benefits for the years then ended December 31, 2024 (liquidated) and 2023 (in liquidation), in accordance with accounting principles generally accepted in the United States of America, applied on the basis described in the **Emphasis of Matter - Plan Termination and Liquidation Basis of Accounting** paragraph.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("U.S. 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 Bristol-Myers Squibb Puerto Rico, Inc. Retirement Income Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter - Plan Termination and Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, in June of 2023, management adopted a formal course of action that resulted in the termination of the Bristol-Myers Squibb Puerto Rico, Inc. Retirement Income Plan and, as a result, in 2024 lump sum payments were funded to participants under prescribed terms of the Bristol-Myers Squibb Puerto Rico, Inc. Retirement Income Plan and assets were subsequently transferred directly to an insurance company. Management has completed the liquidation of assets as of December 31, 2024. In accordance with accounting principles generally accepted in the United States of America, the accompanying financial statements have been prepared using the liquidation basis of accounting. Our opinion is not 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Management 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

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 U.S. 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 U.S. 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 Bristol-Myers Squibb Puerto Rico, Inc. Retirement Income 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.

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.

Withum Smith + Brown, PC

September 5, 2025

BRISTOL-MYERS SQUIBB PUERTO RICO, INC. RETIREMENT INCOME PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2024 (LIQUIDATED) AND 2023 (IN LIQUIDATION)

(Dollars in Thousands)	2024	2023
Assets:		
Plan's interest in Pension Trust, at fair value (Note 5)	\$ —	\$ 61,462
Group annuity contract, at contract value	—	94,986
Total assets	—	156,448
Liabilities:		
Accrued administrative expenses	—	1,066
Accrued expenses expected to be incurred in liquidation	—	675
Total liabilities	—	1,741
Net assets available for benefits	\$ —	\$ 154,707

The accompanying notes are an integral part of these financial statements.

**BRISTOL-MYERS SQUIBB PUERTO RICO, INC. RETIREMENT INCOME PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 (LIQUIDATED) AND 2023 (IN LIQUIDATION)**

(Dollars in Thousands)	2024	2023
Additions:		
Plan's share of net investment income in Pension Trust	\$ —	\$ 7,933
Employer contributions	13,900	—
Total additions	13,900	7,933
Deductions:		
Plan's share of net investment loss in Pension Trust	3,163	—
Benefits paid	26,299	10,680
Administrative expenses	258	4,210
Transfer out of Plan - group annuity contract	138,887	—
Total deductions	168,607	14,890
Net decrease in net assets	(154,707)	(6,957)
Net assets available for benefits - Beginning of year	154,707	161,664
Net assets available for benefits - End of year	\$ —	\$ 154,707

The accompanying notes are an integral part of these financial statements.

BRISTOL-MYERS SQUIBB PUERTO RICO, INC. RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1. DESCRIPTION OF THE PLAN

The Bristol-Myers Squibb Puerto Rico, Inc. Retirement Income Plan (the Plan) was a qualified defined benefit, noncontributory, trustee pension plan sponsored by Bristol-Myers Squibb Puerto Rico, Inc., and was also available to any Bristol-Myers Squibb Company (Company or BMS) subsidiary or affiliate having employees in Puerto Rico (collectively, the Puerto Rico Corporations). The Plan was administered by a pension committee (the Pension Committee) appointed by the Company's Compensation and Management Development Committee of the Board of Directors. The Pension Committee was the named fiduciary for both Plan administration and investment management of assets.

The Plan was subject to the provisions of The Employee Retirement Income Security Act of 1974 (ERISA), as amended, including the Pension Protection Act of 2006 and section 401(a) of the Internal Revenue Code of 1986 (IRC), as amended. The following brief description of the Plan is provided for general information purposes only. Reference should be made to the Plan document for a complete description of these benefits.

Plan Termination

In June 2023, the Company, in a settlor capacity, announced intentions to fully terminate the Plan in a standard termination, effective, September 1, 2023. In connection with the intended termination, in 2023, the Plan purchased, as an investment, a Group Annuity Contract (GAC) from The Prudential Insurance Company of America (Prudential) that was used to fund the payment of certain Plan benefits.

In 2024, the obligations related to Plan benefits were distributed through a combination of lump sum payments to eligible Plan participants who elected such payments during the election window and through the conversion of the GAC that had been purchased from Prudential to an irrevocable commitment by Prudential to assume the pension obligations. In addition to the insurance contract previously purchased in 2023 for approximately \$95 million, the Plan also transferred an additional amount (approximating \$43.9 million) to Prudential in 2024 in connection with the conversion.

Upon full distribution of Plan assets in satisfaction of all benefit liabilities as noted herein, the guarantee provided by the Pension Benefit Guaranty Corporation (PBGC) for the Plan ceased. All states, Puerto Rico and the District of Columbia have "guaranty associations," which protect policyholders, up to specified limits, in the event an insurance company is financially unable to meet its obligations.

Plan Benefits

Employees hired on or after January 1, 2010 were not eligible to participate in the Plan. Benefits under the Plan were disbursed in accordance with the terms of the Plan and ERISA and were payable, in general, as follows:

Benefit accrual and vesting credit began when an employee attained age 18. Five years of service were required for an individual to become vested under the Plan (active employees who reach age 65 automatically became 100% vested). Annual benefits under the Plan were equal to 1.75% of the average pay for the five highest consecutive years of the last ten years of employment, multiplied by the number of years of credited service up to forty years, less an adjustment for Social Security benefits. Only service accrued under the Plan as of December 31, 2009 was used to calculate a retirement benefit; service with the Company on or after January 1, 2010 was not taken into account for future service accrual. For eligible participants, years of service with the Company on or after January 1, 2010 were taken into account for the following purposes: (1) becoming vested in the Plan, (2) achieving eligibility for early retirement and the more favorable adjustment factors used to calculate a pension benefit upon reaching the early retirement date, and (3) achieving eligibility for "Rule of 70" pension benefits in the case of involuntary separation and if the sum of the employee's age and respective service (at least 10 years of service) is equal to or greater than 70 and the employee signs and executes a timely Letter Agreement containing a General Release of the Company under the Severance Plan. Compensation, as defined in the Plan document, earned for each year an employee who remained employed through December 31, 2014 was recognized in calculating the pension benefit. Compensation on or after January 1, 2015 was not taken into account in the calculation. Employees could elect to receive benefits under several options including a lifetime annuity and lump sum, which are subject to possible limitations.

The normal retirement age as defined by the Plan was 65. Employees who attain age 55 and completed ten years of service could retire on an Early Retirement Date. Such employees retiring on an Early Retirement Date could commence pension payments without reduction at age 62, or prior to age 62 with a reduction of one-third of 1% for each month the retirement age preceded age 62.

BRISTOL-MYERS SQUIBB PUERTO RICO, INC. RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS

Employees who terminated for reasons other than retirement or death who completed five years of service were eligible to receive a retirement benefit at age 65. Vested terminated participants could elect to receive their benefit before age 65 on an actuarially reduced basis in a lump sum form of payment or other available payment option.

A legally married, vested employee was automatically covered by a pre-retirement death benefit. An employee's spouse would receive a pension for the remainder of the spouse's life if the employee died before retirement, in accordance with the joint and survivor provisions of the Plan.

Pension Trust

The Company, as Plan Sponsor, established a master pension trust (Pension Trust) held and administered by The Northern Trust Company (Northern Trust or Trustee) under the terms of a Trust Agreement, to fund Plan liabilities, along with those of the Squibb Hourly Pension Plan, which was terminated effective on November 1, 2016, and the Bristol-Myers Squibb Company Retirement Income Plan, which was terminated effective February 1, 2019.

The Trustee received, held and administered funds in accordance with the Trust Agreement and applicable Plan provisions. Contributions to the Plan, when required, were paid to the Trustee. Fidelity Workplace Investing, LLC was the disbursement agent for Plan distributions. Amounts were transferred from the Trustee to the disbursement agent to fund Plan distributions. Investment managers were selected by the Pension Committee and, pursuant to their agreements, manage the Plan's assets.

Exempt Party-In-Interest Transactions

The Pension Trust held investments in units of commingled funds established by the various investment managers and a short-term investment fund managed by the Trustee. These transactions qualified as exempt party-in-interest transactions that were allowable under ERISA. A portion of the fees incurred by the Plan for investment management services were included as a reduction of the return (or an increase in the loss) of each investment.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). As a result of the Plan termination, approved in 2023, the liquidation basis of accounting was used for the years ended December 31, 2024 and 2023.

Under the liquidation basis of accounting, the Plan accrued administrative costs expected to be incurred through the end of its liquidation. There was no other income, loss or costs expected to be realized or incurred prospectively. The remaining assets of the Plan were fully liquidated in December 2024.

Use of Estimates

The preparation of financial statements in conformity with the liquidation basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosures of contingent assets and liabilities at the date of the financial statements, the reported amounts of additions and deductions to the net assets available for benefits during the reporting periods. The statement of net assets available for benefits as of December 31, 2023 (in liquidation) included estimated liabilities for expenses expected to be incurred through the liquidation date. The statement of changes in net assets available for benefits for the year ended December 31, 2024 (liquidated) includes changes in these estimated liabilities through the liquidation date. Actual results differed from those estimates.

Risks and Uncertainties

Prior to December 31, 2024, the Pension Trust held various investment instruments, which were exposed to various risks, such as interest rate, market and credit risk, as well as overall market volatility.

Income, Expenses and Realized and Unrealized Gains and Losses on Securities

The Plan held a complete, undivided interest in the Pension Trust.

BRISTOL-MYERS SQUIBB PUERTO RICO, INC. RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS

Interest was accrued as earned and dividends were recorded on the ex-dividend date. Purchases and sales of securities were recorded on a trade date basis. Realized gains and losses for securities sold were determined using the average cost method. Realized and unrealized gains and losses are included in net investment income/(loss) in the Pension Trust in the accompanying statements of changes in net assets available for benefits.

Valuation of Investments

The Plan's investment in the Pension Trust was completely liquidated in December 2024. Previously, the investments were presented at fair value, which has been determined based on the fair value of the underlying investments of the Pension Trust. See "Note 6. Financial Instruments" for a discussion of derivative financial instruments that are presented at fair value.

In June of 2023, the Company and Plan entered into a GAC with Prudential for an initial investment of approximately \$95 million. As discussed in Note 1, in July 2024 the initial investment in the GAC was applied towards the conversion of the GAC to an irrevocable transfer of Plan obligations to Prudential.

Administrative Expenses

Administrative expenses charged directly to the Plan included reasonable and necessary fees and expenses incurred to administer the Plan, such as Trustee and investment fees, PBGC insurance premiums, benefit disbursement fees, certain actuarial fees and professional fees, (including certain costs related to the Plan termination and related GAC purchase) and certain transaction costs (reflected in the cost of securities). Other administrative expenses were paid by the Company. Certain investment-related expenses were recorded as a reduction of net investment income (or an increase in the loss).

Payment of Benefits

Benefit payments to participants were recorded upon distribution.

Funding Policy

Prior to the Plan's termination, the Company's annual contribution was actuarially determined based on the benefits expected to become payable through the use of the unit credit method. The Company's policy was to contribute at least the minimum amount required by ERISA; however, discretionary contributions could be made at any time by the Company. With the aforementioned termination, there were no required minimum contributions for 2024 and 2023.

The Company made a voluntary contribution of \$13.9 million in 2024 which was used to fund the irrevocable transfer of the pension obligations to Prudential.

Income Taxes and Tax Status

On August 4, 2017, the Internal Revenue Service (IRS) issued a favorable determination letter for the Plan, as amended. On September 11, 2017, the Puerto Rico Treasury issued a favorable determination letter for the Plan, as amended. The Company and the Pension Committee believe that the Plan was qualified and the related Trust was tax-exempt as of December 31, 2024 and 2023, and no provision for income taxes has been included in the Plan's financial statements for those years.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a related tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. There have been no tax related interest or penalties incurred for periods presented in these financial statements.

NOTE 3. ACCUMULATED PLAN BENEFITS

Due to the Plan termination, effective September 1, 2023, the requirement to present the actuarial present value of accumulated Plan benefits as of January 1, 2024 was eliminated when the Company completed its purchase of GACs from Prudential with an effective date of July 24, 2024. All remaining obligations were irrevocably transferred.

BRISTOL-MYERS SQUIBB PUERTO RICO, INC. RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 4. FAIR VALUE MEASUREMENT

Fair value is based on 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. In determining fair value, the Plan utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible, as well as consider counterparty credit risk. Assets and liabilities were classified in their entirety based on the lowest level of input that was significant to the fair value measurement. Valuation of investments in the Plan represented the Plan's allocable portion of the Pension Trust's investments. The Pension Trust's investment valuation policies for each investment held were classified into the following fair value hierarchy levels:

- Level 1: Quoted prices (unadjusted) in active markets that were accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.
- Level 2: Observable prices for similar instruments, quoted prices for identical or similar instruments in markets that are not active, or other observable inputs that can be corroborated by market data for substantially the full term of the assets or liabilities.
- Level 3: Unobservable inputs are used when little or no market data is available.

Corporate Debt Securities

Certain securities classified as Level 2 were either valued at quoted market prices from observable pricing sources at the reporting date or valued based upon comparable securities with similar yields and credit ratings.

U.S. Treasury and Agency Securities

Securities classified as Level 2 were valued at the quoted market price from broker or dealer quotations from transparent pricing sources at the reporting date.

Equity Securities

Securities classified as Level 1 included publicly traded equity funds traded on a national securities exchange which were valued at their last reported sales price at the reporting date, and if there was not a sale that day, the last reported bid price. Publicly traded equities traded in the over-the-counter market were valued at the last reported bid price at the reporting date.

State and Municipal Bonds

Securities classified as Level 2 were valued at the quoted market price from broker or dealer quotations from transparent pricing sources at the reporting date.

Derivative Assets and Liabilities

At December 31, 2023, securities classified as Level 2 were valued using quoted market prices from broker or dealer quotations from transparent pricing sources at the reporting date.

Other Matters

Pension Trust investments were diversified across domestic and international markets in numerous sectors. Investments were only entered into with corporate and financial institutions that met acceptable credit quality standards.

For information on the fair value hierarchy, by level described above, of the Plan's Pension Trust investments measured at fair value, see "Note 5. Interest in Pension Trust".

BRISTOL-MYERS SQUIBB PUERTO RICO, INC. RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 5. INTEREST IN PENSION TRUST

The Plan's investment assets were held in a trust account at the Trustee and consisted of a complete interest in an investment account of the Pension.

The major categories of investments within the net assets of the Pension Trust as of December 31, 2023 were as follows:

(Dollars in Thousands)	Level 1	Level 2	Level 3	Total	Plan's Interest
Corporate debt securities	\$ —	\$ 37,503	\$ —	\$ 37,503	\$ 37,503
U.S. Treasury and Agency securities	—	16,927	—	16,927	16,927
Equity securities	1	—	—	1	1
State and municipal bonds	—	2,493	—	2,493	2,493
Assets subject to leveling	<u>\$ 1</u>	<u>\$ 56,923</u>	<u>\$ —</u>	<u>56,924</u>	<u>56,924</u>
Add: Cash and cash equivalents				3,823	3,823
Add: Receivable for securities sold				108	108
Add: Interest and dividend receivables				784	784
Less: Payable for securities purchased				(177)	(177)
Net assets of the Pension Trust				<u>\$ 61,462</u>	<u>\$ 61,462</u>

Plan's interest in the net assets of the Pension Trust as a percentage of the total 100 %

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit a reconciliation of the fair value hierarchy to the line items presented in the December 31, 2023 statement of net assets available for benefits.

The net investment income/(loss) of the Pension Trust for the years ended December 31, 2024 and 2023 was as follows:

(Dollars in Thousands)	2024	2023
Net (depreciation) appreciation in fair value of investments	\$ (3,942)	\$ 3,699
Interest	1,540	5,297
Dividends	32	18
Other	(793)	(1,067)
Net investment (loss)/income of the Pension Trust	<u>\$ (3,163)</u>	<u>\$ 7,947</u>
Plan's share of net investment (loss)/income in the Pension Trust	<u>\$ (3,163)</u>	<u>\$ 7,933</u>
Plan's interest in net investment (loss)/income of the Pension Trust as a percentage of the total	<u>100 %</u>	<u>100 %</u>

NOTE 6. FINANCIAL INSTRUMENTS

Derivative financial instruments were used by the Pension Trust's investment managers. The fixed income managers used various instruments, primarily options, futures and swap contracts, in order to manage their portfolios more efficiently by adjusting portfolio duration, adjusting exposure along the yield curve or by optimizing the trade off between portfolio convexity and yield. Upon entering into a derivatives contract, the Pension Trust was required to deposit cash or securities as collateral. Subsequent payments were then made or received by the Pension Trust, depending on the daily fluctuation in the value of the underlying contracts. Posted financial collateral included in the investments of the Pension Trust were \$0 at both December 31, 2024 and 2023.

BRISTOL-MYERS SQUIBB PUERTO RICO, INC. RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS

The Plan's estimated share of recognized gains and losses attributable to derivative financial instruments is included in the Plan's share of net investment income in the Pension Trust within the accompanying statements of changes in net assets available for benefits. The net investment income recognized on the Pension Trust's derivative financial instruments for the years ended December 31, 2024 and 2023 were as follows:

(Dollars in Thousands)	Gain Location	Amount of Gain/(Loss) Recognized	
		2024	2023
<i>Derivatives Not Designated as Hedges:</i>			
Futures	Net Investment Income of the Pension Trust	\$ —	\$ 1,235
Swaps	Net Investment Income of the Pension Trust	—	13
Total		<u>\$ —</u>	<u>\$ 1,248</u>

As of December 31, 2023, the Pension Trust's total notional amount for outstanding futures was \$23 million.

NOTE 7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The Form 5500 requires the Pension Trust to file a separate 5500 as a direct filing entity, which includes the total Pension Trust administrative expenses per Schedule C *Service Provider Information*. As such, the Plan does not report administrative expenses attributable to the Pension Trust on the Plan's Form 5500 filing.

The following is a reconciliation of the changes in net assets per the financial statements to Form 5500.

(Dollars in Thousands)	2024	2023
Plan's share of net investment income/(loss) in the Pension Trust per Financial Statements	\$ (3,163)	\$ 7,933
Less: Administrative expenses per the financial statements	(258)	\$ (4,210)
Net investment gain/(loss) from master trust investment accounts per Form 5500	<u>\$ (3,421)</u>	<u>\$ 3,723</u>

NOTE 8. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events occurring after the date of the financial statements through September 5, 2025, which is the date the financial statements were available to be issued. Based upon that evaluation, the Plan has determined that no subsequent events have occurred which require adjustment to, or disclosure in, the financial statements.

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

B This return/report is: a single-employer plan a DFE (specify) _____
 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 BRISTOL-MYERS SQUIBB PUERTO RICO INC, RETIREMENT INCOME PLAN	1b Three-digit plan number (PN) ▶ <u>001</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) BRISTOL-MYERS SQUIBB PUERTO RICO PO BOX 364707 SAN JUAN, PR 00936	1c Effective date of plan <u>01/01/1971</u> 2b Employer Identification Number (EIN) <u>66-0256665</u> 2c Plan Sponsor's telephone number <u>787-774-2800</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		<u>9/9/25</u>	R. SCOTT MATARESE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>9/9/25</u>	R. SCOTT MATARESE
	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