

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 2024 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.) ☒ 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		
1a	Name of plan CONSOLIDATED ROCHE RETIREMENT PLAN	1b	Three-digit plan number (PN) ▶ 011
		1c	Effective date of plan 12/31/2013
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) HOFFMANN-LA ROCHE INC. 150 CLOVE ROAD LITTLE FALLS, NJ 07424	2b	Employer Identification Number (EIN) 22-0994270
		2c	Plan Sponsor's telephone number 650-225-1000
		2d	Business code (see instructions) 339110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2025	ALAYNE GATTI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 13143
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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) 1965 6a(2) 1760 6b 6403 6c 3921 6d 12084 6e 882 6f 12966 6g(1) 6g(2) 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:

1C 3F 3H 3J

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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
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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	B Three-digit plan number (PN)	011
CONSOLIDATED ROCHE RETIREMENT PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
HOFFMANN-LA ROCHE INC.	22-0994270	

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.
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1 Coverage Information:

(a) Name of insurance carrier					
METROPOLITAN LIFE INSURANCE					
(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
13-5581829	65978	142	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
0	1977

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	
METROPOLITAN LIFE INSURANCE	200 PARK AVENUE NEW YORK, NY 10166

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1877	FUND CHARGES	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
METROPOLITAN LIFE INSURANCE	200 PARK AVENUE NEW YORK, NY 10166

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	100	RISK CHARGE	3

(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** 747703**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** 5729**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 311
(4) Transferred from separate account **7c(4)** 1977
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 2288**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 8017**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)** 1877(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 100

▶ RISK AND TAX CHARGE

(5) Total deductions **7e(5)** 1977**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 6040

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)	0
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)	0
(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)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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. Specify nature of costs.	10b	

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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan CONSOLIDATED ROCHE RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 011
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HOFFMANN-LA ROCHE INC.	D Employer Identification Number (EIN) 22-0994270
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	3154191642	
b	Actuarial value	2b	3154191642	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	7099	1847983654	1847983654
b	For terminated vested participants	4242	493245282	493245282
c	For active participants	1965	640675357	673922110
d	Total	13306	2981904293	3015151046
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.11 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	45265991	
b	Expected plan-related expenses	6b	2000000	
c	Target normal cost	6c	47265991	

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

SIGN HERE	Signature of actuary DANIEL J KUNETZ Type or print name of actuary MERCER Firm name 601 MERRITT 7 NORWALK, CT 06856-6010 Address of the firm	09/03/2025 Date 23-04990 Most recent enrollment number 203-229-6000 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	534194024
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	98708771
9 Amount remaining (line 7 minus line 8)	0	435485253
10 Interest on line 9 using prior year's actual return of <u>9.89</u> %	0	43069492
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	478554745

Part III Funding Percentages

14 Funding target attainment percentage	14	88.73 %
15 Adjusted funding target attainment percentage	15	104.61 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.41 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	47265991	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	339514149	33032187	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	80298178	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	80298178	80298178
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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 CONSOLIDATED ROCHE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	011
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	Service Provider Information (see instructions)
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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
METROPOLITAN LIFE INSURANCE
13-5581829

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

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

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

MERCER

36-2336943

(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?
11	ACTUARY	305050	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 18 19	CONSULTANT	300000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENT INSTITUTION

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?
18 19 15	SERVICE PROVIDER	240844	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	CONSULTANT	130876	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET RETIREE SERVICES

1 HERITAGE DRIVE
QUINCY, MA 02171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 18 19	SERVICE PROVIDER	87383	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRANT THORNTON LLP

36-6055558

(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	79800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	7000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELOITTE AND TOUCHE

20F TAIPEI NAN SHAN PLAZA NO 100 SONGREN ROAD XINYI DIST
TAIPEI, TAIPEI 110016 TW

(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 17	SERVICE PROVIDER	7000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 CONSOLIDATED ROCHE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	011
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HOFFMANN-LA ROCHE INC.	D Employer Identification Number (EIN) 22-0994270	

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 U.S. RETIREMENT PLANS MASTER			
b Name of sponsor of entity listed in (a): GENENTECH INC.			
c EIN-PN 94-2347624-002	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2940663845	
a Name of MTIA, CCT, PSA, or 103-12 IE: METROPOLITAN LIFE INSURANCE			
b Name of sponsor of entity listed in (a): HOFFMANN-LA ROCHE INC.			
c EIN-PN 22-0994270-011	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 753744	
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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 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 CONSOLIDATED ROCHE RETIREMENT PLAN	B Three-digit plan number (PN) 011
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)	0	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)	3153463093	2940663845
(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)	744255	753744
(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	3154207348	2941417589
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	236000	322020
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	236000	322020
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	3153971348	2941095569

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)	15100	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		15100
(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)		-12853952
(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		-12838852

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	199224577	
(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)		199224577
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)	812350	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		812350
j Total expenses. Add all expense amounts in column (b) and enter total	2j		200036927

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-212875779
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: **GRANT THORNTON LLP**

(2) EIN: **36-6055558**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 _____.

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 587758.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 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 CONSOLIDATED ROCHE RETIREMENT PLAN				B Three-digit plan number (PN) ▶	011
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 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): _____ 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	61
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 19.8 % Private Equity: 1.1 % Investment-Grade Debt and Interest Rate Hedging Assets: 70.8 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.2 % Other: 8.1 %

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_____.

Financial Statements and Report of
Independent Certified Public
Accountants

**Consolidated Roche Retirement Plan
Plan No. 011, EIN: 22-0994270**

December 31, 2024 and 2023

Contents

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator
Consolidated Roche Retirement Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit

We have performed audits of the financial statements of Consolidated Roche 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 December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for opinion

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

Responsibilities of management for the financial statements

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

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

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

Auditor's responsibilities for the audit of the financial statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US 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 US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other matter – supplemental schedules required by ERISA

The supplemental schedule of assets held (at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedule that agreed to or is derived from

the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Grant Thornton LLP

Melville, New York
October 3, 2025

Consolidated Roche Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,
(Dollars in thousands)

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments		
Plan interest in Roche U.S. Retirement Plans Master Trust	\$ 2,940,664	\$ 3,153,463
MetLife guaranteed contracts, at contract value	<u>754</u>	<u>744</u>
Total assets	2,941,418	3,154,207
LIABILITIES		
Accrued expenses payable	<u>322</u>	<u>236</u>
Total liabilities	<u>322</u>	<u>236</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 2,941,096</u></u>	<u><u>\$ 3,153,971</u></u>

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

Consolidated Roche Retirement Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

**Years ended December 31,
(Dollars in thousands)**

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to		
Investment income (loss)		
Interest and other income from MetLife contracts	\$ 15	\$ 44
Change in Plan interest in Roche U.S. Retirement Plans Master Trust	<u>(12,853)</u>	<u>290,534</u>
Total investment (loss) income	(12,838)	290,578
Deductions from net assets attributed to		
Benefits paid to participants	199,225	184,876
Administrative fees	<u>812</u>	<u>613</u>
Total deductions	<u>200,037</u>	<u>185,489</u>
NET (DECREASE) INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	(212,875)	105,089
Net assets available for benefits		
Beginning	<u>3,153,971</u>	<u>3,048,882</u>
Ending	<u><u>\$ 2,941,096</u></u>	<u><u>\$ 3,153,971</u></u>

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

Consolidated Roche Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023
(Dollars in thousands)

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Consolidated Roche Retirement Plan (the Plan) is provided for general information purposes. Members should refer to the Summary Plan Description for complete information.

General

Effective December 31, 2013, The Roche Retirement Plan (Legacy Roche Plan) and the Syntex U.S. Employees Pension Plan (Legacy Syntex Plan) were merged with the Roche Diagnostics Corporation Pension Equity Plan (Legacy Diagnostics Plan or PEP Plan) creating the Plan. The purpose of the Plan is to provide retirement benefits to eligible members. The Plan is a defined benefit pension plan covering former employees of Hoffmann-La Roche Inc. (Plan Sponsor) and employees of certain affiliated companies (collectively, the Employer or Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective April 1, 2007, the Plan is closed to new hires (Soft freeze). The Plan has ongoing benefit accruals.

The Roche U.S. Governance Committee (the Governance Committee) is responsible for all of the Plan's operations and oversight.

Eligibility and Vesting

Any eligible employee who was a member accruing benefits under any of the legacy plans on the December 31, 2013, effective date of the Plan shall continue as a member of the Plan on and after the effective date as long as no break in service occurs. The amount of any member's vested benefit, the time when a benefit vests, and the time when such vested benefit becomes payable, shall be determined under the applicable section of the Plan.

Pension Benefits

For the purposes of determining benefit payments, the Plan is divided into three parts which pertain to members whose benefits are determined under the provisions of the Legacy Roche Plan, the Legacy Diagnostics Plan or PEP Plan and the Legacy Syntex Plan, respectively.

Benefits under part one follow the terms of the Legacy Roche Plan and terminated vested members are entitled to monthly pension benefits beginning at the normal retirement age of 65. Employees under age 65 may elect to receive reduced benefits at age 55 (50 if last hired before April 1, 1985) and completion of 10 years of service. Monthly benefits are determined according to one of the Legacy Roche Plan's three possible benefit schedules taking into account the member's age, credited service and final average earnings. Employees are 100% vested after five years of service or upon reaching age 65, whichever occurs first. The normal form of benefit of a member under this part shall be a monthly income for life beginning on the date of benefit commencement and ending with the payment due on the first day of the month in which the member's death occurs. Subject to certain requirements, members may select from various optional forms of payment.

Benefits under part two follow the Legacy Diagnostics Plan or PEP Plan and are calculated using a formula-based points system that utilizes the member's age, years of service and final average pay. Service prior to the Legacy Diagnostics Plan or PEP Plan's effective date is included in the benefits calculation as applicable and an offset applied representing the value of the benefit earned in the defined contribution pension plan previously sponsored by the Employer. Vested members can elect to receive their benefit through a lump-sum payment or may select from various optional forms of payment. If a member dies before receiving their benefit, the member's designated beneficiary or estate (if no beneficiary is designated) will receive the full benefit.

Consolidated Roche Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023
(Dollars in thousands)

Benefits under part three follow the Legacy Syntex Plan and terminated vested members are entitled to monthly pension benefits beginning at the normal retirement age of 65. Employees under age 65 may elect to receive reduced benefits at age 50. Monthly benefits are determined according to the Legacy Syntex Plan's formula taking into account the member's age, credited service and final average compensation. Employees are 100% vested after five years of service or upon reaching age 65, whichever occurs first. The normal form of benefit of a member under this part shall be a monthly income for life beginning on the date of benefit commencement and ending with the payment due on the first day of the month in which the member's death occurs. Subject to certain requirements, employees may select from various optional forms of payment.

Funding Policy

Provisions of the Plan provide that the Employer make contributions to the Plan for retirement benefits based on amounts required to be funded under the provisions of ERISA and such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan members. The amount of contributions required (and permitted) each year is determined by the Plan's actuary, Mercer Human Resource Consulting (the Actuary), using the projected unit credit actuarial cost method. Employees do not contribute to the Plan. For 2024 and 2023, the Plan did not have a minimum contribution amount required as the Plan had a credit balance available that exceeded the minimum contribution. For the years ended December 31, 2024 and 2023, the Employer contributions were \$0.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

Basis of Presentation

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

Investments

The Plan's interest in the Roche U.S. Retirement Plans 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. The Plan's Governance Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians, and insurance company. See Note 4 for a discussion of fair value measurements and how investments are valued.

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

The Metropolitan Life Insurance Company's (MetLife) immediate participation guaranteed contract investment is stated at contract value since the contract was entered into prior to March 20, 1992, as determined by the insurer and as permitted by accounting principles generally accepted in the United States of America (U.S. GAAP). Contract value represents contributions made under the contract, plus interest at the contract rate, less funds used to pay benefits and administrative costs associated with the contract.

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 assets, liabilities, and changes therein;

Consolidated Roche Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023
(Dollars in thousands)

disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are incurred by the Master Trust and included in Plan interest in Roche U.S. Retirement Plans Master Trust investment income (loss).

Subsequent Events

The Plan has evaluated subsequent events through October 3, 2025, the date the financial statements were available to be issued.

NOTE 3 - ASSETS HELD IN MASTER TRUST AND INFORMATION CERTIFIED AND PROVIDED BY THE TRUSTEE

The Master Trust includes the investment of assets of the Plan and three other plans that are sponsored by companies affiliated with the Plan Sponsor. The assets of the Master Trust are held by State Street Bank & Trust Company. At December 31, 2024 and 2023, the Plan's interest in the net assets of the Master Trust was approximately 17.2% and 19.9%, respectively. The Plan either owns 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 are 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 Bank & Trust Company, the Trustee of the Plan as of and for the years ended December 31, 2024 and 2023, except for comparing such information certified by the Trustee to the information included in the Plan's financial statements and supplemental schedule. The Plan Administrator has obtained certifications from the Trustee that the information provided to the Plan Administrator by the Trustee related to the following assets is complete and accurate to the best of their knowledge and belief.

Consolidated Roche Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023
(Dollars in thousands)

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, 2024 and 2023:

	2024		2023	
	Master Trust Balances	Plan's Interest in Master Trust Balances	Master Trust Balances	Plan's Interest in Master Trust Balances
Assets				
Cash	\$ 18,925	\$ 6,910	\$ 18,564	\$ 7,248
Investments, at fair value				
Asset-backed securities	686,123	163,751	616,928	120,116
Common or collective trusts and commingled funds	6,727,387	179,614	6,176,285	285,538
Corporate bonds	2,193,668	1,516,044	2,178,012	1,576,764
Convertible bonds	802	-	-	-
Equity securities	4,537,622	365,105	4,125,928	386,371
Exchange-traded funds	7,209	949	7,278	1,029
Government securities	888,293	663,043	862,428	736,540
Limited partnerships	411,381	70,873	398,898	79,420
Real estate	22,519	22,519	-	-
Self-directed accounts (a)	1,478,324	-	1,197,458	-
Total investments, at fair value	16,953,328	2,981,898	15,563,215	3,185,778
Investments, at contract value				
Synthetic GICs	410,026	-	457,659	-
Total investments	17,363,354	2,981,898	16,020,874	3,185,778
Receivables				
Notes receivable from participants (a)	73,125	-	72,275	-
Derivatives receivable	281,216	175,754	242,021	156,505
Receivables for investments sold	211,694	36,472	203,920	40,601
Dividends and interest receivable	53,125	9,152	48,934	9,743
Other receivables	41,262	21,349	77,388	20,134
Total receivables	660,422	242,727	644,538	226,983
Total assets	18,042,701	3,231,535	16,683,976	3,420,009
Liabilities				
Accrued fees (b)	10,446	1,803	8,718	1,736
Derivative payable	277,781	173,874	237,316	153,006
Payables for investments purchased	507,979	87,515	445,654	88,729
Other liabilities	161,729	27,679	158,824	23,074
Total liabilities	957,935	290,871	850,512	266,545
Net assets of the Master Trust	\$ 17,084,766	\$ 2,940,664	\$ 15,833,464	\$ 3,153,464

(a) Self-directed accounts and notes receivable from participants are not certified as of December 31, 2024 and 2023. 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.

(b) Included in liabilities but not certified are accrued administrative fees.

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During 2024 and 2023, the Master Trust's appreciation (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:

	2024	2023
Increase (decrease) in Master Trust attributable to		
Net appreciation in fair value for the Master Trust	\$ 1,650,573	\$ 1,979,410
Dividend, interest and other income	115,351	214,581
Advisory fees and other administrative expenses	(1,891)	(1,984)
Total Master Trust investment income	1,764,033	2,192,007
Transfers from plan level	1,662,174	1,480,310
Transfers to plan level	(2,174,905)	(1,490,306)
Increase in net assets of Master Trust	1,251,302	2,182,011
Net assets		
Beginning of year	15,833,464	13,651,453
Ending of year	\$ 17,084,766	\$ 15,833,464

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

The following table presents the net investment income (loss) for the Plan, as certified by the Trustee, for the Plan years ended December 31, 2024 and 2023:

	2024	2023
Total Master Trust investment income	\$ 1,764,033	\$ 2,192,007
Share of total Master Trust income attributable to other plans	1,776,886	1,901,473
Share of total Master Trust investment (loss) income attributable to the Plan	\$ (12,853)	\$ 290,534

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 are described as follows:

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

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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 specific (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 is a description of the valuation methodologies used by the Master Trust for assets measured at fair value. There have been no changes in the methodologies used during the years ended December 31, 2024 and 2023:

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 net asset value (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.

The Master Trust also holds certain international equity securities, which are classified as Level 3 in the fair value hierarchy. These investments are not actively traded in active markets and are valued using unobservable inputs.

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.

Asset-backed securities: These include collateralized mortgage obligations (CMOs), federal national mortgage associations (FNMA)s and other asset-backed securities. Fair values are based on third-party pricing sources obtained by the custodian. 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.

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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 as a practical expedient at the end of the plan year as determined by the issuer based on the fair value of the underlying assets.

Self-directed accounts: Consisting of 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 its 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.

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The following tables set forth by level, within the fair value hierarchy, the Master Trust's financial instruments at fair value as of December 31, 2024 and 2023.

Investment at Fair Value as of December 31, 2024				
	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	\$ -	\$ 686,123	\$ -	\$ 686,123
Corporate bonds	-	2,193,668	-	2,193,668
Convertible bonds	-	802	-	802
Equity securities	4,536,674	-	948	4,537,622
Exchange-traded funds	7,209	-	-	7,209
Government securities	-	888,293	-	888,293
Self directed account	1,478,324	-	-	1,478,324
Total investments in the fair value hierarchy	\$ 6,022,207	\$ 3,768,886	\$ 948	9,792,041
Investments measured at NAV (a)				7,161,287
Total investments, at fair value				\$ 16,953,328
Derivatives				
Credit default swaps	\$ -	\$ 5,863	\$ -	\$ 5,863
Swap contracts	-	152,041	-	152,041
Options	-	31	-	31
Foreign exchange contracts	-	123,169	-	123,169
Futures	-	112	-	112
Total derivatives receivable	\$ -	\$ 281,216	\$ -	\$ 281,216
Liabilities				
Credit default swaps	\$ -	\$ (55)	\$ -	\$ (55)
Swap contracts	-	(156,194)	-	(156,194)
Options	-	(266)	-	(266)
Foreign exchange contracts	-	(121,265)	-	(121,265)
Futures	-	-	-	-
Total derivatives payable	\$ -	\$ (277,780)	\$ -	\$ (277,780)

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Investment at Fair Value as of December 31, 2023				
	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	\$ -	\$ 616,928	\$ -	\$ 616,928
Corporate bonds	-	2,178,012	-	2,178,012
Equity securities	4,124,980	-	948	4,125,928
Exchange-traded funds	7,278	-	-	7,278
Government securities	-	862,428	-	862,428
Self directed account	1,197,458	-	-	1,197,458
Total investments in the fair value hierarchy	<u>\$ 5,329,716</u>	<u>\$ 3,657,368</u>	<u>\$ 948</u>	8,988,032
Investments measured at NAV (a)				<u>6,575,183</u>
Total investments, at fair value				<u>\$ 15,563,215</u>
Derivatives				
Credit default swaps	\$ -	\$ 2,473	\$ -	\$ 2,473
Swap contracts	-	130,348	-	130,348
Options	-	343	-	343
Foreign exchange contracts	-	108,745	-	108,745
Futures	-	112	-	112
Total derivatives receivable	<u>\$ -</u>	<u>\$ 242,021</u>	<u>\$ -</u>	<u>\$ 242,021</u>
Liabilities				
Credit default swaps	\$ -	\$ (37)	\$ -	\$ (37)
Swap contracts	-	(127,389)	-	(127,389)
Options	-	(578)	-	(578)
Foreign exchange contracts	-	(109,312)	-	(109,312)
Futures	-	-	-	-
Total derivatives payable	<u>\$ -</u>	<u>\$ (237,316)</u>	<u>\$ -</u>	<u>\$ (237,316)</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 these tables are intended to permit reconciliation of the fair value hierarchy to line items presented in Note 3.

The following table presents the changes in the Master Trust's investments classified in Level 3 of the fair value hierarchy for the year ended December 31, 2024:

	Equity Securities
Balance, January 1, 2024	\$ 948
Purchases	-
Issuances	-
Transfers in	-
Transfers out	-
Balance, December 31, 2024	<u>\$ 948</u>

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Transfers from Levels 1 and 2 to Level 3 generally relate to whether significant unobservable inputs are used for the fair value measurements.

The following tables 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, 2024 and 2023:

	2024 Fair Value	2023 Fair Value	2024 Unfunded Commitments	2023 Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Common or Collective Trusts, Commingled Funds and Limited Partnerships						
Commodities ^(a)	\$ 264,358	\$ 222,792	\$ -	\$ -	Daily (1)	None
Fixed income ^(b)	894,257	835,440	-	-	Daily (1)	None
Infrastructure ^(d)	85,894	77,458	-	-	Daily (1)	None
International equity ^(e)	336,462	462,756	-	-	Daily (1)	None
Private equity ^(f)	223,706	28,916	10,195	10,195	Upon dissolution	None
Real estate ^(g)	192,278	152,717	-	-	Daily	None
	54,576	60,805	-	-	Monthly (2)	None
	22,519	26,865	-	-	Quarterly	60 days
Short-term investment fund ^(h)	113,907	171,482	-	-	Daily	None
U.S. equity ⁽ⁱ⁾	4,973,330	4,535,952	-	-	Daily (1)	None
	<u>\$ 7,161,287</u>	<u>\$ 6,575,183</u>	<u>\$ 10,195</u>	<u>\$ 10,195</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 hedge fund of fund investments which invest in underlying hedge funds across multiple strategies, including long/short equity, fixed income, event-driven, credit-oriented and other related strategies.

(d) This category includes investments in global infrastructure funds with the objective of providing total return through investments in U.S. and non-U.S. securities issued by infrastructure companies.

(e) 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 Morgan Stanley Capital International (MSCI) All Country World Index (ACWI) ex-U.S. Index, or (3) provide exposure to investments in developed economies outside the U.S.

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- (f) 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.
- (g) This category includes investments primarily in limited partnerships that invest in diversified portfolio of private real estate assets. Investments include both core and non-core real estate assets.
- (h) 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.
- (i) 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 - DERIVATIVE INSTRUMENTS IN MASTER TRUST

In the normal course of plan operations, certain investments in Master Trust utilize derivative instruments to manage exposures 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's statements of net assets available for benefits. As of December 31, 2024 and 2023, there were no derivative contracts accounted for as hedging instruments under ASC 815-10-50 within the Master Trust's investments. Although the contract or notional amount of these instruments is not recorded within the Master Trust's investments, these instruments are recognized as either a receivable or liability, depending on the rights or obligations of the contract measured at fair value.

The tables below represent the fair value of derivative instruments by risk in the statements of net assets available for benefits at December 31, 2024 and 2023:

2024			
Risk	Master Trust Statement of Net Assets Available for Benefits Location	Derivative Assets	Derivative Liabilities
Credit exposure	Derivative receivables	\$ 5,863	\$ -
Credit exposure	Derivative payables	-	(55)
Currency exposure	Derivative receivables	123,169	-
Currency exposure	Derivative payables	-	(121,265)
Interest rate exposure	Derivative receivables	20,509	-
Interest rate exposure	Derivative payables	-	(148,272)
Equity exposures	Derivative receivables	131,675	-
Equity exposures	Derivative payables	-	(8,188)
		\$ 281,216	\$ (277,780)

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2023			
Risk	Master Trust Statement of Net Assets Available for Benefits Location	Derivative Assets	Derivative Liabilities
Credit exposure	Derivative receivables	\$ 2,473	\$ -
Credit exposure	Derivative payables	-	(37)
Currency exposure	Derivative receivables	108,897	-
Currency exposure	Derivative payables	-	(110,031)
Interest rate exposure	Derivative receivables	17,208	-
Interest rate exposure	Derivative payables	-	(119,832)
Equity exposures	Derivative receivables	113,596	-
Equity exposures	Derivative payables	-	(8,135)
		<u>\$ 242,174</u>	<u>\$ (238,035)</u>

The tables below represent the effect of derivative instruments on the Master Trust statements of changes in investment loss for the years ended December 31, 2024 and 2023:

2024			
Risk	Amount of Realized Gain (Loss) of Derivatives	Change in Unrealized Appreciation (Depreciation) of Derivatives	Total
Credit exposure	\$ 1,177	\$ (748)	\$ 429
Currency exposure	-	3,065	3,065
Equity exposures	34,397	(8,154)	26,243
Interest rate exposure	(5,224)	(59,539)	(64,763)
Other	14,993	(5,442)	9,551
	<u>\$ 45,343</u>	<u>\$ (70,818)</u>	<u>\$ (25,475)</u>
2023			
Risk	Amount of Realized Gain (Loss) of Derivatives	Change in Unrealized Appreciation (Depreciation) of Derivatives	Total
Credit exposure	\$ 823	\$ 992	\$ 1,815
Currency exposure	-	1,169	1,169
Equity exposures	17,100	12,879	29,979
Interest rate exposure	(78,071)	48,696	(29,375)
Other	4,976	4,479	9,455
	<u>\$ (55,172)</u>	<u>\$ 68,215</u>	<u>\$ 13,043</u>

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The tables below represent the average volume of derivative instruments by risk in the Master Trust at December 31, 2024 and 2023:

2024			
<u>Risk</u>	<u>Contract Type</u>	<u>Long Notional Value</u>	<u>Short Notional Value</u>
Credit exposure	Swaps	\$ 251,173	\$ -
Equity exposures	Swaps	10	-
Interest rate exposure	Futures	944,000	(116,700)
Interest rate exposure	Options	57,900	(32,700)
Interest rate exposure	Swaps	416,211	-
		<u>\$ 1,669,294</u>	<u>\$ (149,400)</u>
2023			
<u>Risk</u>	<u>Contract Type</u>	<u>Long Notional Value</u>	<u>Short Notional Value</u>
Credit exposure	Swaps	\$ 108,218	\$ -
Equity exposures	Swaps	11	-
Interest rate exposure	Futures	1,126,100	(1,284,000)
Interest rate exposure	Options	12,500	(50,400)
Interest rate exposure	Swaps	1,453,104	-
		<u>\$ 2,699,933</u>	<u>\$ (1,334,400)</u>

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.

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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 years ended December 31, 2024 and 2023, 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 6 - ASSETS HELD IN GUARANTEED CONTRACTS CERTIFIED AND PROVIDED BY THE PLAN CUSTODIAN

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 Metropolitan Life Insurance Company, the Plan Custodian, for the immediate participation guarantee contract and the group annuity contract as of and for the years ended December 31, 2024 and 2023, except for comparing such information certified by the Plan Custodian to the information included in the Plan's financial statements and supplemental schedule.

The Plan Custodian certified to the completeness and accuracy of \$754 and \$744 of the Plan's assets, and \$44 and \$44 of interest and other income as of and for the years ended December 31, 2024 and 2023, respectively.

Immediate Participation Guarantee Contract

The Plan has entered into an immediate participation guarantee contract with MetLife. MetLife maintains the contributions in pooled accounts. The pooled accounts are credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by MetLife. This information was certified by MetLife. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rates for 2024 and 2023 were 5.52% and 6.27%, respectively.

Group Annuity Contract

The Plan Administrator originally maintained a group annuity contract (terminal purchase deposit administration contract) with MetLife. MetLife guaranteed the retirement benefit to the retiree under the Plan provisions. Effective May 1, 1979, the Plan Administrator amended its contract with MetLife from a terminal purchase deposit administration contract to an immediate participation guarantee contract. Under the terms of the amended contract, an account was established, the balance of which is comprised of the actuarially computed amount MetLife requires to be on deposit to fund the future retirement benefits it guarantees for all former annuity purchases made by the Plan Administrator prior to May 1, 1979, on behalf of pre-May 1,

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1979 retirees. Rather than disbursing to MetLife the full lump-sum amount needed to fund the retirement benefits for a member, as was done under the original contract, the Plan Administrator now directs the Trustee of the Plan assets to disburse only an amount necessary to bring the account at MetLife to its contractual balance.

In accordance with the terms of the amended contract, the actuarially computed value of pre-May 1, 1979, retirement benefits will be computed each year as of December 31, and it may change each year-end, depending upon the experience (mortality, benefit payments, etc.) of the retired group and the amended contract's investment earnings.

The terms of the amended contract requires a minimum deposit at MetLife to fund certain obligations specified in the group annuity contract. The MetLife investment has an overfunded contractual amount, when compared to the contractually required balances.

NOTE 7 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits payable under all circumstances (including retirement, death, disability and termination of employment) are included in the actuarial calculation, to the extent they are deemed attributable to employee service rendered through the date at which the benefit information is presented.

The actuarial present values of accumulated Plan benefits are computed by the Actuary and are those amounts that result from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The more significant assumptions underlying the actuarial valuation were: (a) life expectancy of members, utilizing the PRI-2012 White Collar Mortality Tables projected generationally for mortality improvements using the MP-2021 scale, (b) retirement age assumptions, with the assumed normal retirement age being 65, (c) investment return, including an assumed rate of interest of 4.02% and (d) a weighted-average discount rate of 2.9% for Legacy Roche, Legacy Syntex and Legacy Diagnostics.

The actuarial assumptions are based upon the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the accumulated Plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024.

The actuarial present value of accumulated plan benefits at December 31, 2023, was calculated by the Actuary as follows:

Vested benefits	
Active participants	\$ 526,378
Inactive participants with deferred benefits	428,208
Inactive participants receiving benefits	1,698,152
Nonvested benefits	<u>23,118</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 2,675,856</u>

Consolidated Roche Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023
(Dollars in thousands)

The changes in the actuarial present value of accumulated plan benefits for the year then ended were calculated by the Actuary as follows:

Actuarial present value of accumulated plan benefits at December 31, 2022	\$ 2,716,585
Increase (decrease) during the year attributed to	
Benefits accumulated and (gains) losses	40,813
Increase for interest due to decrease in discount period	168,244
Change in actuarial assumption	(64,910)
Benefits paid	(184,876)
Net decrease	(40,729)
Actuarial present value of accumulated plan benefits at December 31, 2023	\$ 2,675,856

NOTE 8 - PLAN TERMINATION

Although it has not expressed any intention 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 set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA, generally to provide the following benefits in the order indicated:

- (a) Benefits attributable to employee contributions, taking into account those paid out before termination.
- (b) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- (c) Other vested benefits insured by the Pension Benefit Guaranty Corporation (the PBGC), a U.S. governmental agency, up to the applicable limitations discussed below.
- (d) All other vested benefits (that is, vested benefits not insured by the PBGC).
- (e) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees which applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and who are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Consolidated Roche Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023
(Dollars in thousands)

Whether all members receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

NOTE 9 - RISKS AND UNCERTAINTIES

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

The Plan manages market risk by limiting the use of derivatives to hedging activities or by limiting potential exposure to amounts that are not considered material to the Plan. The Plan also is exposed to credit risk for nonperformance.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based upon certain assumptions such as interest rates, mortality and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 10 - TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Employer, in letter dated August 20, 2021, that the Plan and related trust are designed in accordance with applicable requirements of the Internal Revenue Code (the IRC). The Plan Administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 11 - PARTY-IN-INTEREST TRANSACTIONS

At December 31, 2024 and 2023, the Plan invested in funds managed by State Street Bank & Trust Company, the Trustee or related entities.

SUPPLEMENTAL SCHEDULE

Consolidated Roche Retirement Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

PLAN NO: 011, EIN: 22-0994270

(a)	(b) Description of Investment	(c) Cost	(d) Current Value
*	Roche U.S. Retirement Plans Master Trust	\$ 1,536,160,950	\$ 2,940,663,845
*	Metropolitan life insurance company - group annuity		
	Contract, at contract value	6,040	6,040
*	Metropolitan life insurance company - immediate participation		
	guarantee contract, at contract value	747,703	747,703
	Total investments	<u>\$ 1,536,914,693</u>	<u>\$ 2,941,417,588</u>

* Denotes a party-in-interest as defined by ERISA.

This information has been certified by State Street Bank & Trust Company, the Trustee and Metropolitan Life Insurance Company, the Custodian, as complete and accurate to the best of their knowledge and belief.

Schedule SB, line 26 — Schedule of Active Participant Data**Accruing Active Participants for Legacy Roche & Legacy Syntex**

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34											
35–39					3						3
40–44					31	4					35
					151,842						
45–49					46	52	8				106
					192,506	193,437					
50–54				2	39	51	30	12	1		135
					188,862	195,010	188,554				
55–59					33	37	30	33	15	1	149
					206,266	196,541	219,576	224,155			
60–64		1			26	27	32	16	21	5	128
					216,197	199,107	201,420		199,665		
65–69					8	5	15	5	3	3	39
70 & up					1		2			2	5
Total		1		2	187	176	117	66	40	11	600

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average pay as of 1/1/2024 limited to \$330,000. Average pay is not shown for cells with fewer than 20 participants.

Schedule SB, line 26 — Schedule of Active Participant Data**Accruing Active Participants for Legacy Diagnostics**

Attained age	Years of credited service										Total
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	
Under 25											
25–29											
30–34											
35–39			1		5						6
40–44					50	28	1				79
					147,376	161,454					
					135,906	180,095					
45–49					78	84	9				171
					165,885	173,188					
					187,687	245,862					
50–54					83	115	38	12			248
					170,943	167,779	156,036				
					233,478	286,509	334,174				
55–59					49	91	40	48	8	2	238
					146,508	165,630	176,529	175,883			
					246,823	344,127	412,280	481,939			
60–64					35	73	35	40	36	6	225
					158,178	160,390	174,684	198,269	144,705		
					333,448	435,855	533,612	670,543	509,190		
65–69					18	25	8	12	9	10	82
						148,328					
						487,623					
70 & up					1		1	1		1	4
Total			1		319	416	132	113	53	19	1,053

In each cell, the top number is the count of active participants for each age/service combination, the middle number is average pay as of 1/1/2024 limited to \$330,000 and the bottom number is average PEP balance. Average pay and PEP balance are not shown for cells with fewer than 20 participants.

Schedule SB, line 26 — Schedule of Active Participant Data**Frozen Active Participants for Legacy Roche & Legacy Syntex**

Attained age	Years of vesting service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34											
35–39				1							1
40–44				2	8	2					12
45–49			1	5	13	9	3				31
50–54			1	7	10	16	6	1			41
55–59			2	3	13	14	7	3	1		43
60–64				3	11	11	6	2	3		36
65–69				1	5	4	3	2		1	16
70 & up				1			1				2
Total			4	23	60	56	26	8	4	1	182

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average frozen benefit. Average frozen benefit is not shown for cells with fewer than 20 participants.

Schedule SB, line 26 — Schedule of Active Participant Data**Frozen Active Participants for Legacy Diagnostics**

Attained age	Years of vesting service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34											
35–39											
40–44		1			11	5					17
45–49		1			12	14	2				29
50–54				1	10	15	5	1			32
55–59		1		1		13	7	5			27
60–64					3	10	1	3	2	1	20
65–69					1	3					4
70 & up		1									1
Total		4		2	37	60	15	9	2	1	130

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average lump sum benefit. Average lump sum benefit is not shown for cells with fewer than 20 participants.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for January 1, 2024 funding valuation**

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	Stabilized	Nonstabilized
• First 5 years	4.75%	3.62%
• Next 15 years	4.87%	4.46%
• Over 20 years	5.59%	4.52%
Mortality sponsor elections		
• All participants	Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables for 2024 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with the IRS modified MP-2021 mortality improvement scale, in accordance with IRS regulation 1.430(h)(3)-1.	
417(e) lump sums	If the 417(e) lump sum of the Accrued Benefit is larger than the Pension Equity Benefit, then the liability is determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality post decrement.	
Pension equity plans (Legacy Diagnostics only)		
• Interest accumulation rate	Not applicable	
• Whipsaw calculations	The plan benefit is the greater of the Pension Equity Benefit and the 417(e) lump sum of the Accrued Benefit using Stabilized Rates	
Other economic assumptions		
• Salary increases	See table of sample rates	
• Expenses	\$2 million added to current year normal cost	
• Consumer Price Index	2.25% per year for increase in IRC section 415 and 401(a) (17) limitations	
• Social Security Wage Base	3.25% per year	

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Demographic assumptions																																																																							
• Withdrawal	See table of sample rates.																																																																						
• Disability incidence	1985 Pension Disability Table Class 1 – Unisex. See table of sample rates.																																																																						
• Retirement age	<table><tr><th colspan="3">Percentage</th></tr><tr><th>Attained age</th><th>Legacy Roche and Legacy Syntex</th><th>Legacy Diagnostics</th></tr><tr><td>50</td><td>3.0%</td><td>5.0%</td></tr><tr><td>51</td><td>4.0%</td><td>4.9%</td></tr><tr><td>52</td><td>5.0%</td><td>4.7%</td></tr><tr><td>53</td><td>6.0%</td><td>4.5%</td></tr><tr><td>54</td><td>7.0%</td><td>4.1%</td></tr><tr><td>55</td><td>8.0%</td><td>5.0%</td></tr><tr><td>56</td><td>9.0%</td><td>6.0%</td></tr><tr><td>57</td><td>10.0%</td><td>7.0%</td></tr><tr><td>58</td><td>11.0%</td><td>8.0%</td></tr><tr><td>59</td><td>12.0%</td><td>9.0%</td></tr><tr><td>60</td><td>13.0%</td><td>10.0%</td></tr><tr><td>61</td><td>14.0%</td><td>10.0%</td></tr><tr><td>62</td><td>16.0%</td><td>12.0%</td></tr><tr><td>63</td><td>18.0%</td><td>15.0%</td></tr><tr><td>64</td><td>20.0%</td><td>20.0%</td></tr><tr><td>65</td><td>22.0%</td><td>30.0%</td></tr><tr><td>66</td><td>24.0%</td><td>30.0%</td></tr><tr><td>67</td><td>40.0%</td><td>30.0%</td></tr><tr><td>68</td><td>40.0%</td><td>30.0%</td></tr><tr><td>69</td><td>40.0%</td><td>30.0%</td></tr><tr><td>70</td><td>100.0%</td><td>100.0%</td></tr></table>		Percentage			Attained age	Legacy Roche and Legacy Syntex	Legacy Diagnostics	50	3.0%	5.0%	51	4.0%	4.9%	52	5.0%	4.7%	53	6.0%	4.5%	54	7.0%	4.1%	55	8.0%	5.0%	56	9.0%	6.0%	57	10.0%	7.0%	58	11.0%	8.0%	59	12.0%	9.0%	60	13.0%	10.0%	61	14.0%	10.0%	62	16.0%	12.0%	63	18.0%	15.0%	64	20.0%	20.0%	65	22.0%	30.0%	66	24.0%	30.0%	67	40.0%	30.0%	68	40.0%	30.0%	69	40.0%	30.0%	70	100.0%	100.0%
Percentage																																																																							
Attained age	Legacy Roche and Legacy Syntex	Legacy Diagnostics																																																																					
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70	100.0%	100.0%																																																																					
• Benefit commencement age for terminated vested																																																																							
— Legacy Diagnostics	Immediate																																																																						
— Legacy Roche & Legacy Syntex (Ret Eligible)	64																																																																						
— Legacy Roche & Legacy Syntex (Not Ret Eligible)	62																																																																						
• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>																																																																					
— Percentage married	85%	65%																																																																					
— Spouse age difference	2 years younger	2 years older																																																																					

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Form of payment				
<u>Legacy Roche & Legacy Syntex</u>	<u>Single life</u>	<u>50% J&S</u>		
• Active retirements	40%	60%		
• Future vested deferred	40%	60%		
• Future disabilities	40%	60%		
• Future deaths	0%	100%		
• Current vested deferred	40%	60%		
<u>Legacy Diagnostics</u>	<u>Lump sum</u>	<u>Single life</u>	<u>50% J&S</u>	<u>100% J&S</u>
• Active retirements	35%	25%	10%	30%
• Future vested deferred ¹	35%	25%	10%	30%
• Future disabilities	100%	0%	0%	0%
• Future deaths	0%	0%	0%	100%
• Current vested deferred ¹	35%	25%	10%	30%

Table of sample rates

Attained age	Percentage			
	Withdrawal		Disability incidence	Salary increases
	Legacy Diagnostics	Legacy Roche and Legacy Syntex		
20	8.0%	10.0%	0.030%	7.50%
25	8.0%	10.0%	0.043%	7.00%
30	8.0%	10.0%	0.064%	6.50%
35	8.0%	10.0%	0.098%	6.00%
40	6.2%	7.9%	0.158%	5.50%
45	5.5%	7.0%	0.259%	5.00%
50	5.0%	6.4%	0.448%	4.50%
55	5.0%	5.0%	0.845%	4.00%
60	10.0%	5.0%	1.204%	3.50%
65	30.0%	5.0%	1.540%	3.00%

¹ The Lump sum benefits are spread out over 10 years from valuation date assuming 25% take lump sum immediately, 20% in the second year, 15% in the third year, 10% in the fourth year and 5% for next six years.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Rationale for economic assumptions**

- Salary increases – This assumption is based on an experience study conducted in 2024 which reviewed the experience from 2019 through 2023 plan years and the sponsor's expectation about future salary increases.
- Expenses – This assumption is derived by adding prior year's actual administrative expense and current year's actual PBGC premium.
- Consumer Price Index – This assumption is based on the long term inflation assumption periodically published by Mercer Investment LLC in their *Capital Markets Outlook* report.
- Social Security taxable wage base increases – This assumption is based on the inflation rate, plus a 100 basis point spread to reflect our best estimate for average real wage increases for the US economy as a whole.

Rationale for demographic assumptions

- Withdrawal and Retirement rates – Rates are based on an experience study conducted in 2024 which reviewed the experience from 2019 through 2023 plan years and the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied.
- Form of payment
 - Roche and Syntex - Based on an experience study conducted in 2024 which reviewed the experience from 2019 through 2023 plan years. The study showed that 60% of participants elect the joint and survivor annuity predominantly with 50% continuing to survivor, and 40% elect the single life annuity.
 - Diagnostics - Based on an experience study conducted in 2024 which reviewed the experience from 2019 through 2023 plan years. The study showed that 35% of participants elect a lump sum, 25% elect life annuity, 10% elect joint and survivor annuity with a 50% continuing to survivor, and 30% elect joint and survivor annuity with a 100% continuing to survivor.
- Benefit commencement age – Based on an experience study conducted in 2024 which reviewed the experience from 2019 through 2023 plan years.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial methods for funding****Asset methods**

The asset valuation method is the fair market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees who were hired before April 1, 2007 (participation freeze date), but only those employees who have completed the plan's eligibility requirements as of the freeze date are included in the valuation of liabilities. No actuarial liability is included for participants who terminated non-vested prior to the freeze date.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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

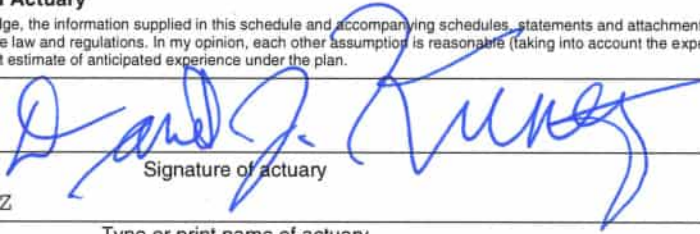
- Round off amounts to nearest dollar.
- Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan CONSOLIDATED ROCHE RETIREMENT PLAN	B Three-digit plan number (PN) 011
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HOFFMANN-LA ROCHE INC.	D Employer Identification Number (EIN) 22-0994270
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2024			
2 Assets:			
a Market value	2a	3,154,191,642	
b Actuarial value	2b	3,154,191,642	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	7,099	1,847,983,654	1,847,983,654
b For terminated vested participants	4,242	493,245,282	493,245,282
c For active participants	1,965	640,675,357	673,922,110
d Total	13,306	2,981,904,293	3,015,151,046
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.11%	
6 Target normal cost			
a Present value of current plan year accruals	6a	45,265,991	
b Expected plan-related expenses	6b	2,000,000	
c Target normal cost	6c	47,265,991	

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	9/3/2025 Date
DANIEL J KUNETZ Type or print name of actuary		2304990 Most recent enrollment number
MERCER Firm name		203-229-6000 Telephone number (including area code)
601 MERRITT 7 NORWALK CT 06856-6010 Address of the firm		

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

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

Schedule SB (Form 5500) 2024 v. 240311

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	534,194,024
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	98,708,771
9 Amount remaining (line 7 minus line 8)	0	435,485,253
10 Interest on line 9 using prior year's actual return of <u>9.89</u> %	0	43,069,492
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	478,554,745

Part III Funding Percentages

14 Funding target attainment percentage	14	88.73%
15 Adjusted funding target attainment percentage	15	104.61%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.41%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c 0
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	47,265,991	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	339,514,149	33,032,187	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	80,298,178	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	80,298,178	80,298,178
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36).....	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 60.

LEGACY DIAGNOSTICS

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
50	5.00%	10,000	500.00	25,000
51	4.90%	9,500	465.50	23,741
52	4.70%	9,035	424.62	22,080
53	4.50%	8,610	387.44	20,534
54	4.10%	8,222	337.12	18,204
55	5.00%	7,885	394.27	21,685
56	6.00%	7,491	449.46	25,170
57	7.00%	7,042	492.91	28,096
58	8.00%	6,549	523.89	30,386
59	9.00%	6,025	542.23	31,992
60	10.00%	5,483	548.26	32,896
61	10.00%	4,934	493.43	30,099
62	12.00%	4,441	532.90	33,040
63	15.00%	3,908	586.19	36,931
64	20.00%	3,322	664.35	42,518
65	30.00%	2,657	797.22	51,820
66	30.00%	1,860	558.06	36,832
67	30.00%	1,302	390.64	26,173
68	30.00%	911	273.45	18,594
69	30.00%	638	191.41	13,207
70	100.00%	447	446.63	31,264
Total			10,000.00	600,262
Average				60.03

Schedule SB, line 22 — Description of Weighted Average Retirement Age**LEGACY ROCHE AND LEGACY SYNTAX**

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	8.00%	10,000	800.00	44,000
56	9.00%	9,200	828.00	46,368
57	10.00%	8,372	837.20	47,720
58	11.00%	7,535	828.83	48,072
59	12.00%	6,706	804.72	47,478
60	13.00%	5,901	767.16	46,030
61	14.00%	5,134	718.77	43,845
62	16.00%	4,415	706.45	43,800
63	18.00%	3,709	667.60	42,059
64	20.00%	3,041	608.25	38,928
65	22.00%	2,433	535.26	34,792
66	24.00%	1,898	455.46	30,060
67	40.00%	1,442	576.92	38,653
68	40.00%	865	346.15	23,538
69	40.00%	519	207.69	14,331
70	100.00%	312	311.54	21,807
Total			10,000.00	611,483
Average				61.15

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Plan	(A) Number of Active Participants	(B) Average Retirement Age	(C) (A) x (B)
Legacy Diagnostics	1,183	60.03	71,015
Legacy Roche & Syntex	782	61.15	47,819
Total	1,965		118,835
Average			60.48

Schedule SB, Part V — Summary of Plan Provisions

Summary of Major Plan Provisions for the Legacy Diagnostics Retirement Plan

Effective date and plan year	Original plan: July 1, 2001 Plan year: January 1 to December 31 Restated plan: December 31, 2015 Most recent plan amendments: December 31, 2015																
Status of the plan	The plan has ongoing benefit accruals. Effective April 1, 2007, the plan is closed to new hires.																
Significant events that occurred during the year	None																
Definitions																	
• Participation	Employees become participants on the first day of the calendar month coinciding with or next following the completion of a Period of Service of at least one (1) year and the attainment of age 21. Effective April 1, 2007, the plan is closed to new hires.																
• Vesting & credited service	Service begins on an employee's commencement date. An employee is 100% vested after 3 years of service or attaining age 65 or due to death or disability while an active participant.																
• Pensionable earnings	Total W-2 pay, excluding certain reimbursements and special retention bonuses paid on account of a plant closing or sale, under the Compensation Limit.																
• Average Annual Compensation	Average of highest 3 out of last 5 calendar years.																
• Normal retirement age	Age 65																
• Pension equity benefit	A participant earns Points for each year of service according to the following table: <table><tr><th>Sum of Age and Service</th><th>Points Earned</th></tr><tr><td>Less than 36</td><td>2</td></tr><tr><td>36 - 45</td><td>4</td></tr><tr><td>46 - 55</td><td>7</td></tr><tr><td>56 – 65</td><td>10</td></tr><tr><td>66 - 75</td><td>13</td></tr><tr><td>76 - 85</td><td>16</td></tr><tr><td>86 or more</td><td>20</td></tr></table> The maximum number of total Points is 380. The Points described above are offset by RIP Offset Points. Effective July 1, 2001, each participant who had an account balance in the Retirement Income Plan (RIP) had initial RIP Offset Points equal to the lesser of: (1) 100 times the RIP account balance divided by Average Annual Compensation as of July 1, 2001, or (2) the total number of Points pursuant to the chart above as of June 30, 2001. Beginning July 1, 2001, the RIP Offset Points are increased at the rate of 3% per year, compounded annually. When the participant has earned a total of 380	Sum of Age and Service	Points Earned	Less than 36	2	36 - 45	4	46 - 55	7	56 – 65	10	66 - 75	13	76 - 85	16	86 or more	20
Sum of Age and Service	Points Earned																
Less than 36	2																
36 - 45	4																
46 - 55	7																
56 – 65	10																
66 - 75	13																
76 - 85	16																
86 or more	20																

Schedule SB, Part V — Summary of Plan Provisions

	Points (before RIP offset), the 3% annual growth in RIP Offset Points ceases. Net Points are equal to Total Points minus RIP Offset Points. The Pension Equity Benefit equals Net Points times 1% of Average Annual Compensation, payable as a lump sum.
Accrued benefit	The Accrued Benefit is an annuity beginning at Normal Retirement Age equal to the greater of: (1) The Pension Equity Benefit divided by 10, or (2) The anticipated number of Net Points which the participant would earn if he or she remained in employment until Normal Retirement Age, multiplied by a fraction, the numerator of which is the years of service since July 1, 2001 and the denominator of which is the anticipated years of service from July 1, 2001 until Normal Retirement Age, multiplied by 1% of Average Annual Compensation, divided by 10.
Retirement or termination	
Eligibility	100% vested
Benefit	A lump sum equal to the greater of the Pension Equity Benefit or vested Accrued Benefit multiplied by a deferred annuity factor based on PPA interest and mortality rates. Alternatively, the Participant may elect one of several annuity options.
Disability	
Eligibility	An employee who has incurred a total physical or mental inability on or after January 1, 1997, which is expected to be permanent as determined by the plan administrator. The employee must also qualify for and receive disability payments under the Federal Social Security Act.
Benefit	Employees on long term disability as of January 1, 2011 continue to accrue continuous service until the earlier of December 31, 2012, recovery, death, attainment of age 65, or commencement of payments. Employees not yet on long term disability have their service frozen six months after the date they become disabled, at which time employment is terminated. The benefit at retirement is based on earnings at disability.
Pre-retirement death	
Benefit	The participant is automatically vested upon death in active service. Spouse or beneficiary is entitled to receive the Pension Equity Benefit payable as a lump sum. Alternatively, a beneficiary who is the participant's surviving spouse may elect an annuity.

Schedule SB, Part V — Summary of Plan Provisions

Coordination with other pension plans in the controlled group	Participants who were covered in the past by a pension plan sponsored by another member of the controlled group will receive the greater of: - The benefit calculated under this Pension Equity Plan as though the Participant were a new hire as of the date of transfer to Hoffmann-La Roche, Inc., or - The benefit calculated under this Pension Equity Plan using all service back to original date of hire with the affiliated corporation, offset by the benefit provided under that corporation's pension plan. This provision applies to a group of employees who were covered under the Roche Retirement Plan until December 31, 1999 (referred to as "HLR employees"). Beginning on January 1, 2011, participants who transfer to another company within the Roche controlled group (excluding international transfers) will continue to accrue benefits as active employees under this plan.
Form of benefits	
Automatic form for unmarried participants	Life annuity
Automatic form for married participants	100% joint and survivor annuity
Optional forms	Lump sum Single life annuity Single life annuity with cash refund feature 50% joint and survivor annuity 50% joint and survivor annuity with cash refund feature 100% joint and survivor annuity 100% joint and survivor annuity with cash refund feature
Actuarial equivalence	Early retirement/lump sum to accrued benefit conversion: 1983 Group Annuity Mortality Table (50% male, 50% female) with 6.83% interest. Optional annuity forms: Factors defined in plan document based on participant and beneficiary ages. Accrued benefit to lump sum conversion: Segment interest rates and mortality as described in IRC Section 417(e) applicable to the current valuation year with interest rates as of the November prior to the valuation date.
Miscellaneous	
Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2024, the limit is \$345,000.
Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.

Schedule SB, Part V — Summary of Plan Provisions**Summary of Major Plan Provisions for Legacy Roche Retirement Plan**

Effective date and plan year	Original plan: January 1, 1975 Restated plan: January 1, 2011 Plan year: January 1 to December 31 Most recent plan amendment: December 31, 2013										
Status of the plan	The plan has ongoing benefit accruals. Effective April 1, 2007, the plan is closed to new hires.										
Significant events that occurred during the year	None										
Definitions											
• Covered employees	An employee who, on December 31, 1974, was a participant in The Retirement Plan of Hoffmann-La Roche, Inc. is a participant in this Plan.										
• Participation	Employee is eligible to participate on the first day of the month following the attainment of age 21 and the completion of one year of service.										
• Employee contributions	No employee who becomes a participant after December 31, 1974 is permitted to make contributions. Participants in the Prior Plan on December 31, 1974 who elected to continue making contributions may do so until the earlier of completion of 25 years of continuous service, actual retirement date (Mandatory Retirement Date for participants attaining age 65 prior to July 1, 1980). Annual contributions are equal to annual earnings times contribution rate less \$27 according to the following schedule: <table> <tr> <th><u>Salary Class</u></th><th><u>Contribution Rate</u></th></tr> <tr> <td>Under \$7,000</td><td>3.85477%</td></tr> <tr> <td>\$7,000 to \$7,999</td><td>3.88677%</td></tr> <tr> <td>\$8,000 to \$8,999</td><td>3.91877%</td></tr> <tr> <td>\$9,000 and Over</td><td>3.95077%</td></tr> </table> There are no longer any employee contributions made since any such employee has 25 years of continuous service.	<u>Salary Class</u>	<u>Contribution Rate</u>	Under \$7,000	3.85477%	\$7,000 to \$7,999	3.88677%	\$8,000 to \$8,999	3.91877%	\$9,000 and Over	3.95077%
<u>Salary Class</u>	<u>Contribution Rate</u>										
Under \$7,000	3.85477%										
\$7,000 to \$7,999	3.88677%										
\$8,000 to \$8,999	3.91877%										
\$9,000 and Over	3.95077%										
• Vesting service	Service is continuous service from date of employment.										
• Credited service	Service is continuous service from date of employment. Employees on long term disability as of January 1, 2011 continue to accrue continuous service until the earlier of age 65 or December 31, 2012 at which time service is frozen. Employees not yet on long term disability have their service frozen six months after the date they become disabled, at which time employment is terminated.										
• Pensionable earnings	An employee's basic compensation, excluding overtime, bonuses, commissions, or other forms of extra compensation. Compensation is limited by the IRC Section 401(a)(17) limit. The 2024 compensation limit is \$345,000.										
• Final average earnings	Final Average Earnings equals the highest average annual rate of earnings during a period of five consecutive years of continuous service. For all years prior to January 1, 1995, earnings considered were adjusted by 14/13. Effective January 1, 1995, the 14/13 adjustment on considered earnings has been eliminated.										

Schedule SB, Part V — Summary of Plan Provisions

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- | | |
|------------------------|--|
| • Covered Compensation | Covered Compensation is the 35 year average of the Social Security Wage base ending with the year the employee attains age 65. |
|------------------------|--|
-

Normal retirement

-
- | | |
|---------------|--------------------------------|
| • Eligibility | Age 65 and 5 years of service. |
|---------------|--------------------------------|
-
- | | |
|-----------|---|
| • Benefit | <p>The normal retirement benefit is computed as follows:</p> <p>Benefit Schedule I (for Prior Plan participants who left all of their contributions in the Plan and who continue to make contributions):
Benefit is (a) 2.4% of Final Average Earnings times years of continuous service not in excess of 25 years less (b) \$57.60 times the same number of years of continuous service.</p> <p>Benefit Schedule II (for Prior Plan participants who left all of their contributions in the Plan but who cease making contributions):
Benefit is (a) Schedule I benefit based on years of contributory continuous service plus (b) a Schedule III benefit based on years of non-contributory continuous service such that the total amount of continuous service from (a) and (b) does not exceed 25 years.</p> <p>Benefit Schedule III (for Prior Plan participants who withdrew all of their contributions as of January 1, 1975 and who make no further contributions and for employees who become participants on or after January 1, 1975):
Effective January 1, 1989 the new formula for this plan is 2% of Final Average Earnings less 0.4% of Final Average Earnings up to Covered Compensation, times years of Continuous Service not in excess of 25 years. Anyone still contributing or previously contributing will continue to obtain that portion of their benefit which is based on contributions. In cases where the new formula applies, the old accrued benefit at January 1, 1989 is retained as a minimum benefit.</p> <p>Due to OBRA 93, effective January 1, 1994, the Normal Retirement Benefit shall be equal to the greater of:</p> <p>a. The sum of:</p> <ul style="list-style-type: none"> (i) The accrued benefit determined under the Plan frozen as of December 31, 1993 and based on compensation limited to \$235,840 in all years prior to 1993. (ii) For continuous service after January 1, 1994, the accrued benefit determined under the Plan based on compensation limited to \$200,000, as adjusted by the commissioner for increases in the cost of living in accordance with Code section 401(a)(17)(B). <p>b. For all years of continuous service, the accrued benefit determined under the Plan based on compensation was limited to \$200,000 in all years prior to January 1, 2002 and limited to \$200,000 as adjusted by the commissioner for increases in the cost of living in accordance with Code section 401(a)(17)(B) in all years after December 31, 2001.</p> <p>Former Participants from Syntex</p> <p>Former participants from Syntex shall receive a benefit under The Roche Retirement Plan for all service from the original date of hire in Syntex, offset by the Frozen Accrued benefit earned under the Syntex Plan as of date of transfer.</p> |
|-----------|---|
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Schedule SB, Part V — Summary of Plan Provisions

The normal form of the benefit is a life annuity.

Early retirement

- Eligibility

A participant may elect to retire early after the attainment of age 50 and completion of 10 years of service. Employees hired on or after April 1, 1985 may elect to retire after the attainment of age 55 and completion of 10 years of service.
- Benefit

The early retirement benefit is computed in the same manner as for normal retirement and is based on

 - (a) Final Average Earnings and continuous service to the date of early retirement and
 - (b) The appropriate Benefit Schedule upon which participation and contribution status are based.

With respect to Benefit Schedule III, the Covered Compensation is determined under the assumption that the Social Security Law as of the termination date remains in effect.

The benefit may be reduced for early commencement by one-sixth of 1% for each of the first 60 months, and one-third of 1% for each of the next 120 months by which the commencement of his early retirement benefit precedes his Normal Retirement Date.

Effective October 1, 2015, members who are employees of Roche Carolina Inc. will have their benefits reduced as follows:

 - Benefits attributable to pre-October 1, 2015 Continuous Service: As described above
 - Benefits attributable to post-October 1, 2015 Continuous Service: The benefits are reduced as per the following table

Age at Annuity Starting Date	Percentage of Normal Retirement Benefit Payable
50	50%
51	54%
52	58%
53	62%
54	66%
55	70%
56	74%
57	79%
58	84%
59	89%
60	94%
61	97%
62 or later	100%

Schedule SB, Part V — Summary of Plan Provisions

Late retirement

• Eligibility	A participant may elect to retire after his Normal Retirement Date.
• Benefit	The late retirement benefit is based on the appropriate Benefit Schedule upon which his participation and contribution status are based; however, Earnings, Final Average Earnings and continuous service includes the period from Normal Retirement Date to Late Retirement Date.

Deferred vested

Eligibility	A participant is 100% vested on the earlier of (a) his Normal Retirement Date or (b) his completion of 5 years of service.
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Schedule SB, Part V — Summary of Plan Provisions

- Benefit**

The benefit is based on Final Average Earnings at termination, continuous service the participant would have had at his Normal Retirement Date, and the appropriate Benefit Schedule upon which his participation and contribution status are based. With respect to Benefit Schedule III, the Covered Compensation is determined under the assumption that the Social Security Law as of the termination date remains in effect. This amount is multiplied by the ratio of continuous service at date of termination to the continuous service the participant would have had at his Normal Retirement Date.

The participant can commence pension as early as age 55 (age 50 for pre – 1985 hires), however, benefit will be reduced to the actuarial equivalent of the benefit payable at normal retirement. For purposes of determining the Actuarial Equivalent, the person's Benefit shall be reduced by 5/9ths of 1% for each of the first 60 months, and 5/18ths of 1% for each of the next 120 months, by which the starting date of his Benefit precedes his Normal Retirement Date.

Effective October 1, 2015, members who are employees of Roche Carolina Inc. will have their benefits reduced as follows:

 - Benefits attributable to pre-October 1, 2015 Continuous Service: As described above
 - Benefits attributable to post-October 1, 2015 Continuous Service: The benefits may be reduced as per the following table:

Age at Annuity Starting Date	Percentage of Normal Retirement Benefit Payable
50	33.33%
51	36.67%
52	40.00%
53	43.33%
54	46.67%
55	50.00%
56	53.33%
57	79.00%
58	84.00%
59	89.00%
60	94.00%
61	97.00%
62 or later	100.00%

Disability

- Eligibility**

Employees on long term disability.
- Benefit**

Employees on long term disability as of January 1, 2011 continue to accrue continuous service until December 31, 2012 at which time service is frozen. Employees not yet on long term disability have their service frozen six months after the date they become disabled, at which time employment is terminated. The benefit at retirement is based on earnings at disability.

Schedule SB, Part V — Summary of Plan Provisions

Pre and post-retirement death

• Eligibility	Pre-retirement coverage commences once a participant has completed 5 years of service or has attained age 45, if earlier.
• Benefit	Upon the participant's death, the eligible spouse will receive a benefit of 50% of the normal retirement benefit payable under Benefit Schedule I, projected to the participant's Normal Retirement Date, but reduced in proportion to the actual number of years of continuous service. If death occurs prior to age 55 the benefit is based on level earnings from death until Normal Retirement Date; if death occurs after age 55, the benefit is based on Final Average Earnings. Post-retirement coverage is available to all retired participants who were hired before January 1, 1990 and who have an eligible spouse. The benefit is 50% of the participant's pension. Each eligible child receives 40% of the amount payable to the spouse subject to an overall maximum for all children of 100% of the spouse's benefit. Payments to a child cease once he attains age 21. Upon the death of a participant who was entitled to a deferred vested benefit, his eligible spouse will receive a benefit of 50% of the participant's deferred vested benefit (including a reduction to reflect an assumed election of a 50% joint and survivor option and any applicable early retirement reduction). The benefit will be payable at the earliest date the participant would have become eligible for early retirement.

Coordination with other pension plans in the controlled group	Beginning on January 1, 2011, participants who transfer to another company within the Roche controlled group (excluding international transfers) will continue to accrue benefits as active employees under this plan.
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Form of benefits

• Automatic form for unmarried participants	Single life annuity
• Automatic form for married participants	50% joint and survivor annuity

Schedule SB, Part V — Summary of Plan Provisions

• Optional forms	The optional forms are as follows: <i>Option A:</i> An actuarially reduced benefit payable during the participant's life after retirement, with the provision that after death 50% or 75% of the reduced benefit will continue to the contingent annuitant for life. <i>Option B:</i> An actuarially reduced benefit payable during the participant's life after retirement, with the provision that after death before 120 monthly payments have been made, the remainder of such payments will continue to the beneficiary. <i>Option C:</i> An actuarially reduced benefit payable during the participant's life after retirement, with the provision that after death before 180 monthly payments have been made the remainder of such payments will continue to the beneficiary. <i>Option D:</i> An actuarially adjusted benefit payable in such amounts to participants who retire before primary insurance benefits commence that together with the primary insurance benefit will form as nearly as possible a level series of payments. <i>Option E:</i> For members who were hired before January 1, 1995 and have a monthly retirement benefit of less than \$200, a lump sum benefit actuarially equivalent to the member's normal retirement benefit.
• Optional form conversion factors	Actuarial Equivalence for options A through D is based on 7.5% interest and 2013 PPA Unisex Combined annuitant and non-annuitant mortality table, and Option E is based on the IRC section 417(e).
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2024, the limit is \$345,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.

Schedule SB, Part V — Summary of Plan Provisions**Summary of Major Plan Provisions for Legacy Syntex U.S. Employees' Pension Plan**

Effective date and plan year	Original plan: July 31, 1965 Restated plan: January 1, 2011 Plan Year: Beginning January 1, 1997 the plan year is January 1 to December 31. Previously, the plan year was August 1 to July 31. The period of August 1, 1996 to December 31, 1996 was a short plan year. Most recent plan amendment January 1, 2011.
Status of the plan	The plan has ongoing benefit accruals. Effective April 1, 2007, the plan is closed to new hires.
Significant events that occurred during the year	None
Definitions	
• Participation	U.S. employees of the Company who are not temporary, leased or under a collective bargaining agreement commence participation on the first day of the month on or after their date of hire.
• Compensation	Base salary or hourly wages earned on account of service as an Eligible Employee, including shift differentials, vacation and sick leave pay, overtime pay, amounts paid as commissions or pursuant to a sales bonus plan, and amounts paid or accrued pursuant to a management incentive compensation plan or other formally adopted incentive or success sharing plans. Compensation for each plan compensation period (April 1 to March 31) is limited by the IRC Section 401(a)(17) limit for the calendar year in which the plan compensation period begins. The 2024 compensation limit is \$345,000.
• Vesting service	Period from date of hire to date of termination, including service earned at an Associated Company (any company considered to be a member of the Roche controlled group in the United States).
• Credited service	Period from date of hire to date of termination as an Eligible Employee.
• Final Average Compensation ("FAC")	The average of the compensation for the five consecutive complete plan compensation periods within the final 10 calendar years producing the highest average.
Normal retirement	
• Eligibility	First of month coinciding with or next following attainment of age 65.
• Benefit	1.5% of FAC times years of Credited Service.
Early retirement	
• Eligibility	Age 50 and 10 years of service at the time of retirement for a subsidized early retirement benefit. Other participants with at least five years of service may commence an actuarially equivalent benefit any time after age 50.

Schedule SB, Part V — Summary of Plan Provisions

- **Benefit** Normal Retirement Benefit based on Credited Service and FAC as of the early retirement date and further reduced by the following percentages for employees retiring or terminating after attaining age 50 with 10 years of service.

Age Benefits Begin	Reduction
62 or older	None
60 or 61	3% for each year prior to age 62
50 - 59	6% plus 5% per year prior to age 60

Late retirement

- **Eligibility** First of month coinciding with or next following date of late retirement.
- **Benefit** Same as Normal Retirement Benefit but based on Credited Service and FAC as of the late retirement date.

Deferred vested

- **Eligibility** Earlier of age 65 or five years of service.
- **Benefit** Normal Retirement Benefit based on Credited Service and FAC on termination date. Payable any time after age 50, with an actuarial reduction for early commencement before age 65.

Vested participants who terminate prior to attaining age 50 may commence an actuarially reduced benefit as early as age 50. Actuarial Equivalence is based on 7.5% interest and 2013 PPA Unisex combined annuitant and non-annuitant mortality table.

Disability

- **Eligibility** Permanently incapacitated for any employment while an Eligible Employee and after completion of ten years of service.
- **Benefit** Normal or Early Retirement Benefit based on Credited Service and FAC as of the disability retirement date. Employees on long term disability as of January 1, 2011 continue to accrue continuous service until December 31, 2012 at which time service is frozen. Employees not yet on long term disability have their service frozen six months after the date they became disabled, at which time employment is terminated. The benefit at retirement is based on earnings at disability.

Pre and post-retirement death

- **Eligibility** Legally married for at least six months and vested at time of death.
- **Benefit prior to early retirement** Surviving spouse receives a benefit equal to the survivor portion of the accrued early retirement 50% joint and survivor annuity. Benefit commences on the earliest date participant could have retired if participant had survived.
- **Benefit after early but before normal retirement** Benefits commences immediately if participant was eligible to retire at the time of death.

Schedule SB, Part V — Summary of Plan Provisions

Form of benefits

- | | |
|---|--|
| • Automatic form for unmarried participants | Single life annuity |
| • Automatic form for married participants | 50% joint and survivor annuity |
| • Optional forms | Actuarially equivalent 50%, 75% or 100% joint and survivor annuity. Beneficiaries other than spouses are allowed. Benefits with a lump sum value of \$1,000 or less are cashed out. |
| • Optional form conversion factors | Actuarial Equivalence based on 7.5% interest and 2013 PPA Unisex Combined annuitant and non-annuitant mortality table. Actuarially equivalent minimum lump sum distributions are determined as required under IRC §417(e). |

Miscellaneous

- | | |
|------------------------|--|
| • Maximum compensation | Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2024, the limit is \$345,000. |
| • Maximum benefits | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000. |
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Schedule SB, Part V — Summary of Plan Provisions**Benefits included or excluded**

Unless noted below, all benefits provided by the plan, as restated effective January 1, 2016, are included in this valuation:

- **Most recent plan amendments included:** Amendment as of January 1, 2016.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
 - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation does not include any late retirement increases.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued using benefits as provided by the plan administrator.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Schedule SB, Part V — Summary of Plan Provisions

Plan provision changes since prior valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2023 to 2024.

Consolidated Roche Retirement Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

PLAN NO: 011, EIN: 22-0994270

(a)	(b) Description of Investment	(c) Cost	(d) Current Value
*	Roche U.S. Retirement Plans Master Trust	\$ 1,536,160,950	\$ 2,940,663,845
*	Metropolitan life insurance company - group annuity		
	Contract, at contract value	6,040	6,040
*	Metropolitan life insurance company - immediate participation		
	guarantee contract, at contract value	747,703	747,703
	Total investments	<u>\$ 1,536,914,693</u>	<u>\$ 2,941,417,588</u>

* Denotes a party-in-interest as defined by ERISA.

This information has been certified by State Street Bank & Trust Company, the Trustee and Metropolitan Life Insurance Company, the Custodian, as complete and accurate to the best of their knowledge and belief.

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

Shortfall bases				
Year established		Outstanding balance	Years remaining	2024 installment
2023	\$	480,239,531	14	\$ 45,835,448
2024		(140,725,382)	15	(12,803,261)
Total	\$	339,514,149		\$ 33,032,187

Schedule SB, line 24 — Change in Actuarial Assumptions**Actuarial assumption changes since prior valuation**

- Retirement rates were updated to reflect the plan experience
- Withdrawal rates were updated to reflect the plan experience
- Form of payment election % for legacy diagnostics was updated from 35% lump sum, 30% Joint and Survivor 100%, 15% Joint and Survivor 50% and 20% for life annuity to 35% lump sum, 30% for Joint and Survivor 100%, 10% for Joint and Survivor 50%, and 25% for life annuity
- Salary scale was updated to reflect the plan experience
- Commencement age for current and future terminated vested retirement eligible participants in legacy Roche and legacy Syntex was updated from 62 to 64 and for not retirement eligible participants was updated from 63 to 62.
- Percentage married assumption for female participants was updated from 80% to 65%.