| Form 5500 | Annual Return/Report of Employee Benefit Plan | OMB Nos. 1210-0110 1210-0089 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **Complete all entries in accordance with the instructions to the Form 5500.** | **2024**<br>**This Form is Open to Public Inspection** |

## 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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
AMGEN RETIREMENT AND SAVINGS PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan
04/01/1985

**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)
AMGEN INC.

ONE AMGEN CENTER DRIVE
MS 21-2-A
THOUSAND OAKS, CA 91320-0000

**2b** Employer Identification Number (EIN)
95-3540776

**2c** Plan Sponsor's telephone number
805-447-1000

**2d** Business code (see instructions)
325410

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

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

| | | | |
|---|---|---|---|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/09/2025 | LINDSAY MEYER |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address [X] Same as Plan Sponsor

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

**a** Sponsor's name

**c** Plan Name

**4b** EIN

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 20142 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 12355 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 14965 |
| **b** | Retired or separated participants receiving benefits | **6b** | 673 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 6945 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 22583 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 62 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 22645 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | 20055 |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | 22574 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 442 |
| **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:

2E 2F 2G 2J 2K 2R 2S 2T 3H 2O

**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) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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)**<br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | **Insurance Information**<br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.**<br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br>**2024**<br>**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<br>AMGEN RETIREMENT AND SAVINGS PLAN | **B** Three-digit plan number (PN) ▶ 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500<br>AMGEN INC. | **D** Employer Identification Number (EIN)<br>95-3540776 |

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

**1** Coverage Information:

**(a)** Name of insurance carrier

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year **(f)** From | **(g)** To |
|---|---|---|---|---|---|
| 22-1211670 | 68241 | 063654 | 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 |
|---|---|
| | |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

**(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 **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
|---|---|---|---|
| | | | |

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 128201283 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 5813000 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 4097059 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6)Total additions | | | 7c(6) | 9910059 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 138111342 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ | 7e(4) | | | |
| | (5) Total deductions | | | 7e(5) | 0 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 138111342 |

## 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. | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

**SCHEDULE A (Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

**A** Name of plan
AMGEN RETIREMENT AND SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AMGEN INC.

**D** Employer Identification Number (EIN)
95-3540776

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

**1** Coverage Information:

**(a)** Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year **(f)** From | Policy or contract year **(g)** To |
|---|---|---|---|---|---|
| 39-0989781 | 86231 | MDA00915TR | 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 |
|---|---|
| | |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

**(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 **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
|---|---|---|---|
| | | | |

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | |
|---|---|---|
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

| | | | | |
|---|---|---|---|---|
| b Balance at the end of the previous year | | | 7b | 127599936 |
| c Additions: (1) Contributions deposited during the year | 7c(1) | 5804000 | | |
| (2) Dividends and credits | 7c(2) | | | |
| (3) Interest credited during the year | 7c(3) | 4215273 | | |
| (4) Transferred from separate account | 7c(4) | | | |
| (5) Other (specify below) ▶ | 7c(5) | | | |
| (6) Total additions | | | 7c(6) | 10019273 |
| d Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 137619209 |
| e Deductions: | | | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| (2) Administration charge made by carrier | 7e(2) | | | |
| (3) Transferred to separate account | 7e(3) | | | |
| (4) Other (specify below) ▶ | 7e(4) | | | |
| (5) Total deductions | | | 7e(5) | 0 |
| f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 137619209 |

## 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. | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

| SCHEDULE A (Form 5500) | Insurance Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.**<br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | **2024**<br>**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
AMGEN RETIREMENT AND SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AMGEN INC.

**D** Employer Identification Number (EIN)
95-3540776

## Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
AMERICAN GENERAL LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year (f) From | Policy or contract year (g) To |
|---|---|---|---|---|---|
| 25-0598210 | 60488 | 1648874 | 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 |
|---|---|
| | |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

**(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 (c) Amount | (d) Purpose | (e) Organization code |
|---|---|---|---|
| | | | |

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 127068315 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 4233302 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | 5794000 | | |
| | ▶ BOOK VALUE ADJUSTMENTS | | | | |
| | (6)Total additions | | | 7c(6) | 10027302 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 137095617 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ | 7e(4) | | | |
| | (5) Total deductions | | | 7e(5) | 0 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 137095617 |

## 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. | 10b | |

Specify nature of costs.

## Part IV Provision of Information

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

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

| **SCHEDULE A (Form 5500)**<br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | **Insurance Information**<br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.**<br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br>**2024**<br>**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
AMGEN RETIREMENT AND SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AMGEN INC.

**D** Employer Identification Number (EIN)
95-3540776

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

**1** Coverage Information:

**(a)** Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year **(f)** From | **(g)** To |
|---|---|---|---|---|---|
| 04-1590850 | 65935 | 30115 | 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 |
|---|---|
| | |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

**(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 **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
|---|---|---|---|
| | | | |

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | |
|---|---|---|
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY

| | | | | |
|---|---|---|---|---|
| b Balance at the end of the previous year | | | 7b | 127075832 |
| c Additions: (1) Contributions deposited during the year | 7c(1) | 5767000 | | |
| (2) Dividends and credits | 7c(2) | | | |
| (3) Interest credited during the year | 7c(3) | 4103351 | | |
| (4) Transferred from separate account | 7c(4) | | | |
| (5) Other (specify below) ▶ | 7c(5) | | | |
| (6) Total additions | | | 7c(6) | 9870351 |
| d Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 136946183 |
| e Deductions: | | | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| (2) Administration charge made by carrier | 7e(2) | | | |
| (3) Transferred to separate account | 7e(3) | | | |
| (4) Other (specify below) ▶ | 7e(4) | | | |
| (5) Total deductions | | | 7e(5) | 0 |
| f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 136946183 |

## 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. | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

| SCHEDULE A (Form 5500) | Insurance Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.**<br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | **2024**<br>**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<br>AMGEN RETIREMENT AND SAVINGS PLAN | **B** Three-digit plan number (PN) ▶ 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500<br>AMGEN INC. | **D** Employer Identification Number (EIN)<br>95-3540776 |

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

**1** Coverage Information:

**(a)** Name of insurance carrier

METROPOLITAN TOWER LIFE INSURANCE COMPANY

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year **(f)** From | **(g)** To |
|---|---|---|---|---|---|
| 13-3114906 | 97136 | GAC 38195 | 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 |
|---|---|
| | |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

**(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 **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
|---|---|---|---|
| | | | |

| **(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | |
|---|---|---|---|
| | | | |
| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

| **(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | |
|---|---|---|---|
| | | | |
| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

| **(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | |
|---|---|---|---|
| | | | |
| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

| **(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | |
|---|---|---|---|
| | | | |
| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

| **(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | |
|---|---|---|---|
| | | | |
| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | **6b** | |
| **c** | Premiums due but unpaid at the end of the year | **6c** | |
| **d** | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | **6d** | |

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | **7b** | 128258084 |
| **c** | Additions: (1) Contributions deposited during the year | **7c(1)** | 5822000 | | |
| | (2) Dividends and credits | **7c(2)** | | | |
| | (3) Interest credited during the year | **7c(3)** | 4143423 | | |
| | (4) Transferred from separate account | **7c(4)** | | | |
| | (5) Other (specify below) ▶ | **7c(5)** | | | |
| | (6)Total additions | | | **7c(6)** | 9965423 |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | | **7d** | 138223507 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | **7e(1)** | | | |
| | (2) Administration charge made by carrier | **7e(2)** | | | |
| | (3) Transferred to separate account | **7e(3)** | | | |
| | (4) Other (specify below) ▶ | **7e(4)** | | | |
| | (5) Total deductions | | | **7e(5)** | 0 |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | **7f** | 138223507 |

## 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. | | | 10b | |

Specify nature of costs.

## Part IV Provision of Information

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

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

| **SCHEDULE C (Form 5500)**<br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | **Service Provider Information**<br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | OMB No. 1210-0110<br>**2024**<br>**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<br>AMGEN RETIREMENT AND SAVINGS PLAN | **B** Three-digit plan number (PN) ▶ 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500<br>AMGEN INC. | **D** Employer Identification Number (EIN)<br>95-3540776 |

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

VANGUARD FIDUCIARY TRUST COMPANY

23-1945930

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

GALLIARD CAPITAL

41-1813702

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

WELLS FARGO

52-2250965

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

ARTISAN PARTNERS LTD. PARTNERSHIP

39-1870718

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

SEI TRUST COMPANY

06-1271230

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

ALTRINSIC GLOBAL ADVISORS, LLC

30-0016268

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

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

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

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

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

**(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)

MERRILL LYNCH PIERCE FENNER & SMITH

13-5674085

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 21 25 37 38 50 51 64 | NONE | 5341609 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

SUSTAINABLE GROWTH ADVISERS, LP

05-0571266

| (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? |
|---|---|---|---|---|---|---|
| 28 51 68 | NONE | 976987 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

ARROWMARK PARTNERS

39-2068140

| (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? |
|---|---|---|---|---|---|---|
| 28 51 | NONE | 953956 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

**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)

NORTHERN TRUST COMPANY

36-1561860

| (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? |
|---|---|---|---|---|---|---|
| 25 28 50 52 62 | NONE | 937363 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

PZENA INVESTMENT MANAGEMENT

13-3860154

| (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? |
|---|---|---|---|---|---|---|
| 28 51 | NONE | 829909 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

ARISTOTLE CAPITAL BOSTON

47-1867873

| (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? |
|---|---|---|---|---|---|---|
| 28 51 | NONE | 572377 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

**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)

SANDS CAPITAL MANAGEMENT, LLC

20-2830751

| (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? |
|---|---|---|---|---|---|---|
| 28 51 | NONE | 314382 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

WELLINGTON TRUST COMPANY

04-2755549

| (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? |
|---|---|---|---|---|---|---|
| 28 51 | NONE | 105705 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

NORTHERN TRUST INVESTMENTS INC

36-3608252

| (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? |
|---|---|---|---|---|---|---|
| 28 51 | NONE | 11812 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

## 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.** |
|---|---|---|

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

| | |
|---|---|
| **A** Name of plan AMGEN RETIREMENT AND SAVINGS PLAN | **B** Three-digit plan number (PN) ▶ 001 |
| **C** Plan or DFE sponsor's name as shown on line 2a of Form 5500 AMGEN INC. | **D** Employer Identification Number (EIN) 95-3540776 |

## 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: COLTV AGG BOND INDEX FD-NON-LEND

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

| **c** EIN-PN 27-6124985-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1234492359 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: COLTV MSCI ACWI EX-US INDEX NL FUND

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

| **c** EIN-PN 45-6138589-117 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 307495939 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: COLTV SHORT TERM INVESTMENT FUND

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

| **c** EIN-PN 45-6138589-084 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 65578497 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FTSE RAFI EMERGING INDEX NL FUND F

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO.

| **c** EIN-PN 46-2767068-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD SHORT CORE FUND F

**b** Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| **c** EIN-PN 52-2252204-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 262746035 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD INTERMEDIATE CORE FUND L

**b** Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| **c** EIN-PN 27-6635237-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 388268871 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM INVESTMENT FUND II

**b** Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| **c** EIN-PN 92-2544088-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 36482326 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 VALUE INDEX FUND

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

| **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) |
|---|---|---|
| 45-6138589-098 | C | 113885436 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE CORE PLUS COLLECTIVE TRUST

**b** Name of sponsor of entity listed in (a): METLIFE INVESTMENT MANAGEMENT

| **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) |
|---|---|---|
| 47-2237461-002 | C | 81613735 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SCHRODER GLOBAL STRATEGIC BOND TRST

**b** Name of sponsor of entity listed in (a): SCHRODER INVESTMENT MANAGEMENT

| **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) |
|---|---|---|
| 84-2579090-015 | C | 25823079 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON CORE BOND PLUS CIT II

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

| **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) |
|---|---|---|
| 04-6913417-004 | C | 81149579 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS INTERNATIONAL EQUITY C

**b** Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 82-6253445-011 | C | 186492162 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: COLTV MSCI ACWI EX-US INDEX NL FUND

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

| **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) |
|---|---|---|
| 45-6138589-103 | C | 127783078 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 3000 INDEX FUND

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

| **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) |
|---|---|---|
| 45-6138589-097 | C | 2094677419 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MAWER INTL EQUITY COLTV FUND

**b** Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 38-7140710-001 | C | 256920164 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: POLARIS CIT INTL VALUE COLTV FUND

**b** Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 61-6556739-001 | C | 246142798 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON INTL EQUITY OPP CIT

**b** Name of sponsor of entity listed in (a): WILMINGTON TRUST

| **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) |
|---|---|---|
| 38-4139857-635 | C | 144662208 |

## 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) | Financial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br>▶ **File as an attachment to Form 5500.** | **2024**<br>**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
AMGEN RETIREMENT AND SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AMGEN INC.

**D** Employer Identification Number (EIN)
95-3540776

## 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) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 4776528 | 3433090 |
| **c** General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 5271619 | 3466558 |
| (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) | 3009 | 2979 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | 763525683 | 533256711 |
| (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) | 30814923 | 35185439 |
| (9) Value of interest in common/collective trusts | 1c(9) | 4788810750 | 5654213685 |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 105092597 | 148845846 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | 805819697 | 999716673 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| 1d Employer-related investments: | | | |
| (1) Employer securities | 1d(1) | 397307694 | 344055715 |
| (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 | 6901422500 | 7722176696 |
| **Liabilities** | | | |
| g Benefit claims payable | 1g | 2426100 | 2576951 |
| h Operating payables | 1h | | |
| i Acquisition indebtedness | 1i | | |
| j Other liabilities | 1j | 5497298 | 4178843 |
| k Total liabilities (add all amounts in lines 1g through1j) | 1k | 7923398 | 6755794 |
| **Net Assets** | | | |
| l Net assets (subtract line 1k from line 1f) | 1l | 6893499102 | 7715420902 |

## 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) | 268014992 | |
| **(B)** Participants | 2a(1)(B) | 237183261 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 116347764 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 621546017 |
| b **Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 185368 | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 121 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | 2300919 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 2486408 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | 18414942 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 3288828 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 21703770 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 988843305 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 973480666 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 15362639 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | 33440209 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 33440209 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 482792150 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 25479951 |
| c Other income | 2c | | 165096095 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1367907239 |

### Expenses

| | | | |
|---|---|---|---|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 536251834 | |
| (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) | | 536251834 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | -27620 |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | 920069 | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 7903793 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 937363 | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 9761225 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 545985439 |

### Net Income and Reconciliation

| | | | |
|---|---|---|---|
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 821921800 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

**(1)** [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

**(1)** [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

**(1)** Name: ERNST & YOUNG **(2)** EIN: 34-6565596

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

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

## Part IV Compliance Questions

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

| During the plan year: | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** Was this plan covered by a fidelity bond? | 4e | X | | 2000000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | 4j | | X | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

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

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

| SCHEDULE R (Form 5500) | Retirement Plan Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under 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).<br>▶ **File as an attachment to Form 5500.** | **2024**<br>**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
AMGEN RETIREMENT AND SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AMGEN INC.

**D** Employer Identification Number (EIN)
95-3540776

## 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): 45-6138589 ____________

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

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

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

**a** Name of contributing employer

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

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

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

**a** Name of contributing employer

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

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

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

**a** Name of contributing employer

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

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

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

**a** Name of contributing employer

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

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

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

**a** Name of contributing employer

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

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

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

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.________________________________________

## Part VII IRS Compliance Questions

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

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

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

# FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

Amgen Retirement and Savings Plan
Year Ended December 31, 2024
With Report of Independent Auditors

Amgen Retirement and Savings Plan

Audited Financial Statements
and Supplemental Schedule

Year Ended December 31, 2024

**Contents**

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# Report of Independent Auditors

To the Plan Participants and the Plan Administrator of Amgen Retirement and Savings Plan

## Opinion

We have audited the financial statements of Amgen Retirement and Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan at December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

## Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the 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 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.

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 that the financial statements are available to be issued.

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

**Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

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

## Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion of the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024 (referred to as the "supplemental schedule"), 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 information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, 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 information in the supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Ernst + Young LLP

June 12, 2025

# Amgen Retirement and Savings Plan
## Statements of Net Assets Available for Benefits

| | December 31, 2024 | December 31, 2023 |
|---|---|---|
| **Assets** | | |
| Investments at fair value | $ 7,032,543,261 | $ 6,270,169,496 |
| Investments in fully benefit-responsive investment contracts at contract value | 688,059,315 | 638,250,657 |
| Notes receivable from participants | 35,591,211 | 31,248,315 |
| Other – principally due from broker | 3,433,090 | 4,776,528 |
| Total assets | 7,759,626,877 | 6,944,444,996 |
| **Liabilities** | | |
| Other – principally due to broker | 4,178,843 | 5,497,298 |
| Total liabilities | 4,178,843 | 5,497,298 |
| **Net assets available for benefits** | $ 7,755,448,034 | $ 6,938,947,698 |

*See accompanying notes.*

## Amgen Retirement and Savings Plan
## Statement of Changes in Net Assets Available for Benefits

| | Year Ended December 31, 2024 |
|---|---|
| Additions to (deductions from) net assets: | |
| Employer contributions | $ 268,014,992 |
| Participant contributions | 237,183,261 |
| Rollover contributions | 116,347,764 |
| Interest and dividend income | 49,639,021 |
| Net realized/unrealized gains | 688,876,587 |
| Interest income on notes receivable from participants | 2,300,919 |
| Benefits paid | (536,100,983) |
| Investment and administrative fees | (9,761,225) |
| Net increase | 816,500,336 |
| Net assets available for benefits at beginning of year | 6,938,947,698 |
| Net assets available for benefits at end of year | $ 7,755,448,034 |

*See accompanying notes.*

# Amgen Retirement and Savings Plan
# Notes to Financial Statements
# December 31, 2024

## 1. Description of the Plan

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

*General*

The Plan was established effective April 1, 1985, and was amended and restated effective January 1, 2017. The Plan was subsequently amended, with the most recent amendment effective on or prior to December 31, 2024 adopted on December 18, 2023. The Plan was further amended on March 5, 2025, effective January 1, 2025. The Plan is a defined contribution plan covering substantially all domestic employees of Amgen Inc. (the Company or Amgen) and participating subsidiaries. The Plan is intended to qualify under sections 401(a) and 401(k) of the Internal Revenue Code of 1986 (the Code) (see Note 4, *Income Tax Status*) and section 407(d)(3)(A) of the Employee Retirement Income Security Act of 1974 (ERISA).

*Contributions*

Subject to certain limitations (as defined in the Plan), participants may elect to contribute up to 30% of their eligible compensation in pre-tax contributions, Roth contributions (in accordance with the Code), after-tax contributions or a combination of these types of contributions (together, Individual Contributions). A participant's combined pre-tax contributions and Roth contributions (exclusive of catch-up contributions discussed below) are subject to Internal Revenue Service (IRS) and Plan limits and could not exceed a maximum of $23,000 in 2024. Participant after-tax contributions are subject to IRS and Plan limitations and could not exceed a maximum of $11,500 in 2024. Unless an employee has voluntarily enrolled in the Plan or has declined to participate in the Plan within the first 30 days of employment, all newly eligible participants are automatically enrolled in the Plan, and contributions equal to 5% of their eligible compensation are withheld and contributed to the Plan as pre-tax contributions; such contributions are automatically increased by 1% per year until their contributions reach 10% of their eligible compensation. Participants may elect to adjust, cease or resume their Individual Contributions at any time.

Participants who are at least age 50 by the close of the Plan year may also elect to make certain additional Individual Contributions, referred to as catch-up contributions, that are subject to IRS and Plan limitations and could not exceed $7,500 in 2024. Catch-up contributions may be made as pre-tax contributions, Roth contributions or a combination of these types of contributions. Participants may also contribute pre-tax, Roth and after-tax amounts representing distributions from certain retirement plans qualified in the United States or certain individual retirement accounts (IRAs), referred to as rollover contributions (as defined in the Plan).

Each pay period, the Company makes a non-elective contribution for all eligible participants, whether or not they have elected to make Individual Contributions to the Plan, equal to 5% of each participant's eligible compensation (Core Contributions) up to a maximum of $17,250 in 2024. In addition, the Company makes a contribution equal to amounts contributed by the participant as pre-tax contributions or Roth contributions, including such contributions designated as catch-up contributions, of up to 5% of eligible compensation (Matching Contributions) up to a maximum of $17,250 in 2024.

Also, the Company can, at its discretion, make a special contribution (Special Contribution) on behalf of a participant who is in his or her initial year of employment with the Company and who could not make the maximum participant contribution permitted under the Plan because in the same Plan year he or she previously made pre-tax salary deferrals under a prior unrelated employer's qualified plan.

Participants select the investments in which their Individual Contributions, including their Core Contributions, Matching Contributions and Special Contributions, if any, (collectively, Company Contributions) are to be invested, electing among various alternatives, including Amgen common stock (Amgen stock). Participants may direct a maximum of 20% of contributions to be invested in Amgen stock. In addition, participants may transfer amounts among the investment options at any time, subject to certain limitations. Notwithstanding the foregoing, if 20% or more of the value of a participant's Plan account is invested in Amgen stock, the Plan document provides that no transfers from other investment options can be made to invest in Amgen stock.

The accounts of participants who have not made an investment election are allocated to investments under a qualified default investment alternative, which is intended to be compliant with ERISA regulations. At any time, participants may elect to alter the investments in their accounts made under a qualified default investment alternative.

*Vesting*

Participants are immediately vested with respect to their Individual Contributions, Matching Contributions and Special Contributions, if any, and earnings and losses (hereafter referred to as earnings) thereon. Participants hired prior to January 1, 2020, are also immediately vested with respect to their Core Contributions and earnings thereon. Participants hired on or after January 1, 2020, vest in full with respect to their Core Contributions and earnings thereon after three years of service, as defined by the terms of the Plan, or upon reaching age 65 while employed by Amgen, if earlier. If a participant ceases to be an employee before fully vesting in their account, the non-vested Core Contributions and earnings thereon of the participant's account is treated as a forfeiture, as defined by the terms of the Plan, on the earlier of (a) the date the participant incurs a five-year break in service, as defined by the terms of the Plan or, (b) the date the participant receives a distribution of the entire vested portion of their account.

*Participant Accounts*

Each participant's account is credited with: (a) the participant's Individual Contributions; (b) an allocation of Company Contributions; and (c) earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

*Plan Investments*

Plan participants can invest in seven different asset classes as well as Amgen stock or can actively manage their account under a self-directed brokerage arrangement in which a wider array of investment options are available. The value of an investment in an asset class is determined by its underlying investment vehicles, which may include one or more of the following: mutual funds, collective trust funds and portfolios which are separately managed exclusively for the benefit of Plan participants and their beneficiaries (separately managed portfolios). The separately managed portfolios invest in various types of assets, including publicly traded common and preferred stocks, collective trust funds and investment contracts. The asset classes are designed to provide participants with choices among a variety of investment objectives.

*Payments of Benefits*

Subject to Plan limitations, upon termination of employment, including termination due to disability (as defined in the Plan) or retirement, participants may elect to receive a full or partial distribution of their account balance in: (a) a single payment in cash; (b) a single distribution in full shares of Amgen stock (with any fractional shares paid in cash); (c) a single distribution paid in a combination of cash and full shares of Amgen stock; (d) cash installments over 10 years; or (e) a rollover distribution to an eligible retirement plan.

Participants may also elect to maintain their account balance in the Plan subsequent to termination of employment, provided that their account balance is greater than $1,000.

If a participant dies before receiving the value of his or her account balance, the participant's beneficiary may elect to receive the distribution of remaining funds from among the alternatives described above, subject to certain Plan limitations.

No withdrawals may be made from the Plan while a participant continues to be employed by the Company except in certain circumstances including, but not limited to, financial hardship, disability and attainment of age 59 1/2.

*Amgen Stock Dividends*

Participants that invest in Amgen stock may elect to receive distributions of cash with respect to dividends the Company pays on Amgen stock or reinvest such dividends to acquire additional shares of Amgen stock.

*Notes Receivable from Participants*

Subject to certain restrictions, a participant can have up to two loans outstanding at any one time from his or her Plan account with a combined maximum loan amount that may not exceed the lesser of: (a) 50% of the participant's account balance (exclusive of amounts related to Roth contributions and earnings thereon) or (b) $50,000 less certain adjustments, as applicable (as defined in the Plan). A participant's loan is secured by his or her Plan account balance. Loans bear interest at fixed rates which, until changed by the Company, are based on the prime rate plus one percentage point as published in The Wall Street Journal, determined as of the last day of the calendar quarter preceding origination or such other rate as may be required by law.

Loans are generally payable in installments over periods of up to five years, unless the loan is used to acquire a principal residence for which the term of the loan may be up to 20 years. Principal and interest payments are allocated to the participant's account.

*Plan Termination*

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. Upon termination, participants would become fully vested in Core Contributions and receive distributions of their account balances.

*Trustees and Custodians*

Bank of America, N.A. is the Plan's trustee and custodian with respect to the self-directed brokerage arrangement and the Amgen common stock fund. The Northern Trust Company, NA (Northern) is the Plan's trustee and custodian with respect to the asset classes.

**2. Summary of Significant Accounting Policies**

*Basis of Accounting*

The accompanying financial statements are prepared on the accrual basis of accounting. Benefits to participants are recorded when paid.

*Fair Value Measurement*

The investments of the Plan are reported at fair value, except for fully benefit-responsive investment contracts, discussed below. Fair value is generally defined as the price that would be received to sell an asset or paid to transfer a liability (the exit price) in an orderly transaction between market participants at the measurement date (see Note 3, *Fair Value Measurements*).

*Investment Income and Losses*

Dividend income is recognized on the ex-dividend date, and interest income is recorded on an accrual basis. Unrealized gains and losses on investments are measured by the change in the difference between the fair value and cost of the securities held at the beginning of the year (or date purchased if acquired during the Plan year) and the end of the year. Realized gains and losses from security transactions are recorded based on the weighted-average cost of securities sold.

*Fully Benefit-Responsive Investment Contracts*

As of December 31, 2024 and 2023, the Plan had fully benefit-responsive investment contracts, including synthetic investment contracts. The synthetic investment contracts are composed of wrapper contracts issued by insurance companies backed by the Plan's ownership in collective trust funds that invest in fixed income securities. Contract value is the relevant measurement attribute for synthetic investment contracts because this is the amount participants would receive if they were to initiate qualified transactions related to these investments. The issuers of the Plan's synthetic investment contracts credit the Plan with stated rates of interest, and the issuers guarantee that all qualified participant withdrawals related to the contracts will be at contract value, except as discussed below. The crediting rates provide for realized and unrealized gains and losses on the underlying assets to be amortized over the expected duration of the underlying investments through adjustments to the future interest crediting rates rather than being reflected immediately in the net assets of the Plan.

The contract values of the Plan's synthetic investment contracts were as follows:

| | December 31, | |
|---|---|---|
| | **2024** | **2023** |
| Synthetic investment contracts | $ 688,059,315 | $ 638,250,657 |
| Total fully benefit-responsive investment contracts | $ 688,059,315 | $ 638,250,657 |

The synthetic investment contracts provide for withdrawals at other than contract value associated with certain events which are not in the ordinary course of Plan operations. These withdrawals are made at contract value, modified by a market value adjustment as defined in the contract. Circumstances which may trigger a market value adjustment are generally defined as any event that, in the reasonable determination of the issuer, has or will have a material adverse effect on the issuer's interest under the contract. Such events may include, but are not limited to: (a) material amendments to the Plan's structure or administration; (b) changes in or the creation of competing investment options; (c) complete or partial termination of the Plan; (d) removal of a specifically identifiable group of employees from coverage under the Plan; (e) a change in law, regulation, ruling, administrative position, or accounting standard applicable to the Plan; or (f) communication to Plan participants designed to influence a participant not to invest in the asset class that contains these contracts. The Company does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

These synthetic investment contracts are evergreen contracts with no maturity dates, but do contain termination provisions. The issuer is obligated to pay the excess contract value when the fair value of the underlying investments equals zero. In addition, if the Plan defaults in its obligations under the synthetic investment contract and such default is not corrected within the time permitted by the contract, then the contract may be terminated by the issuer and the Plan will receive the fair value of the underlying investments as of the date of termination.

*Notes Receivable from Participants*

Notes receivable from participants are carried at their unpaid balance plus accrued but unpaid interest, as applicable.

*Due from/to Brokers*

Purchases and sales of investments are recorded on a trade-date basis. Amounts due from and due to brokers arise from unsettled sale and purchase transactions, respectively.

*Use of Estimates*

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

*Risks and Uncertainties*

The Plan provides for investment options representing varied combinations of equities (including Amgen stock), fixed income, and other investments. Investments, in general, particularly in securities, are exposed to various risks, such as interest rate, inflation, market and credit risks, among others. Market risk includes global events which could impact the value of investments, including securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investments, including securities, it is at least reasonably possible that changes in the values of the Plan's investments, including securities, will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the Plan's financial statements.

**3. Fair Value Measurements**

The Plan uses various valuation approaches in determining the fair value of investments within a hierarchy that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that observable inputs be used when available. Observable inputs are inputs that market participants would use in pricing the investment based on market data obtained from independent sources. Unobservable inputs are inputs that reflect assumptions about the inputs that market participants would use in pricing the investment and are developed based on the best information available in the circumstances.

The fair value hierarchy is divided into three levels based on the source of inputs as follows:

Level 1 – Valuations based on unadjusted quoted prices in active markets for identical investments that the Plan has the ability to access

Level 2 – Valuations for which all significant inputs are observable, either directly or indirectly, other than Level 1 inputs

Level 3 – Valuations based on inputs that are unobservable and significant to the overall fair value measurement

The availability of observable inputs can vary among the various types of investments. To the extent that the valuation is based on models or inputs that are less observable or unobservable in the market, the determination of fair value requires more judgment. In certain cases, the inputs used for measuring fair value may fall into different levels of the fair value hierarchy. In such cases, for financial statement disclosure purposes, the level in the fair value hierarchy within which the fair value measurement is categorized is based on the lowest level of input used that is significant to the overall fair value measurement.

The following fair value hierarchy tables present information about each major class/category of the Plan's investments measured at fair value:

| | Fair value measurements at December 31, 2024, using | | | |
|---|---|---|---|---|
| | Quoted prices in active markets for identical assets (Level 1) | Significant other observable inputs (Level 2) | Significant unobservable inputs (Level 3) | Total |
| Amgen stock | $ 344,055,715 | $ — | $ — | $ 344,055,715 |
| Cash and cash equivalents | 3,466,558 | — | — | 3,466,558 |
| Collective trust funds | — | 5,003,198,779 | — | 5,003,198,779 |
| Common and preferred stocks | 533,256,711 | — | — | 533,256,711 |
| Debt securities | — | 2,979 | — | 2,979 |
| Mutual funds | 148,845,846 | — | — | 148,845,846 |
| Self-directed brokerage accounts | 996,397,298 | 3,319,375 | — | 999,716,673 |
| Total investments at fair value | $ 2,026,022,128 | $5,006,521,133 | $ — | $7,032,543,261 |

| | Fair value measurements at December 31, 2023, using | | | |
|---|---|---|---|---|
| | Quoted prices in active markets for identical assets (Level 1) | Significant other observable inputs (Level 2) | Significant unobservable inputs (Level 3) | Total |
| Amgen stock | $ 397,307,694 | $ — | $ — | $ 397,307,694 |
| Cash and cash equivalents | 5,271,619 | — | — | 5,271,619 |
| Collective trust funds | — | 4,193,149,196 | — | 4,193,149,196 |
| Common and preferred stocks | 763,525,683 | — | — | 763,525,683 |
| Debt securities | — | 3,008 | — | 3,008 |
| Mutual funds | 105,092,597 | — | — | 105,092,597 |
| Self-directed brokerage accounts | 801,100,962 | 4,718,737 | — | 805,819,699 |
| Total investments at fair value | $2,072,298,555 | $4,197,870,941 | $ — | $6,270,169,496 |

The fair values of substantially all common stocks (including Amgen stock), preferred stocks, publicly traded mutual funds and underlying investments of self-directed brokerage accounts are valued using quoted market prices in active markets with no valuation adjustment.

Collective trust funds represent interests in pooled investment vehicles designed typically for collective investment of employee benefit trusts. The fair values of these investments are determined by reference to the net asset value per unit provided by the fund managers as the basis for current transactions.

**4. Income Tax Status**

The Plan received a determination letter from the IRS dated February 22, 2018, stating that, conditioned on the adoption of proposed Plan amendments submitted to the IRS on February 15, 2018, the Plan is qualified, in form, under Section 401(a) of the Code and, therefore, the related trust is exempt from taxation. There have been seven subsequent amendments to the Plan, including amendments to satisfy the conditions in the determination letter. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Company believes the Plan is currently being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt. The Company has indicated that it currently intends to continue to take the necessary steps, if any, to maintain the Plan's compliance with the applicable requirements of the Code.

**5. Party-in-Interest Transactions**

Parties-in-interest are certain entities defined under Department of Labor regulations, including Amgen, and other parties that provide services to the Plan, such as the trustees, custodians and investment managers. The Plan pays the trustees certain administrative and investment management fees, and the Company pays certain administrative fees on behalf of the Plan. The Plan invests in collective trust funds managed by Northern, certain of the Plan's investment managers and other third parties and may invest in securities of entities that are parties-in-interest. The Plan also invests in shares of common stock of Amgen and receives dividends on those shares. Notes receivable from participants are also considered party-in-interest transactions. In addition, an investment manager enters into synthetic investment contracts with certain insurance companies on behalf of the Plan.

### 6. Reconciliation of Financial Statements to the Form 5500

The reconciliation of net assets available for benefits per the financial statements to the Form 5500 consisted of the following:

| | December 31, 2024 | December 31, 2023 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 7,755,448,034 | $ 6,938,947,698 |
| Adjustment to fair value for fully benefit-responsive investment contracts | (37,044,409) | (42,589,104) |
| Amounts allocated to withdrawing participants | (2,576,951) | (2,426,100) |
| Deemed loans | (405,772) | (433,392) |
| Net assets per the Form 5500 | $ 7,715,420,902 | $ 6,893,499,102 |

The following is a reconciliation of the net investment gain per the financial statements to the Form 5500:

| | Year Ended December 31, 2024 |
|---|---|
| Interest and dividend income | $ 49,639,021 |
| Net realized/unrealized gains | 688,876,587 |
| Net investment gain per the financial statements | 738,515,608 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts: | |
| Prior-year adjustment | 42,589,104 |
| Current-year adjustment | (37,044,409) |
| Total net investment gain per the Form 5500 | $ 744,060,303 |

The following is a reconciliation of expenses per the financial statements to the Form 5500:

| | Year Ended December 31, 2024 |
|---|---|
| Benefits paid | $ (536,100,983) |
| Investment and administrative fees | (9,761,225) |
| Total expenses per the financial statements | (545,862,208) |
| Amounts allocated to withdrawing participants at December 31, 2023 | 2,426,100 |
| Amounts allocated to withdrawing participants at December 31, 2024 | (2,576,951) |
| Deemed loans at December 31, 2023 | 433,392 |
| Deemed loans at December 31, 2024 | (405,772) |
| Total expenses per the Form 5500 | $ (545,985,439) |

**Supplemental Schedule**
**Amgen Retirement and Savings Plan**
**EIN: 95-3540776 Plan: #001**
**As of December 31, 2024**
**Schedule H, line 4i – Schedule of Assets (Held at End of Year)**

| Identity of Issue | Description of Investment | Current Value | |
|---|---|---|---|
| | | | |
| Amgen stock* | Employer Securities 1,320,042 shares | $ 344,055,715 | |
| | | | $ 344,055,715 |
| | | | |
| Capital Preservation Asset Class: | | | |
| Galliard Intermediate Core Fund L* | Collective Trust Fund 26,889,543 units | 388,268,871 | |
| Galliard Short Core Fund F* | Collective Trust Fund 15,803,322 units | 262,746,035 | |
| Short-Term Investment Fund II* | Collective Trust Fund 36,482,326 units | 36,482,326 | |
| NT Collective Short Term Investment Fund* | Collective Trust Fund 54,278,427 units | 54,278,427 | |
| Wrapper Contracts | | — | |
| Total Capital Preservation Asset Class | | | 741,775,659 |
| | | | |
| Fixed Income Active Asset Class: | | | |
| MetLife Core Plus Collective Fund* | Collective Trust Fund 8,096,601 units | 81,613,735 | |
| Wellington Core Bond Plus Portfolio Collective Investment Trust II* | Collective Trust Fund 7,304,193 units | 81,149,579 | |
| NT Collective Aggregate Bond Index Fund / Non Lending* | Collective Trust Fund 203,905 units | 30,628,555 | |
| Schroder Global Strategic Bond Trust Class W* | Collective Trust Fund 2,345,420 units | 25,823,079 | |
| Banc America Alternative Loan Trust Series 2004-6 Class 4A 15.0% Due 10-25-2048* | Corporate Bond 2,275 units | 1,887 | |
| GMAC Mortgage Loan Trust 2003/J10 4.75% Due 01/25/2019 | Corporate Bond 1,131 units | 1,092 | |
| NT Collective Short Term Investment Fund* | Collective Trust Fund 340 units | 340 | |
| Total Fixed Income Active Asset Class | | | 219,218,267 |
| | | | |
| Fixed Income Index Asset Class: | | | |
| NT Collective Aggregate Bond Index Fund / Non Lending* | Collective Trust Fund 8,014,538 units | 1,203,863,804 | |
| Total Fixed Income Index Asset Class | | | 1,203,863,804 |
| | | | |
| U.S. Equity Active Asset Class: | | | |
| NT Collective Russell 1000 Value Index Fund / Non Lending* | Collective Trust Fund 178,521 units | 113,885,436 | |
| NT Collective Russell 3000 Index Fund / Non Lending* | Collective Trust Fund 227,333 units | 21,106,461 | |
| Amazon Inc. | Common and Preferred Stock 76,247 shares | 16,727,829 | |
| Nvidia Corporation | Common and Preferred Stock 111,652 shares | 14,993,747 | |
| Microsoft Corporation | Common and Preferred Stock 35,065 shares | 14,779,898 | |
| NT Collective Short Term Investment Fund* | Collective Trust Fund 10,902,997 units | 10,902,997 | |
| Facebook Inc. Class A | Common and Preferred Stock 17,128 shares | 10,028,615 | |
| Apple Inc. | Common and Preferred Stock 33,873 shares | 8,482,477 | |
| Visa Inc. Class A | Common and Preferred Stock 25,247 shares | 7,979,062 | |
| ServiceNow, Inc. | Common and Preferred Stock 7,498 shares | 7,948,780 | |
| SS&C Technologies Holdings Inc. | Common and Preferred Stock 81,488 shares | 6,175,161 | |
| Netflix, Inc. | Common and Preferred Stock 5,895 shares | 5,254,331 | |
| Entegris Inc. | Common and Preferred Stock 50,467 shares | 4,999,261 | |

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

| Identity of Issue | Description of Investment | Current Value |
|---|---|---|
| Atlassian Corporation Class A | Common and Preferred Stock 19,686 shares | 4,791,179 |
| CVS Health Corporation | Common and Preferred Stock 105,737 shares | 4,746,534 |
| UnitedHealth Group Inc. | Common and Preferred Stock 9,326 shares | 4,717,650 |
| Baxter International Inc. | Common and Preferred Stock 160,897 shares | 4,691,757 |
| Shopify Inc. Class A | Common and Preferred Stock 43,408 shares | 4,615,573 |
| Intuit Inc. | Common and Preferred Stock 7,241 shares | 4,550,969 |
| S&P Global Inc. | Common and Preferred Stock 8,979 shares | 4,471,811 |
| Citigroup Inc. | Common and Preferred Stock 61,883 shares | 4,355,944 |
| Aon PLC | Common and Preferred Stock 11,976 shares | 4,301,300 |
| Waste Management, Inc. | Common and Preferred Stock 20,616 shares | 4,160,103 |
| Gartner Inc. | Common and Preferred Stock 8,524 shares | 4,129,622 |
| Thermo Fisher Scientific Inc. | Common and Preferred Stock 7,776 shares | 4,045,308 |
| Yum! Brands, Inc. | Common and Preferred Stock 29,586 shares | 3,969,258 |
| Canadian Pacific Kansas City Limited | Common and Preferred Stock 54,562 shares | 3,948,652 |
| Halozyme Therapeutics Inc. | Common and Preferred Stock 82,078 shares | 3,924,149 |
| STERIS plc | Common and Preferred Stock 19,032 shares | 3,912,218 |
| Clean Harbors Inc. | Common and Preferred Stock 16,934 shares | 3,897,191 |
| Danaher Corporation | Common and Preferred Stock 16,967 shares | 3,894,775 |
| Novo Nordisk A/S | Common and Preferred Stock 44,759 shares | 3,850,169 |
| Wells Fargo & Company* | Common and Preferred Stock 54,547 shares | 3,831,381 |
| Capital One Financial Corporation | Common and Preferred Stock 21,446 shares | 3,824,251 |
| Dow Inc. | Common and Preferred Stock 93,143 shares | 3,737,829 |
| Datadog, Inc. | Common and Preferred Stock 25,946 shares | 3,707,424 |
| Fresenius Medical Care | Common and Preferred Stock 163,629 shares | 3,704,561 |
| MSCI Inc. | Common and Preferred Stock 6,074 shares | 3,644,461 |
| Synopsys Inc. | Common and Preferred Stock 7,292 shares | 3,539,245 |
| Amphenol Corporation Class A | Common and Preferred Stock 50,848 shares | 3,531,394 |
| Humana Inc. | Common and Preferred Stock 13,894 shares | 3,525,047 |
| Waste Connections Inc. | Common and Preferred Stock 20,230 shares | 3,471,061 |
| Euronet Worldwide Inc. | Common and Preferred Stock 33,372 shares | 3,431,976 |
| Dollar General Corporation | Common and Preferred Stock 45,041 shares | 3,415,009 |
| Global Payments Inc. | Common and Preferred Stock 30,288 shares | 3,394,073 |
| Ecolab Inc. | Common and Preferred Stock 14,359 shares | 3,364,601 |
| RB Global Inc. | Common and Preferred Stock 37,268 shares | 3,361,946 |
| Workday, Inc. | Common and Preferred Stock 12,972 shares | 3,347,165 |
| Magna International Inc. | Common and Preferred Stock 79,821 shares | 3,335,720 |
| DexCom, Inc. | Common and Preferred Stock 42,688 shares | 3,319,846 |
| Merit Medical Systems Inc. | Common and Preferred Stock 34,289 shares | 3,316,432 |
| Spotify Technology S.A. | Common and Preferred Stock 7,394 shares | 3,307,928 |
| Alphabet Inc. | Common and Preferred Stock 17,078 shares | 3,252,334 |
| MetLife Inc.* | Common and Preferred Stock 39,316 shares | 3,219,194 |
| Sea Limited | Common and Preferred Stock 29,479 shares | 3,127,722 |
| Churchill Downs Inc. | Common and Preferred Stock 23,263 shares | 3,106,541 |
| Equitable Holdings Inc. | Common and Preferred Stock 65,021 shares | 3,067,041 |
| Lear Corporation | Common and Preferred Stock 32,352 shares | 3,063,734 |
| Charter Communications Inc. | Common and Preferred Stock 8,868 shares | 3,039,684 |
| Samsara Inc. Class A | Common and Preferred Stock 69,516 shares | 3,037,154 |
| Cognizant Technology Solutions Corporation Class A | Common and Preferred Stock 39,418 shares | 3,031,244 |
| Block, Inc. | Common and Preferred Stock 34,972 shares | 2,972,270 |

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

| Identity of Issue | Description of Investment | Current Value |
|---|---|---|
| Autodesk, Inc. | Common and Preferred Stock 9,975 shares | 2,948,311 |
| Ametek Inc. | Common and Preferred Stock 16,255 shares | 2,930,126 |
| CarGurus Inc. Class A | Common and Preferred Stock 78,733 shares | 2,876,904 |
| Trimble Inc. | Common and Preferred Stock 40,642 shares | 2,871,764 |
| Bank of America Corporation* | Common and Preferred Stock 65,005 shares | 2,856,970 |
| Cloudflare, Inc. | Common and Preferred Stock 26,514 shares | 2,855,028 |
| American Express Company | Common and Preferred Stock 9,522 shares | 2,826,034 |
| BWX Technologies Inc. | Common and Preferred Stock 24,242 shares | 2,700,316 |
| Intercontinental Exchange, Inc. | Common and Preferred Stock 18,047 shares | 2,689,183 |
| Bio-Techne Corporation | Common and Preferred Stock 37,307 shares | 2,687,223 |
| HealthEquity Inc. | Common and Preferred Stock 27,378 shares | 2,626,919 |
| J2 Global Inc. | Common and Preferred Stock 47,244 shares | 2,567,239 |
| Delta Air Lines, Inc. | Common and Preferred Stock 41,633 shares | 2,518,797 |
| Brown & Brown Inc. | Common and Preferred Stock 24,520 shares | 2,501,530 |
| Amdocs Limited | Common and Preferred Stock 29,190 shares | 2,485,237 |
| Alight Inc. Class A | Common and Preferred Stock 358,557 shares | 2,481,214 |
| Pfizer Inc. | Common and Preferred Stock 93,060 shares | 2,468,882 |
| Bristol Myers Squibb | Common and Preferred Stock 43,459 shares | 2,458,041 |
| ASML Holding N.V. | Common and Preferred Stock 3,545 shares | 2,456,969 |
| Skyworks Solutions Inc | Common and Preferred Stock 27,136 shares | 2,406,420 |
| Shell plc | Common and Preferred Stock 38,214 shares | 2,394,107 |
| Voya Financial Inc. | Common and Preferred Stock 34,500 shares | 2,374,635 |
| Nu Holdings Limited | Common and Preferred Stock 229,156 shares | 2,374,056 |
| Ingredion Inc. | Common and Preferred Stock 17,102 shares | 2,352,551 |
| Okta Inc. | Common and Preferred Stock 29,814 shares | 2,349,343 |
| DoorDash, Inc. Class A | Common and Preferred Stock 13,674 shares | 2,293,814 |
| Tyson Foods Inc. | Common and Preferred Stock 39,902 shares | 2,291,971 |
| Medtronic PLC | Common and Preferred Stock 27,901 shares | 2,228,732 |
| LKQ Corporation | Common and Preferred Stock 60,322 shares | 2,216,834 |
| Huntington Bancshares Inc. | Common and Preferred Stock 135,001 shares | 2,196,466 |
| Salesforce.com Inc. | Common and Preferred Stock 6,545 shares | 2,188,190 |
| AppLovin Corporation Class A | Common and Preferred Stock 6,657 shares | 2,155,736 |
| IDEX Corporation | Common and Preferred Stock 10,262 shares | 2,147,734 |
| Doximity Inc. | Common and Preferred Stock 39,578 shares | 2,113,069 |
| Starbucks Corporation | Common and Preferred Stock 23,069 shares | 2,105,046 |
| Charles River Laboratories International Inc. | Common and Preferred Stock 11,403 shares | 2,104,994 |
| PVH Corporation | Common and Preferred Stock 19,544 shares | 2,066,778 |
| Newell Brands Inc. | Common and Preferred Stock 203,960 shares | 2,031,442 |
| Waystar Holding Corporation | Common and Preferred Stock 54,639 shares | 2,005,251 |
| TE Connectivity plc | Common and Preferred Stock 13,758 shares | 1,966,981 |
| Sensata Technologies BV Holding | Common and Preferred Stock 71,319 shares | 1,954,141 |
| Generac Holdings Inc. | Common and Preferred Stock 12,230 shares | 1,896,262 |
| Uber Technologies, Inc. | Common and Preferred Stock 31,333 shares | 1,890,007 |
| Viper Energy Inc. | Common and Preferred Stock 38,261 shares | 1,877,467 |
| The Cooper Companies, Inc. | Common and Preferred Stock 20,410 shares | 1,876,291 |
| UGI Corporation | Common and Preferred Stock 65,112 shares | 1,838,112 |
| Dynatrace Inc. | Common and Preferred Stock 33,790 shares | 1,836,487 |
| NOV Inc. | Common and Preferred Stock 124,784 shares | 1,821,846 |
| Henry Schein Inc. | Common and Preferred Stock 26,178 shares | 1,811,518 |

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

| Identity of Issue | Description of Investment | Current Value |
|---|---|---|
| Coherent Corporation | Common and Preferred Stock 18,810 shares | 1,781,871 |
| Heico Corporation Class A | Common and Preferred Stock 9,534 shares | 1,774,087 |
| MACOM Technology Solutions Holdings Inc. | Common and Preferred Stock 13,202 shares | 1,715,072 |
| First American Financial Corporation | Common and Preferred Stock 27,415 shares | 1,711,793 |
| Chewy Inc. Class A | Common and Preferred Stock 50,395 shares | 1,687,729 |
| Roblox Corporation Class A | Common and Preferred Stock 28,957 shares | 1,675,452 |
| Veracyte Inc. | Common and Preferred Stock 42,230 shares | 1,672,308 |
| GlobalFoundries Inc. | Common and Preferred Stock 38,926 shares | 1,670,315 |
| Remitly Global Inc. | Common and Preferred Stock 73,960 shares | 1,669,277 |
| Huron Consulting Group Inc. | Common and Preferred Stock 12,879 shares | 1,600,345 |
| Dolby Laboratories Inc. | Common and Preferred Stock 20,268 shares | 1,582,931 |
| AerCap Holdings N.V. | Common and Preferred Stock 16,495 shares | 1,578,572 |
| Cabot Corporation | Common and Preferred Stock 17,076 shares | 1,559,210 |
| Axon Enterprise, Inc. | Common and Preferred Stock 2,606 shares | 1,548,798 |
| Blackbaud, Inc. | Common and Preferred Stock 20,784 shares | 1,536,353 |
| UBS Group AG | Common and Preferred Stock 50,412 shares | 1,528,492 |
| Woodward Inc. | Common and Preferred Stock 8,908 shares | 1,482,469 |
| Snowflake Inc. Class A | Common and Preferred Stock 9,531 shares | 1,471,682 |
| Tandem Diabetes Care Inc. | Common and Preferred Stock 40,805 shares | 1,469,796 |
| Prosperity Bancshares Inc. | Common and Preferred Stock 19,211 shares | 1,447,549 |
| Ultragenyx Pharmaceutical Inc. | Common and Preferred Stock 33,724 shares | 1,418,769 |
| ACV Auctions Inc. Class A | Common and Preferred Stock 64,909 shares | 1,402,034 |
| Dycom Industries Inc. | Common and Preferred Stock 7,774 shares | 1,353,142 |
| Curtiss Wright Corporation | Common and Preferred Stock 3,800 shares | 1,348,506 |
| Belden Inc. | Common and Preferred Stock 11,970 shares | 1,347,942 |
| QuidelOrtho Corporation | Common and Preferred Stock 30,248 shares | 1,347,548 |
| National Retail Properties Inc. | Common and Preferred Stock 32,862 shares | 1,342,413 |
| nCino, Inc. | Common and Preferred Stock 39,576 shares | 1,328,962 |
| Copart Inc. | Common and Preferred Stock 23,149 shares | 1,328,521 |
| ACI Worldwide Inc. | Common and Preferred Stock 25,372 shares | 1,317,061 |
| Mid-American Apartment Communities Inc. | Common and Preferred Stock 8,492 shares | 1,312,608 |
| Teleflex Inc. | Common and Preferred Stock 7,364 shares | 1,310,645 |
| Itron Inc. | Common and Preferred Stock 11,995 shares | 1,302,417 |
| Toro Company | Common and Preferred Stock 16,152 shares | 1,293,775 |
| FMC Corporation | Common and Preferred Stock 25,597 shares | 1,244,270 |
| Summit Materials Inc. | Common and Preferred Stock 24,477 shares | 1,238,536 |
| Advanced Energy Industries Inc. | Common and Preferred Stock 10,458 shares | 1,209,259 |
| Kirby Corporation | Common and Preferred Stock 11,215 shares | 1,186,547 |
| Alamos Gold Inc. Class A | Common and Preferred Stock 62,978 shares | 1,161,314 |
| Permian Resources Corporation | Common and Preferred Stock 80,643 shares | 1,159,646 |
| WEX Inc. | Common and Preferred Stock 6,610 shares | 1,158,865 |
| Madrigal Pharmaceuticals, Inc. | Common and Preferred Stock 3,721 shares | 1,148,189 |
| Chart Industrials Inc. | Common and Preferred Stock 5,976 shares | 1,140,460 |
| BankUnited Inc. | Common and Preferred Stock 29,724 shares | 1,134,565 |
| FTI Consulting Inc. | Common and Preferred Stock 5,914 shares | 1,130,343 |
| Graco Inc. | Common and Preferred Stock 13,253 shares | 1,117,095 |
| Carlisle Companies Inc. | Common and Preferred Stock 3,024 shares | 1,115,372 |
| Middleby Corporation | Common and Preferred Stock 8,199 shares | 1,110,555 |
| Azekpany Inc. | Common and Preferred Stock 23,310 shares | 1,106,526 |
| TKO Group Holdings Inc. | Common and Preferred Stock 7,673 shares | 1,090,410 |
| John Bean Technologies Corporation | Common and Preferred Stock 8,454 shares | 1,074,503 |
| Iridium Communications Inc. | Common and Preferred Stock 36,855 shares | 1,069,532 |

## Schedule H, line 4i – Schedule of Assets (Held at End of Year) (continued)

| Identity of Issue | Description of Investment | Current Value |
|---|---|---|
| IAC Inc. | Common and Preferred Stock 24,687 shares | 1,064,997 |
| Rentokil Initial plc | Common and Preferred Stock 41,832 shares | 1,059,186 |
| Hexcel Corporation | Common and Preferred Stock 16,638 shares | 1,043,203 |
| Chemed Corporation | Common and Preferred Stock 1,945 shares | 1,030,461 |
| National Bank Holdings Corporation Class A | Common and Preferred Stock 23,413 shares | 1,008,164 |
| Encompass Health Corporation | Common and Preferred Stock 10,853 shares | 1,002,275 |
| Oceaneering International Inc. | Common and Preferred Stock 38,171 shares | 995,500 |
| Certara Inc. | Common and Preferred Stock 92,654 shares | 986,765 |
| Cimpress plc | Common and Preferred Stock 13,690 shares | 981,847 |
| JP Morgan Chase & Company | Common and Preferred Stock 4,083 shares | 978,736 |
| AptarGroup Inc. | Common and Preferred Stock 6,221 shares | 977,319 |
| Supernus Pharmaceuticals Inc. | Common and Preferred Stock 26,928 shares | 973,716 |
| Ciena Corporation | Common and Preferred Stock 11,465 shares | 972,347 |
| Range Resources Corporation | Common and Preferred Stock 26,841 shares | 965,739 |
| Globus Medical, Inc. Class A | Common and Preferred Stock 11,648 shares | 963,406 |
| Keysight Technologies Inc. | Common and Preferred Stock 5,943 shares | 954,624 |
| Pool Corporation | Common and Preferred Stock 2,772 shares | 945,086 |
| ASGN Inc. | Common and Preferred Stock 11,142 shares | 928,574 |
| Barnes Group Inc. | Common and Preferred Stock 19,453 shares | 919,349 |
| Prestige Consumer Healthcare Inc. | Common and Preferred Stock 11,711 shares | 914,512 |
| Sotera Health Company | Common and Preferred Stock 65,963 shares | 902,374 |
| Knowles Corporation | Common and Preferred Stock 45,024 shares | 897,328 |
| Hannon Armstrong Sustainable Infrastructure Capital Inc. | Common and Preferred Stock 33,322 shares | 894,029 |
| On Semiconductor Corporation | Common and Preferred Stock 14,094 shares | 888,627 |
| Box Inc. Class A | Common and Preferred Stock 27,909 shares | 881,924 |
| KBR, Inc. | Common and Preferred Stock 15,222 shares | 881,810 |
| Federal Signal Corporation | Common and Preferred Stock 9,140 shares | 844,445 |
| Omnicell Inc. | Common and Preferred Stock 18,940 shares | 843,209 |
| Tenable Holdings Inc. | Common and Preferred Stock 21,184 shares | 834,226 |
| WisdomTree Investments Inc. | Common and Preferred Stock 79,410 shares | 833,805 |
| Markel Corporation Holding Company | Common and Preferred Stock 474 shares | 818,233 |
| Wolverine World Wide Inc. | Common and Preferred Stock 36,775 shares | 816,405 |
| Albany International Corporation Class A | Common and Preferred Stock 9,977 shares | 797,861 |
| Applied Industrial Technologies Inc. | Common and Preferred Stock 3,263 shares | 781,391 |
| Sprout Social, Inc. Class A | Common and Preferred Stock 25,047 shares | 769,193 |
| Haemonetics Corporation | Common and Preferred Stock 9,762 shares | 762,217 |
| GFL Environmental Inc. | Common and Preferred Stock 16,522 shares | 735,890 |
| KB Home | Common and Preferred Stock 10,960 shares | 720,291 |
| Sally Beauty Holdings Inc. | Common and Preferred Stock 67,967 shares | 710,255 |
| Teledyne Technologies Inc. | Common and Preferred Stock 1,508 shares | 699,908 |
| Acadia Healthcare Company Inc. | Common and Preferred Stock 16,815 shares | 666,715 |
| SpringWorks Therapeutics Inc. | Common and Preferred Stock 18,379 shares | 664,033 |
| Core & Main, Inc. Class A | Common and Preferred Stock 13,018 shares | 662,746 |
| Sportradar Group | Common and Preferred Stock 37,259 shares | 646,071 |
| ZipRecruiter Inc. Class A | Common and Preferred Stock 87,084 shares | 630,488 |
| Consensus Cloud Solutions Inc. | Common and Preferred Stock 26,157 shares | 624,106 |
| Jacobs Solutions Inc. | Common and Preferred Stock 4,667 shares | 623,605 |
| SLR Investment Corporation | Common and Preferred Stock 36,915 shares | 596,546 |
| J & J Snack Foods Corporation | Common and Preferred Stock 3,824 shares | 593,217 |
| Knight-Swift Transportation Holdings Inc. Class A | Common and Preferred Stock 11,167 shares | 592,298 |
| Heartland Express Inc. | Common and Preferred Stock 52,207 shares | 585,763 |

## Schedule H, line 4i – Schedule of Assets (Held at End of Year) (continued)

| Identity of Issue | Description of Investment | Current Value |
|---|---|---|
| Axogen Inc. | Common and Preferred Stock 35,434 shares | 583,952 |
| Carter Inc. | Common and Preferred Stock 10,405 shares | 563,847 |
| Agios Pharmaceuticals Inc. | Common and Preferred Stock 17,090 shares | 561,577 |
| CONMED Corporation | Common and Preferred Stock 7,934 shares | 543,003 |
| Matthews International Corporation Class A | Common and Preferred Stock 19,608 shares | 542,749 |
| United Community Bank Blairsville Georgia | Common and Preferred Stock 16,791 shares | 542,517 |
| Tronox Holdings PLC | Common and Preferred Stock 52,326 shares | 526,923 |
| Nasdaq Inc. | Common and Preferred Stock 6,807 shares | 526,249 |
| N-Able Technologies International Inc. | Common and Preferred Stock 55,065 shares | 514,307 |
| Trinet Group Inc. | Common and Preferred Stock 5,655 shares | 513,304 |
| Skechers USA Inc. Class A | Common and Preferred Stock 7,556 shares | 508,065 |
| Banner Corporation | Common and Preferred Stock 7,545 shares | 503,780 |
| BRP Group Inc. Class A | Common and Preferred Stock 12,962 shares | 502,407 |
| WillScot Mobile Mini Holdings Corporation | Common and Preferred Stock 15,010 shares | 502,085 |
| Arvinas Inc. | Common and Preferred Stock 26,190 shares | 502,062 |
| Eagle Materials Inc. | Common and Preferred Stock 2,032 shares | 501,416 |
| Legend Biotech Corporation | Common and Preferred Stock 15,404 shares | 501,246 |
| STAG Industrial Inc. | Common and Preferred Stock 14,323 shares | 484,404 |
| Crescent Energy Company Class A | Common and Preferred Stock 33,122 shares | 483,912 |
| Elastic N.V. | Common and Preferred Stock 4,872 shares | 482,718 |
| Axalta Coating Systems Limited | Common and Preferred Stock 13,877 shares | 474,871 |
| Cohen & Steers Inc. | Common and Preferred Stock 5,070 shares | 468,164 |
| Matson Inc. | Common and Preferred Stock 3,438 shares | 463,580 |
| TreeHouse Foods Inc. | Common and Preferred Stock 13,185 shares | 463,189 |
| Wabtec Corporation | Common and Preferred Stock 2,384 shares | 451,983 |
| Align Technology Inc. | Common and Preferred Stock 2,115 shares | 440,999 |
| JBG SMITH Properties | Common and Preferred Stock 28,050 shares | 431,129 |
| Exact Sciences Corporation | Common and Preferred Stock 7,631 shares | 428,786 |
| Fox Factory Holding Corporation | Common and Preferred Stock 14,156 shares | 428,502 |
| GXO Logistics Inc. | Common and Preferred Stock 9,834 shares | 427,779 |
| Pacific Premier Bancorp Inc. | Common and Preferred Stock 17,052 shares | 424,936 |
| Littelfuse Inc. | Common and Preferred Stock 1,788 shares | 421,342 |
| Northern Oil & Gas Inc. | Common and Preferred Stock 11,292 shares | 419,611 |
| Silgan Holdings Inc. | Common and Preferred Stock 8,042 shares | 418,586 |
| Flowserve Corporation | Common and Preferred Stock 7,035 shares | 404,653 |
| First Interstate BancSystem | Common and Preferred Stock 12,177 shares | 395,387 |
| 8X8 Inc. | Common and Preferred Stock 146,281 shares | 390,570 |
| NorthWestern Corp | Common and Preferred Stock 6,742 shares | 360,427 |
| ALLETE Inc. | Common and Preferred Stock 5,552 shares | 359,770 |
| Monro Inc. | Common and Preferred Stock 14,442 shares | 358,162 |
| WSFS Financial Corporation | Common and Preferred Stock 6,655 shares | 353,580 |
| Mercury Systems Inc. | Common and Preferred Stock 8,249 shares | 346,458 |
| Healthpeak OP, LLC | Common and Preferred Stock 16,916 shares | 342,887 |
| Texas Capital Bancshares Inc. | Common and Preferred Stock 4,344 shares | 339,701 |
| Americold Realty Trust, Inc. | Common and Preferred Stock 15,870 shares | 339,618 |
| Amentum Holdings, Inc. | Common and Preferred Stock 15,523 shares | 326,449 |
| Boston Properties Inc. | Common and Preferred Stock 4,078 shares | 303,240 |
| Patterson-UTI Energy Inc. | Common and Preferred Stock 36,005 shares | 297,401 |
| NCR Corporation | Common and Preferred Stock 21,092 shares | 291,913 |
| Dyne Therapeutics, Inc. | Common and Preferred Stock 12,003 shares | 282,791 |
| 1-800-FLOWERS.COM Inc. Class A | Common and Preferred Stock 34,533 shares | 282,135 |

## Schedule H, line 4i – Schedule of Assets (Held at End of Year) (continued)

| Identity of Issue | Description of Investment | Current Value | |
|---|---|---|---|
| Sonos Inc. | Common and Preferred Stock 17,904 shares | 269,276 | |
| IPG Photonics Corporation | Common and Preferred Stock 3,635 shares | 264,337 | |
| Rogers Corporation | Common and Preferred Stock 2,553 shares | 259,410 | |
| StandardAero, Inc. | Common and Preferred Stock 10,216 shares | 252,948 | |
| Nevro Corporation | Common and Preferred Stock 67,978 shares | 252,878 | |
| Berkshire Hills Bancorp Inc. | Common and Preferred Stock 8,643 shares | 245,720 | |
| Transmedics Group Inc. | Common and Preferred Stock 3,605 shares | 224,772 | |
| Mednax Inc. | Common and Preferred Stock 16,137 shares | 211,717 | |
| Nuvalent, Inc. Class A | Common and Preferred Stock 2,674 shares | 209,321 | |
| Columbus McKinnon Corporation | Common and Preferred Stock 4,724 shares | 175,922 | |
| Insight Enterprises, Inc. | Common and Preferred Stock 1,156 shares | 175,828 | |
| Designer Brands Inc. Class A | Common and Preferred Stock 32,021 shares | 170,992 | |
| Herbalife Nutrition Limited | Common and Preferred Stock 24,148 shares | 161,550 | |
| eHealth Inc. | Common and Preferred Stock 12,746 shares | 119,812 | |
| Nu Skin Enterprises Inc. Class A | Common and Preferred Stock 12,954 shares | 89,253 | |
| Safehold Inc. | Common and Preferred Stock 4,652 shares | 85,969 | |
| Total U.S. Equity Active Asset Class | | | 679,117,526 |
| | | | |
| U.S. Equity Index Asset Class: | | | |
| NT Collective Russell 3000 Index Fund / Non Lending* | Collective Trust Fund 22,328,542 units | 2,073,570,958 | |
| Gaming & Leisure Properties Inc. | Common and Preferred Stock 155 shares | 7,465 | |
| CTO Realty Growth Inc. | Common and Preferred Stock 83 shares | 1,636 | |
| NT Collective Short Term Investment Fund* | Collective Trust Fund 328 units | 328 | |
| Total U.S. Equity Index Asset Class | | | 2,073,580,387 |
| | | | |
| International Equity Active Asset Class: | | | |
| Mawer International Equity Collective Investment Trust Class B* | Collective Trust Fund 14,497,735 units | 256,920,164 | |
| Polaris Capital Management Collective Investment Trust International Value Collective Fund* | Collective Trust Fund 20,282,037 units | 246,142,798 | |
| Reliance Trust Institutional Retirement Trust GQG Partners International Equity Fund Series 11 Class C* | Collective Trust Fund 11,706,978 units | 186,492,162 | |
| Dodge & Cox International Stock Fund | Mutual Fund 2,982,883 shares | 148,845,846 | |
| Wilmington Trust Collective Investment Trust / Jennison International Equity Opportunities CIT Class J* | Collective Trust Fund 14,454,657 units | 144,662,208 | |
| NT Collective MSCI All Country World Index (ACWI) ex/US Index Fund / Non Lending* | Collective Trust Fund 566,056 units | 127,783,078 | |
| NT Collective Short Term Investment Fund* | Collective Trust Fund 38,030 units | 38,030 | |
| Total International Equity Active Asset Class | | | 1,110,884,286 |
| | | | |
| International Equity Index Asset Class: | | | |
| NT Collective All Country World Index (ACWI) Ex/US Fund / Non Lending* | Collective Trust Fund 1,492,119 units | 307,495,939 | |
| Total International Equity Index Asset Class | | | 307,495,939 |
| | | | |
| Participant Self-Directed Accounts | Various Investments | 999,716,674 | |
| | | | 999,716,674 |
| | | | |
| Notes Receivable from Participants* | Interest Rate 4.25% - 9.50% | 35,185,439 | |
| | | | 35,185,439 |

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

| Identity of Issue | Description of Investment | Current Value | |
|---|---|---|---|
| Other: | | | |
| BIF Money Fund* | Cash and Cash Equivalents | 2,689,633 | |
| ML Vanguard Federal Money Market Forfeiture / Settlement* | Cash and Cash Equivalents | 715,843 | |
| NT Collective Short Term Investment Fund* | Collective Trust Fund 358,375 units | 358,375 | |
| Interest-Bearing Cash | Cash and Cash Equivalents | 61,082 | |
| Exide Technologies | Common and Preferred Stock 35,683 shares | 24,978 | |
| Total Other | | | 3,849,911 |
| | | | |
| Grand Total | | | $ 7,718,743,607 |

* Indicates party-in-interest

**Supplemental Schedule**
**Amgen Retirement and Savings Plan**
**EIN: 95-3540776 Plan: #001**
**As of December 31, 2024**
**Schedule H, line 4i – Schedule of Assets (Held at End of Year)**

| Identity of Issue | Description of Investment | Current Value | |
|---|---|---|---|
| | | | |
| Amgen stock* | Employer Securities 1,320,042 shares | $ 344,055,715 | |
| | | | $ 344,055,715 |
| | | | |
| Capital Preservation Asset Class: | | | |
| Galliard Intermediate Core Fund L* | Collective Trust Fund 26,889,543 units | 388,268,871 | |
| Galliard Short Core Fund F* | Collective Trust Fund 15,803,322 units | 262,746,035 | |
| Short-Term Investment Fund II* | Collective Trust Fund 36,482,326 units | 36,482,326 | |
| NT Collective Short Term Investment Fund* | Collective Trust Fund 54,278,427 units | 54,278,427 | |
| Wrapper Contracts | | — | |
| Total Capital Preservation Asset Class | | | 741,775,659 |
| | | | |
| Fixed Income Active Asset Class: | | | |
| MetLife Core Plus Collective Fund* | Collective Trust Fund 8,096,601 units | 81,613,735 | |
| Wellington Core Bond Plus Portfolio Collective Investment Trust II* | Collective Trust Fund 7,304,193 units | 81,149,579 | |
| NT Collective Aggregate Bond Index Fund / Non Lending* | Collective Trust Fund 203,905 units | 30,628,555 | |
| Schroder Global Strategic Bond Trust Class W* | Collective Trust Fund 2,345,420 units | 25,823,079 | |
| Banc America Alternative Loan Trust Series 2004-6 Class 4A 15.0% Due 10-25-2048* | Corporate Bond 2,275 units | 1,887 | |
| GMAC Mortgage Loan Trust 2003/J10 4.75% Due 01/25/2019 | Corporate Bond 1,131 units | 1,092 | |
| NT Collective Short Term Investment Fund* | Collective Trust Fund 340 units | 340 | |
| Total Fixed Income Active Asset Class | | | 219,218,267 |
| | | | |
| Fixed Income Index Asset Class: | | | |
| NT Collective Aggregate Bond Index Fund / Non Lending* | Collective Trust Fund 8,014,538 units | 1,203,863,804 | |
| Total Fixed Income Index Asset Class | | | 1,203,863,804 |
| | | | |
| U.S. Equity Active Asset Class: | | | |
| NT Collective Russell 1000 Value Index Fund / Non Lending* | Collective Trust Fund 178,521 units | 113,885,436 | |
| NT Collective Russell 3000 Index Fund / Non Lending* | Collective Trust Fund 227,333 units | 21,106,461 | |
| Amazon Inc. | Common and Preferred Stock 76,247 shares | 16,727,829 | |
| Nvidia Corporation | Common and Preferred Stock 111,652 shares | 14,993,747 | |
| Microsoft Corporation | Common and Preferred Stock 35,065 shares | 14,779,898 | |
| NT Collective Short Term Investment Fund* | Collective Trust Fund 10,902,997 units | 10,902,997 | |
| Facebook Inc. Class A | Common and Preferred Stock 17,128 shares | 10,028,615 | |
| Apple Inc. | Common and Preferred Stock 33,873 shares | 8,482,477 | |
| Visa Inc. Class A | Common and Preferred Stock 25,247 shares | 7,979,062 | |
| ServiceNow, Inc. | Common and Preferred Stock 7,498 shares | 7,948,780 | |
| SS&C Technologies Holdings Inc. | Common and Preferred Stock 81,488 shares | 6,175,161 | |
| Netflix, Inc. | Common and Preferred Stock 5,895 shares | 5,254,331 | |
| Entegris Inc. | Common and Preferred Stock 50,467 shares | 4,999,261 | |

## Schedule H, line 4i – Schedule of Assets (Held at End of Year) (continued)

| Identity of Issue | Description of Investment | Current Value |
|---|---|---|
| Atlassian Corporation Class A | Common and Preferred Stock 19,686 shares | 4,791,179 |
| CVS Health Corporation | Common and Preferred Stock 105,737 shares | 4,746,534 |
| UnitedHealth Group Inc. | Common and Preferred Stock 9,326 shares | 4,717,650 |
| Baxter International Inc. | Common and Preferred Stock 160,897 shares | 4,691,757 |
| Shopify Inc. Class A | Common and Preferred Stock 43,408 shares | 4,615,573 |
| Intuit Inc. | Common and Preferred Stock 7,241 shares | 4,550,969 |
| S&P Global Inc. | Common and Preferred Stock 8,979 shares | 4,471,811 |
| Citigroup Inc. | Common and Preferred Stock 61,883 shares | 4,355,944 |
| Aon PLC | Common and Preferred Stock 11,976 shares | 4,301,300 |
| Waste Management, Inc. | Common and Preferred Stock 20,616 shares | 4,160,103 |
| Gartner Inc. | Common and Preferred Stock 8,524 shares | 4,129,622 |
| Thermo Fisher Scientific Inc. | Common and Preferred Stock 7,776 shares | 4,045,308 |
| Yum! Brands, Inc. | Common and Preferred Stock 29,586 shares | 3,969,258 |
| Canadian Pacific Kansas City Limited | Common and Preferred Stock 54,562 shares | 3,948,652 |
| Halozyme Therapeutics Inc. | Common and Preferred Stock 82,078 shares | 3,924,149 |
| STERIS plc | Common and Preferred Stock 19,032 shares | 3,912,218 |
| Clean Harbors Inc. | Common and Preferred Stock 16,934 shares | 3,897,191 |
| Danaher Corporation | Common and Preferred Stock 16,967 shares | 3,894,775 |
| Novo Nordisk A/S | Common and Preferred Stock 44,759 shares | 3,850,169 |
| Wells Fargo & Company* | Common and Preferred Stock 54,547 shares | 3,831,381 |
| Capital One Financial Corporation | Common and Preferred Stock 21,446 shares | 3,824,251 |
| Dow Inc. | Common and Preferred Stock 93,143 shares | 3,737,829 |
| Datadog, Inc. | Common and Preferred Stock 25,946 shares | 3,707,424 |
| Fresenius Medical Care | Common and Preferred Stock 163,629 shares | 3,704,561 |
| MSCI Inc. | Common and Preferred Stock 6,074 shares | 3,644,461 |
| Synopsys Inc. | Common and Preferred Stock 7,292 shares | 3,539,245 |
| Amphenol Corporation Class A | Common and Preferred Stock 50,848 shares | 3,531,394 |
| Humana Inc. | Common and Preferred Stock 13,894 shares | 3,525,047 |
| Waste Connections Inc. | Common and Preferred Stock 20,230 shares | 3,471,061 |
| Euronet Worldwide Inc. | Common and Preferred Stock 33,372 shares | 3,431,976 |
| Dollar General Corporation | Common and Preferred Stock 45,041 shares | 3,415,009 |
| Global Payments Inc. | Common and Preferred Stock 30,288 shares | 3,394,073 |
| Ecolab Inc. | Common and Preferred Stock 14,359 shares | 3,364,601 |
| RB Global Inc. | Common and Preferred Stock 37,268 shares | 3,361,946 |
| Workday, Inc. | Common and Preferred Stock 12,972 shares | 3,347,165 |
| Magna International Inc. | Common and Preferred Stock 79,821 shares | 3,335,720 |
| DexCom, Inc. | Common and Preferred Stock 42,688 shares | 3,319,846 |
| Merit Medical Systems Inc. | Common and Preferred Stock 34,289 shares | 3,316,432 |
| Spotify Technology S.A. | Common and Preferred Stock 7,394 shares | 3,307,928 |
| Alphabet Inc. | Common and Preferred Stock 17,078 shares | 3,252,334 |
| MetLife Inc.* | Common and Preferred Stock 39,316 shares | 3,219,194 |
| Sea Limited | Common and Preferred Stock 29,479 shares | 3,127,722 |
| Churchill Downs Inc. | Common and Preferred Stock 23,263 shares | 3,106,541 |
| Equitable Holdings Inc. | Common and Preferred Stock 65,021 shares | 3,067,041 |
| Lear Corporation | Common and Preferred Stock 32,352 shares | 3,063,734 |
| Charter Communications Inc. | Common and Preferred Stock 8,868 shares | 3,039,684 |
| Samsara Inc. Class A | Common and Preferred Stock 69,516 shares | 3,037,154 |
| Cognizant Technology Solutions Corporation Class A | Common and Preferred Stock 39,418 shares | 3,031,244 |
| Block, Inc. | Common and Preferred Stock 34,972 shares | 2,972,270 |

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

| Identity of Issue | Description of Investment | Current Value |
|---|---|---|
| Autodesk, Inc. | Common and Preferred Stock 9,975 shares | 2,948,311 |
| Ametek Inc. | Common and Preferred Stock 16,255 shares | 2,930,126 |
| CarGurus Inc. Class A | Common and Preferred Stock 78,733 shares | 2,876,904 |
| Trimble Inc. | Common and Preferred Stock 40,642 shares | 2,871,764 |
| Bank of America Corporation* | Common and Preferred Stock 65,005 shares | 2,856,970 |
| Cloudflare, Inc. | Common and Preferred Stock 26,514 shares | 2,855,028 |
| American Express Company | Common and Preferred Stock 9,522 shares | 2,826,034 |
| BWX Technologies Inc. | Common and Preferred Stock 24,242 shares | 2,700,316 |
| Intercontinental Exchange, Inc. | Common and Preferred Stock 18,047 shares | 2,689,183 |
| Bio-Techne Corporation | Common and Preferred Stock 37,307 shares | 2,687,223 |
| HealthEquity Inc. | Common and Preferred Stock 27,378 shares | 2,626,919 |
| J2 Global Inc. | Common and Preferred Stock 47,244 shares | 2,567,239 |
| Delta Air Lines, Inc. | Common and Preferred Stock 41,633 shares | 2,518,797 |
| Brown & Brown Inc. | Common and Preferred Stock 24,520 shares | 2,501,530 |
| Amdocs Limited | Common and Preferred Stock 29,190 shares | 2,485,237 |
| Alight Inc. Class A | Common and Preferred Stock 358,557 shares | 2,481,214 |
| Pfizer Inc. | Common and Preferred Stock 93,060 shares | 2,468,882 |
| Bristol Myers Squibb | Common and Preferred Stock 43,459 shares | 2,458,041 |
| ASML Holding N.V. | Common and Preferred Stock 3,545 shares | 2,456,969 |
| Skyworks Solutions Inc | Common and Preferred Stock 27,136 shares | 2,406,420 |
| Shell plc | Common and Preferred Stock 38,214 shares | 2,394,107 |
| Voya Financial Inc. | Common and Preferred Stock 34,500 shares | 2,374,635 |
| Nu Holdings Limited | Common and Preferred Stock 229,156 shares | 2,374,056 |
| Ingredion Inc. | Common and Preferred Stock 17,102 shares | 2,352,551 |
| Okta Inc. | Common and Preferred Stock 29,814 shares | 2,349,343 |
| DoorDash, Inc. Class A | Common and Preferred Stock 13,674 shares | 2,293,814 |
| Tyson Foods Inc. | Common and Preferred Stock 39,902 shares | 2,291,971 |
| Medtronic PLC | Common and Preferred Stock 27,901 shares | 2,228,732 |
| LKQ Corporation | Common and Preferred Stock 60,322 shares | 2,216,834 |
| Huntington Bancshares Inc. | Common and Preferred Stock 135,001 shares | 2,196,466 |
| Salesforce.com Inc. | Common and Preferred Stock 6,545 shares | 2,188,190 |
| AppLovin Corporation Class A | Common and Preferred Stock 6,657 shares | 2,155,736 |
| IDEX Corporation | Common and Preferred Stock 10,262 shares | 2,147,734 |
| Doximity Inc. | Common and Preferred Stock 39,578 shares | 2,113,069 |
| Starbucks Corporation | Common and Preferred Stock 23,069 shares | 2,105,046 |
| Charles River Laboratories International Inc. | Common and Preferred Stock 11,403 shares | 2,104,994 |
| PVH Corporation | Common and Preferred Stock 19,544 shares | 2,066,778 |
| Newell Brands Inc. | Common and Preferred Stock 203,960 shares | 2,031,442 |
| Waystar Holding Corporation | Common and Preferred Stock 54,639 shares | 2,005,251 |
| TE Connectivity plc | Common and Preferred Stock 13,758 shares | 1,966,981 |
| Sensata Technologies BV Holding | Common and Preferred Stock 71,319 shares | 1,954,141 |
| Generac Holdings Inc. | Common and Preferred Stock 12,230 shares | 1,896,262 |
| Uber Technologies, Inc. | Common and Preferred Stock 31,333 shares | 1,890,007 |
| Viper Energy Inc. | Common and Preferred Stock 38,261 shares | 1,877,467 |
| The Cooper Companies, Inc. | Common and Preferred Stock 20,410 shares | 1,876,291 |
| UGI Corporation | Common and Preferred Stock 65,112 shares | 1,838,112 |
| Dynatrace Inc. | Common and Preferred Stock 33,790 shares | 1,836,487 |
| NOV Inc. | Common and Preferred Stock 124,784 shares | 1,821,846 |
| Henry Schein Inc. | Common and Preferred Stock 26,178 shares | 1,811,518 |

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

| Identity of Issue | Description of Investment | Current Value |
|---|---|---|
| Coherent Corporation | Common and Preferred Stock 18,810 shares | 1,781,871 |
| Heico Corporation Class A | Common and Preferred Stock 9,534 shares | 1,774,087 |
| MACOM Technology Solutions Holdings Inc. | Common and Preferred Stock 13,202 shares | 1,715,072 |
| First American Financial Corporation | Common and Preferred Stock 27,415 shares | 1,711,793 |
| Chewy Inc. Class A | Common and Preferred Stock 50,395 shares | 1,687,729 |
| Roblox Corporation Class A | Common and Preferred Stock 28,957 shares | 1,675,452 |
| Veracyte Inc. | Common and Preferred Stock 42,230 shares | 1,672,308 |
| GlobalFoundries Inc. | Common and Preferred Stock 38,926 shares | 1,670,315 |
| Remitly Global Inc. | Common and Preferred Stock 73,960 shares | 1,669,277 |
| Huron Consulting Group Inc. | Common and Preferred Stock 12,879 shares | 1,600,345 |
| Dolby Laboratories Inc. | Common and Preferred Stock 20,268 shares | 1,582,931 |
| AerCap Holdings N.V. | Common and Preferred Stock 16,495 shares | 1,578,572 |
| Cabot Corporation | Common and Preferred Stock 17,076 shares | 1,559,210 |
| Axon Enterprise, Inc. | Common and Preferred Stock 2,606 shares | 1,548,798 |
| Blackbaud, Inc. | Common and Preferred Stock 20,784 shares | 1,536,353 |
| UBS Group AG | Common and Preferred Stock 50,412 shares | 1,528,492 |
| Woodward Inc. | Common and Preferred Stock 8,908 shares | 1,482,469 |
| Snowflake Inc. Class A | Common and Preferred Stock 9,531 shares | 1,471,682 |
| Tandem Diabetes Care Inc. | Common and Preferred Stock 40,805 shares | 1,469,796 |
| Prosperity Bancshares Inc. | Common and Preferred Stock 19,211 shares | 1,447,549 |
| Ultragenyx Pharmaceutical Inc. | Common and Preferred Stock 33,724 shares | 1,418,769 |
| ACV Auctions Inc. Class A | Common and Preferred Stock 64,909 shares | 1,402,034 |
| Dycom Industries Inc. | Common and Preferred Stock 7,774 shares | 1,353,142 |
| Curtiss Wright Corporation | Common and Preferred Stock 3,800 shares | 1,348,506 |
| Belden Inc. | Common and Preferred Stock 11,970 shares | 1,347,942 |
| QuidelOrtho Corporation | Common and Preferred Stock 30,248 shares | 1,347,548 |
| National Retail Properties Inc. | Common and Preferred Stock 32,862 shares | 1,342,413 |
| nCino, Inc. | Common and Preferred Stock 39,576 shares | 1,328,962 |
| Copart Inc. | Common and Preferred Stock 23,149 shares | 1,328,521 |
| ACI Worldwide Inc. | Common and Preferred Stock 25,372 shares | 1,317,061 |
| Mid-American Apartment Communities Inc. | Common and Preferred Stock 8,492 shares | 1,312,608 |
| Teleflex Inc. | Common and Preferred Stock 7,364 shares | 1,310,645 |
| Itron Inc. | Common and Preferred Stock 11,995 shares | 1,302,417 |
| Toro Company | Common and Preferred Stock 16,152 shares | 1,293,775 |
| FMC Corporation | Common and Preferred Stock 25,597 shares | 1,244,270 |
| Summit Materials Inc. | Common and Preferred Stock 24,477 shares | 1,238,536 |
| Advanced Energy Industries Inc. | Common and Preferred Stock 10,458 shares | 1,209,259 |
| Kirby Corporation | Common and Preferred Stock 11,215 shares | 1,186,547 |
| Alamos Gold Inc. Class A | Common and Preferred Stock 62,978 shares | 1,161,314 |
| Permian Resources Corporation | Common and Preferred Stock 80,643 shares | 1,159,646 |
| WEX Inc. | Common and Preferred Stock 6,610 shares | 1,158,865 |
| Madrigal Pharmaceuticals, Inc. | Common and Preferred Stock 3,721 shares | 1,148,189 |
| Chart Industrials Inc. | Common and Preferred Stock 5,976 shares | 1,140,460 |
| BankUnited Inc. | Common and Preferred Stock 29,724 shares | 1,134,565 |
| FTI Consulting Inc. | Common and Preferred Stock 5,914 shares | 1,130,343 |
| Graco Inc. | Common and Preferred Stock 13,253 shares | 1,117,095 |
| Carlisle Companies Inc. | Common and Preferred Stock 3,024 shares | 1,115,372 |
| Middleby Corporation | Common and Preferred Stock 8,199 shares | 1,110,555 |
| Azekpany Inc. | Common and Preferred Stock 23,310 shares | 1,106,526 |
| TKO Group Holdings Inc. | Common and Preferred Stock 7,673 shares | 1,090,410 |
| John Bean Technologies Corporation | Common and Preferred Stock 8,454 shares | 1,074,503 |
| Iridium Communications Inc. | Common and Preferred Stock 36,855 shares | 1,069,532 |

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

| Identity of Issue | Description of Investment | Current Value |
|---|---|---|
| IAC Inc. | Common and Preferred Stock 24,687 shares | 1,064,997 |
| Rentokil Initial plc | Common and Preferred Stock 41,832 shares | 1,059,186 |
| Hexcel Corporation | Common and Preferred Stock 16,638 shares | 1,043,203 |
| Chemed Corporation | Common and Preferred Stock 1,945 shares | 1,030,461 |
| National Bank Holdings Corporation Class A | Common and Preferred Stock 23,413 shares | 1,008,164 |
| Encompass Health Corporation | Common and Preferred Stock 10,853 shares | 1,002,275 |
| Oceaneering International Inc. | Common and Preferred Stock 38,171 shares | 995,500 |
| Certara Inc. | Common and Preferred Stock 92,654 shares | 986,765 |
| Cimpress plc | Common and Preferred Stock 13,690 shares | 981,847 |
| JP Morgan Chase & Company | Common and Preferred Stock 4,083 shares | 978,736 |
| AptarGroup Inc. | Common and Preferred Stock 6,221 shares | 977,319 |
| Supernus Pharmaceuticals Inc. | Common and Preferred Stock 26,928 shares | 973,716 |
| Ciena Corporation | Common and Preferred Stock 11,465 shares | 972,347 |
| Range Resources Corporation | Common and Preferred Stock 26,841 shares | 965,739 |
| Globus Medical, Inc. Class A | Common and Preferred Stock 11,648 shares | 963,406 |
| Keysight Technologies Inc. | Common and Preferred Stock 5,943 shares | 954,624 |
| Pool Corporation | Common and Preferred Stock 2,772 shares | 945,086 |
| ASGN Inc. | Common and Preferred Stock 11,142 shares | 928,574 |
| Barnes Group Inc. | Common and Preferred Stock 19,453 shares | 919,349 |
| Prestige Consumer Healthcare Inc. | Common and Preferred Stock 11,711 shares | 914,512 |
| Sotera Health Company | Common and Preferred Stock 65,963 shares | 902,374 |
| Knowles Corporation | Common and Preferred Stock 45,024 shares | 897,328 |
| Hannon Armstrong Sustainable Infrastructure Capital Inc. | Common and Preferred Stock 33,322 shares | 894,029 |
| On Semiconductor Corporation | Common and Preferred Stock 14,094 shares | 888,627 |
| Box Inc. Class A | Common and Preferred Stock 27,909 shares | 881,924 |
| KBR, Inc. | Common and Preferred Stock 15,222 shares | 881,810 |
| Federal Signal Corporation | Common and Preferred Stock 9,140 shares | 844,445 |
| Omnicell Inc. | Common and Preferred Stock 18,940 shares | 843,209 |
| Tenable Holdings Inc. | Common and Preferred Stock 21,184 shares | 834,226 |
| WisdomTree Investments Inc. | Common and Preferred Stock 79,410 shares | 833,805 |
| Markel Corporation Holding Company | Common and Preferred Stock 474 shares | 818,233 |
| Wolverine World Wide Inc. | Common and Preferred Stock 36,775 shares | 816,405 |
| Albany International Corporation Class A | Common and Preferred Stock 9,977 shares | 797,861 |
| Applied Industrial Technologies Inc. | Common and Preferred Stock 3,263 shares | 781,391 |
| Sprout Social, Inc. Class A | Common and Preferred Stock 25,047 shares | 769,193 |
| Haemonetics Corporation | Common and Preferred Stock 9,762 shares | 762,217 |
| GFL Environmental Inc. | Common and Preferred Stock 16,522 shares | 735,890 |
| KB Home | Common and Preferred Stock 10,960 shares | 720,291 |
| Sally Beauty Holdings Inc. | Common and Preferred Stock 67,967 shares | 710,255 |
| Teledyne Technologies Inc. | Common and Preferred Stock 1,508 shares | 699,908 |
| Acadia Healthcare Company Inc. | Common and Preferred Stock 16,815 shares | 666,715 |
| SpringWorks Therapeutics Inc. | Common and Preferred Stock 18,379 shares | 664,033 |
| Core & Main, Inc. Class A | Common and Preferred Stock 13,018 shares | 662,746 |
| Sportradar Group | Common and Preferred Stock 37,259 shares | 646,071 |
| ZipRecruiter Inc. Class A | Common and Preferred Stock 87,084 shares | 630,488 |
| Consensus Cloud Solutions Inc. | Common and Preferred Stock 26,157 shares | 624,106 |
| Jacobs Solutions Inc. | Common and Preferred Stock 4,667 shares | 623,605 |
| SLR Investment Corporation | Common and Preferred Stock 36,915 shares | 596,546 |
| J & J Snack Foods Corporation | Common and Preferred Stock 3,824 shares | 593,217 |
| Knight-Swift Transportation Holdings Inc. Class A | Common and Preferred Stock 11,167 shares | 592,298 |
| Heartland Express Inc. | Common and Preferred Stock 52,207 shares | 585,763 |

## Schedule H, line 4i – Schedule of Assets (Held at End of Year) (continued)

| Identity of Issue | Description of Investment | Current Value |
|---|---|---|
| Axogen Inc. | Common and Preferred Stock 35,434 shares | 583,952 |
| Carter Inc. | Common and Preferred Stock 10,405 shares | 563,847 |
| Agios Pharmaceuticals Inc. | Common and Preferred Stock 17,090 shares | 561,577 |
| CONMED Corporation | Common and Preferred Stock 7,934 shares | 543,003 |
| Matthews International Corporation Class A | Common and Preferred Stock 19,608 shares | 542,749 |
| United Community Bank Blairsville Georgia | Common and Preferred Stock 16,791 shares | 542,517 |
| Tronox Holdings PLC | Common and Preferred Stock 52,326 shares | 526,923 |
| Nasdaq Inc. | Common and Preferred Stock 6,807 shares | 526,249 |
| N-Able Technologies International Inc. | Common and Preferred Stock 55,065 shares | 514,307 |
| Trinet Group Inc. | Common and Preferred Stock 5,655 shares | 513,304 |
| Skechers USA Inc. Class A | Common and Preferred Stock 7,556 shares | 508,065 |
| Banner Corporation | Common and Preferred Stock 7,545 shares | 503,780 |
| BRP Group Inc. Class A | Common and Preferred Stock 12,962 shares | 502,407 |
| WillScot Mobile Mini Holdings Corporation | Common and Preferred Stock 15,010 shares | 502,085 |
| Arvinas Inc. | Common and Preferred Stock 26,190 shares | 502,062 |
| Eagle Materials Inc. | Common and Preferred Stock 2,032 shares | 501,416 |
| Legend Biotech Corporation | Common and Preferred Stock 15,404 shares | 501,246 |
| STAG Industrial Inc. | Common and Preferred Stock 14,323 shares | 484,404 |
| Crescent Energy Company Class A | Common and Preferred Stock 33,122 shares | 483,912 |
| Elastic N.V. | Common and Preferred Stock 4,872 shares | 482,718 |
| Axalta Coating Systems Limited | Common and Preferred Stock 13,877 shares | 474,871 |
| Cohen & Steers Inc. | Common and Preferred Stock 5,070 shares | 468,164 |
| Matson Inc. | Common and Preferred Stock 3,438 shares | 463,580 |
| TreeHouse Foods Inc. | Common and Preferred Stock 13,185 shares | 463,189 |
| Wabtec Corporation | Common and Preferred Stock 2,384 shares | 451,983 |
| Align Technology Inc. | Common and Preferred Stock 2,115 shares | 440,999 |
| JBG SMITH Properties | Common and Preferred Stock 28,050 shares | 431,129 |
| Exact Sciences Corporation | Common and Preferred Stock 7,631 shares | 428,786 |
| Fox Factory Holding Corporation | Common and Preferred Stock 14,156 shares | 428,502 |
| GXO Logistics Inc. | Common and Preferred Stock 9,834 shares | 427,779 |
| Pacific Premier Bancorp Inc. | Common and Preferred Stock 17,052 shares | 424,936 |
| Littelfuse Inc. | Common and Preferred Stock 1,788 shares | 421,342 |
| Northern Oil & Gas Inc. | Common and Preferred Stock 11,292 shares | 419,611 |
| Silgan Holdings Inc. | Common and Preferred Stock 8,042 shares | 418,586 |
| Flowserve Corporation | Common and Preferred Stock 7,035 shares | 404,653 |
| First Interstate BancSystem | Common and Preferred Stock 12,177 shares | 395,387 |
| 8X8 Inc. | Common and Preferred Stock 146,281 shares | 390,570 |
| NorthWestern Corp | Common and Preferred Stock 6,742 shares | 360,427 |
| ALLETE Inc. | Common and Preferred Stock 5,552 shares | 359,770 |
| Monro Inc. | Common and Preferred Stock 14,442 shares | 358,162 |
| WSFS Financial Corporation | Common and Preferred Stock 6,655 shares | 353,580 |
| Mercury Systems Inc. | Common and Preferred Stock 8,249 shares | 346,458 |
| Healthpeak OP, LLC | Common and Preferred Stock 16,916 shares | 342,887 |
| Texas Capital Bancshares Inc. | Common and Preferred Stock 4,344 shares | 339,701 |
| Americold Realty Trust, Inc. | Common and Preferred Stock 15,870 shares | 339,618 |
| Amentum Holdings, Inc. | Common and Preferred Stock 15,523 shares | 326,449 |
| Boston Properties Inc. | Common and Preferred Stock 4,078 shares | 303,240 |
| Patterson-UTI Energy Inc. | Common and Preferred Stock 36,005 shares | 297,401 |
| NCR Corporation | Common and Preferred Stock 21,092 shares | 291,913 |
| Dyne Therapeutics, Inc. | Common and Preferred Stock 12,003 shares | 282,791 |
| 1-800-FLOWERS.COM Inc. Class A | Common and Preferred Stock 34,533 shares | 282,135 |

## Schedule H, line 4i – Schedule of Assets (Held at End of Year) (continued)

| Identity of Issue | Description of Investment | Current Value | |
|---|---|---|---|
| Sonos Inc. | Common and Preferred Stock 17,904 shares | 269,276 | |
| IPG Photonics Corporation | Common and Preferred Stock 3,635 shares | 264,337 | |
| Rogers Corporation | Common and Preferred Stock 2,553 shares | 259,410 | |
| StandardAero, Inc. | Common and Preferred Stock 10,216 shares | 252,948 | |
| Nevro Corporation | Common and Preferred Stock 67,978 shares | 252,878 | |
| Berkshire Hills Bancorp Inc. | Common and Preferred Stock 8,643 shares | 245,720 | |
| Transmedics Group Inc. | Common and Preferred Stock 3,605 shares | 224,772 | |
| Mednax Inc. | Common and Preferred Stock 16,137 shares | 211,717 | |
| Nuvalent, Inc. Class A | Common and Preferred Stock 2,674 shares | 209,321 | |
| Columbus McKinnon Corporation | Common and Preferred Stock 4,724 shares | 175,922 | |
| Insight Enterprises, Inc. | Common and Preferred Stock 1,156 shares | 175,828 | |
| Designer Brands Inc. Class A | Common and Preferred Stock 32,021 shares | 170,992 | |
| Herbalife Nutrition Limited | Common and Preferred Stock 24,148 shares | 161,550 | |
| eHealth Inc. | Common and Preferred Stock 12,746 shares | 119,812 | |
| Nu Skin Enterprises Inc. Class A | Common and Preferred Stock 12,954 shares | 89,253 | |
| Safehold Inc. | Common and Preferred Stock 4,652 shares | 85,969 | |
| Total U.S. Equity Active Asset Class | | | 679,117,526 |
| | | | |
| U.S. Equity Index Asset Class: | | | |
| NT Collective Russell 3000 Index Fund / Non Lending* | Collective Trust Fund 22,328,542 units | 2,073,570,958 | |
| Gaming & Leisure Properties Inc. | Common and Preferred Stock 155 shares | 7,465 | |
| CTO Realty Growth Inc. | Common and Preferred Stock 83 shares | 1,636 | |
| NT Collective Short Term Investment Fund* | Collective Trust Fund 328 units | 328 | |
| Total U.S. Equity Index Asset Class | | | 2,073,580,387 |
| | | | |
| International Equity Active Asset Class: | | | |
| Mawer International Equity Collective Investment Trust Class B* | Collective Trust Fund 14,497,735 units | 256,920,164 | |
| Polaris Capital Management Collective Investment Trust International Value Collective Fund* | Collective Trust Fund 20,282,037 units | 246,142,798 | |
| Reliance Trust Institutional Retirement Trust GQG Partners International Equity Fund Series 11 Class C* | Collective Trust Fund 11,706,978 units | 186,492,162 | |
| Dodge & Cox International Stock Fund | Mutual Fund 2,982,883 shares | 148,845,846 | |
| Wilmington Trust Collective Investment Trust / Jennison International Equity Opportunities CIT Class J* | Collective Trust Fund 14,454,657 units | 144,662,208 | |
| NT Collective MSCI All Country World Index (ACWI) ex/US Index Fund / Non Lending* | Collective Trust Fund 566,056 units | 127,783,078 | |
| NT Collective Short Term Investment Fund* | Collective Trust Fund 38,030 units | 38,030 | |
| Total International Equity Active Asset Class | | | 1,110,884,286 |
| | | | |
| International Equity Index Asset Class: | | | |
| NT Collective All Country World Index (ACWI) Ex/US Fund / Non Lending* | Collective Trust Fund 1,492,119 units | 307,495,939 | |
| Total International Equity Index Asset Class | | | 307,495,939 |
| | | | |
| Participant Self-Directed Accounts | Various Investments | 999,716,674 | |
| | | | 999,716,674 |
| | | | |
| Notes Receivable from Participants* | Interest Rate 4.25% - 9.50% | 35,185,439 | |
| | | | 35,185,439 |

## Schedule H, line 4i – Schedule of Assets (Held at End of Year) (continued)

| Identity of Issue | Description of Investment | Current Value | |
|---|---|---|---|
| Other: | | | |
| BIF Money Fund* | Cash and Cash Equivalents | 2,689,633 | |
| ML Vanguard Federal Money Market Forfeiture / Settlement* | Cash and Cash Equivalents | 715,843 | |
| NT Collective Short Term Investment Fund* | Collective Trust Fund 358,375 units | 358,375 | |
| Interest-Bearing Cash | Cash and Cash Equivalents | 61,082 | |
| Exide Technologies | Common and Preferred Stock 35,683 shares | 24,978 | |
| Total Other | | | 3,849,911 |
| | | | |
| Grand Total | | | $ 7,718,743,607 |

* Indicates party-in-interest