

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>STAUFFER MEDICAL AND DENTAL CARE PLAN FOR RETIREES</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>541</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ZENECA, INC.</u></p> <p><u>PO BOX 15437</u> <u>WILMINGTON, DE 19850-5437</u></p>	<p>1c Effective date of plan <u>08/01/1987</u></p> <p>2b Employer Identification Number (EIN) <u>51-0112320</u></p> <p>2c Plan Sponsor's telephone number <u>302-886-3000</u></p> <p>2d Business code (see instructions) <u>325410</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	TIMOTHY COTTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	KEVIN DURNING
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	107
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	0
	6a(2)	0
	6b	95
	6c	0
	6d	95
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>STAUFFER MEDICAL AND DENTAL CARE PLAN FOR RETIREES</u>	B Three-digit plan number (PN) ▶	<u>541</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ZENECA, INC.</u>	D Employer Identification Number (EIN) <u>51-0112320</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: ASTRAZENECA VEBA TRUST AGREEMENT

b Name of sponsor of entity listed in (a): ASTRAZENECA PHARMACEUTICALS LP

c EIN-PN <u>61-6287564-590</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>44738000</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan STAUFFER MEDICAL AND DENTAL CARE PLAN FOR RETIREES	B Three-digit plan number (PN) ► 541
C Plan sponsor's name as shown on line 2a of Form 5500 ZENECA, INC.	D Employer Identification Number (EIN) 51-0112320

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

		(a) Beginning of Year	(b) End of Year
Assets			
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)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	43897000	44738000
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	43897000	44738000
Liabilities			
g Benefit claims payable.....	1g	5000	143000
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	529000	167000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	534000	310000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	43363000	44428000

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	101000	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		101000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1329000
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		75000
d Total income. Add all income amounts in column (b) and enter total.....	2d		1505000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	406000	
(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)		406000
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	34000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		34000
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		440000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1065000
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

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

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

(1) Name: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

STAUFFER MEDICAL AND DENTAL CARE PLAN FOR RETIREES

Financial Statements

December 31, 2024 and 2023

STAUFFER MEDICAL AND DENTAL CARE PLAN FOR RETIREES

Table of Contents

	<u>Page(s)</u>
Report of Independent Auditors	1 – 3
Financial Statements:	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Benefit Obligations	6
Statements of Changes in Benefit Obligations	7
Notes to Financial Statements	8 – 17



Report of Independent Auditors

To the Administrator of Stauffer Medical and Dental Care Plan for Retirees

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

We have performed an audit of the accompanying financial statements of Stauffer Medical and Dental Care Plan for Retirees (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the year ended December 31, 2024 including the related notes (collectively referred to as the "financial statements").

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

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

Basis for Opinion



We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.



- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

PricewaterhouseCoopers LLP

New York, New York
October 13, 2025

STAUFFER MEDICAL AND DENTAL CARE PLAN FOR RETIREES

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

(Dollars in thousands)

	<u>2024</u>	<u>2023</u>
<u>Assets</u>		
Plan's interest in AstraZeneca VEBA Trust Agreement for Retiree Health Benefits (the "Trust"), at fair value	\$ 44,738	\$ 43,897
Total assets	44,738	43,897
<u>Liabilities</u>		
Tax payable	-	(75)
Payable to Trust Sponsor for repayment of advances (See Note 1)	(167)	(454)
Total liabilities	(167)	(529)
Net assets available for benefits	<u>\$ 44,571</u>	<u>\$ 43,368</u>

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

STAUFFER MEDICAL AND DENTAL CARE PLAN FOR RETIREES

Statements of Changes in Net Assets Available for Benefits

For the years ended December 31, 2024 and 2023

(Dollars in thousands)

	<u>2024</u>	<u>2023</u>
Investment income (loss):		
Net increase (decrease) in the Plan's interest in AstraZeneca		
VEBA Trust Agreement for Retiree Health Benefits (the "Trust")	\$ 1,329	\$ 2,021
Total investment income (loss)	<u>1,329</u>	<u>2,021</u>
Other additions:		
Participant contributions	101	109
Other income	75	-
Total other additions	<u>176</u>	<u>109</u>
Benefits paid	(268)	(563)
Administrative expenses	(26)	(25)
Tax expense	(8)	(5)
Total deductions	<u>(302)</u>	<u>(593)</u>
Net increase (decrease)	1,203	1,537
Net assets available for benefits:		
Beginning of year	43,368	41,831
End of year	<u>\$ 44,571</u>	<u>\$ 43,368</u>

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

STAUFFER MEDICAL AND DENTAL CARE PLAN FOR RETIREES

Statements of Benefit Obligations

December 31, 2024 and 2023

(Dollars in thousands)

	<u>2024</u>	<u>2023</u>
Benefit obligations:		
Health and dental claims payable	\$ 143	\$ 5
Total obligations other than postretirement benefit obligations	<u>143</u>	<u>5</u>
Postretirement benefit obligations:		
Current retirees	2,138	3,215
Total benefit obligations	<u>\$ 2,281</u>	<u>\$ 3,220</u>

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

STAUFFER MEDICAL AND DENTAL CARE PLAN FOR RETIREES

Statements of Changes in Benefit Obligations
For the years ended December 31, 2024 and 2023
(Dollars in thousands)

	<u>2024</u>	<u>2023</u>
Health and dental claims payable:		
Balance at beginning of year	\$ 5	\$ 50
Net change in year	<u>138</u>	<u>(45)</u>
Balance at end of year	<u>143</u>	<u>5</u>
Postretirement benefit obligations:		
Balance at beginning of year	3,215	2,985
Increase (decrease) during the year attributable to:		
Interest cost	108	164
Participant contributions	101	109
Actuarial (gain)/loss and change in actuarial assumptions	(1,018)	520
Benefits paid	<u>(268)</u>	<u>(563)</u>
Balance at end of year	<u>2,138</u>	<u>3,215</u>
Total benefit obligations, at end of year	<u>\$ 2,281</u>	<u>\$ 3,220</u>

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

STAUFFER MEDICAL AND DENTAL CARE PLAN FOR RETIREES

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of the Plan

The following description of the Stauffer Medical and Dental Care Plan for Retirees (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan.

General

The Plan provides medical and prescription drug benefits to retirees and their eligible dependents of Stauffer Management Company LLC (the “Company”). The Company is a subsidiary of Zeneca Inc. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

The Plan provides health benefits (medical and prescription). Eligible retirees may participate as of date of retirement or may defer participation at their election. Generally, covered medical and prescription drug expenses incurred on or after the retirement date are subject to reimbursement.

Effective January 1, 2002, the AstraZeneca VEBA Trust Agreement for Retiree Health Benefits (the “Trust”), a voluntary employees’ beneficiary association (“VEBA”) sponsored by AstraZeneca Pharmaceuticals LP (the “Trust Sponsor”) under Section 501(c)(9) of the Internal Revenue Code, was established to fund part or all of the liabilities for the retiree health benefits. The Company became a contributor to and a participating employer of the Trust. The Plan is closed to new participants.

The AstraZeneca Investment Committee is the Plan’s named fiduciary for investment and certain administrative duties and the AstraZeneca Administration Committee (“Plan Administrator”) is the Plan’s named fiduciary and plan administrator for claims administration and certain other duties. Committee members are appointed by and subject to review by the AstraZeneca North America HR Sub-Committee. Plan amendment authority is held by the AstraZeneca North America HR Sub-Committee.

Administrative Expenses

Certain costs and expenses incident to the administration and management of the Plan, including compensation of the investment managers, adviser fees, third-party claims processors, the trustee, Broadridge Matrix Trust Company, actuary, and other costs related to the Plan’s investments, if any, are paid by the Plan. Compensation of the trustee is paid by the Trust Sponsor.

Benefits

The Plan provides medical and prescription drug benefits to retirees and their eligible dependents of the Company.

The medical expenses (depending on their type) are subject to the following: annual deductibles ranging from \$100 to \$150 for individuals, percentage limits that will be paid ranging from 50% to 100%, lifetime caps ranging from \$100,000 to \$1,000,000, and other restrictions as defined in the Plan. The Plan also has annual limits for medical expenses that cap the out-of-pocket expenses of the retirees and their enrolled dependents for covered medical expenses. The limits described are per person. There are separate per-person and per-family limits.

STAUFFER MEDICAL AND DENTAL CARE PLAN FOR RETIREES

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of the Plan, continued

Benefits, continued

These medical claims are processed by the Plan's third-party claims processors under administrative services only agreements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by either the Trust or the Trust Sponsor. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

The Plan utilizes a pharmacy benefit manager ("PBM") which periodically makes refunds to the Plan based on the Plan's utilization pattern of specific drugs.

Contributions

In addition to deductibles and co-payments, participants contribute specified amounts based on applicable monthly premiums for their respective benefit elections. Contributions to fund the Plan are made at the discretion of the Company. Contributions from retirees are used by the Company to partially fund claims payable. Retiree contributions are primarily based on a fixed annual amount ranging from \$648 to \$2,223. Retiree contributions were approximately \$101,000 and \$109,000 for the years ended December 31, 2024 and 2023, respectively.

The difference between the amounts to pay claims and the retiree contributions is either paid by the Trust Sponsor or the Trust.

On September 1, 2011, the Plan and the Trust entered into a note agreement with the Trust Sponsor whereby the Plan and the Trust agree to pay the Trust Sponsor the aggregate unpaid balance of each advance made on or after July 1, 2011 by the Trust Sponsor to the Plan and Trust. The advances are for the payment of ordinary operating expenses, including payment of medical and prescription drug benefits or ordinary operation of the Plan. There is no interest or fees associated with the advances. The Trust Sponsor agrees that it shall waive its right to seek repayment of any advance if the Trust Sponsor does not make a demand for payment within 210 days after the plan year in which such advances were made or if later by the filing date of the Plan's Form 5500 for such plan year.

In October 2025, the Trust Sponsor requested repayment for \$167,000 of advances for benefit payments which represents approximately 100% of advances made between January 1, 2024 and December 31, 2024. The request for repayment has been reflected as a payable to Trust Sponsor on the statement of net assets available for benefits as of December 31, 2024. During 2024, the Plan reimbursed the Trust Sponsor \$454,000 for the year ended December 31, 2023, which represented approximately 100% of advances made between January 1, 2023 and December 31, 2023.

STAUFFER MEDICAL AND DENTAL CARE PLAN FOR RETIREES

Notes to Financial Statements

December 31, 2024 and 2023

2. Summary of Significant Accounting Policies

The significant accounting policies employed in the preparation of the accompanying financial statements are as follows:

Basis of Accounting

The financial statements of the Plan are prepared in compliance with the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA and under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. As described in Note 6, the investment income (loss) in the Trust represents an allocation based upon the ratio of the Plan's assets to total Trust assets for the years ended December 31, 2024 and 2023. Purchases and sales of the Trust are recorded on a trade-date basis. See Note 7 for discussion of fair value measurements.

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

Payment of Benefits

Benefit payments are recorded when paid.

Rebates from the Plan's PBM are recorded when earned. Pharmacy rebates totaling \$119,000 and \$150,000 have been netted with benefits paid in the accompanying statement of changes in net assets available for benefits for the years ended December 31, 2024 and 2023 respectively.

Use of Estimates

The preparation of financial statements in accordance with GAAP requires the Trust Sponsor to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Postretirement Benefit Obligation

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to retiree's employment service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for currently retired or terminated employees and their beneficiaries and dependents. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Company and from existing Plan assets.

STAUFFER MEDICAL AND DENTAL CARE PLAN FOR RETIREES

Notes to Financial Statements

December 31, 2024 and 2023

2. Summary of Significant Accounting Policies, continued

Postretirement Benefit Obligation, continued

The postretirement benefit obligation is estimated by the Plan's actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death) between the valuation date and the expected date of payment.

The initial trend rate of 6.25% graded down to 5.00% was assumed for the valuation as of December 31, 2024. For the December 31, 2024 valuation, the trend was graded down over 5 years.

The initial trend rate of 6.50% graded down to 5.00% was assumed for the valuation as of December 31, 2023. For the December 31, 2023 valuation, the trend was graded down over 6 years.

The significant actuarial assumptions used in the valuation as of December 31, 2024 were (a) life expectancy of participants – Pri-2012 mortality table (male and female) with white collar adjustment and the MP-2021 improvement scale, (b) discount rate –5.15%, and (c) retirement age on valuation date – rates vary by age.

The significant actuarial assumptions used in the valuation as of December 31, 2023 were (a) life expectancy of participants – Pri-2012 mortality table (male and female) with white collar adjustment and the MP-2021 improvement scale, (b) discount rate –4.55%, and (c) retirement age on valuation date – rates vary by age.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of postretirement benefit obligation.

Medicare Subsidy

The Plan's postretirement benefit obligation does not reflect an amount associated with the Medicare subsidy allowed under the Medicare Prescription Drug Improvement and Modernization Act of 2003 because the Plan is not directly entitled to the Medicare subsidy. The Trust Sponsor has included the effects of the Medicare subsidy in measuring its postretirement benefit obligation; therefore, the Plan's postretirement benefit obligation differs from that of the Trust Sponsor.

Other Benefits

The health and dental claims payable, including incurred but not reported claims, has been determined using estimated ultimate costs of settling the claims considering past experience adjusted for current trends and any other factors that would modify past experience. Such estimated amounts are reported in the accompanying statements of benefit obligations.

3. Benefit Obligations

The per capita cost of covered health care benefits assumption (Note 2) has a significant effect on the amounts reported in the accompanying financial statements. If the health care trend rates had increased 1% during the years ended December 31, 2024 and 2023, then the postretirement benefit obligation would have increased by approximately \$70,000 and \$120,000, respectively.

STAUFFER MEDICAL AND DENTAL CARE PLAN FOR RETIREES

Notes to Financial Statements

December 31, 2024 and 2023

3. Benefit Obligations, continued

If the health care trend rates had decreased 1% during the years ended December 31, 2024 and 2023, then the postretirement benefit obligation would have decreased by approximately \$70,000 and \$120,000, respectively. Plan benefits will be funded by the Trust Sponsor as they become payable.

4. Plan Termination

Although it has not expressed any intention to do so, the Trust Sponsor has the right under the Plan to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Company or be used for purposes other than for the exclusive benefit of the Plan's participants.

5. Internal Revenue Service Status

By letter dated September 22, 2003, the Trust received a favorable tax determination letter. The Trust Sponsor and the Plan's tax counsel believe that the Plan and the Trust are designed and are currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2021.

Pursuant to certain provisions of the Internal Revenue Code and state tax statutes, a portion of the income generated by the Trust is subject to an unrelated business income tax ("UBIT") due to the over-funding of the Trust by the Trust Sponsor. The Plan incurred approximately \$8,000 and \$5,000 for UBIT expense during the years ended December 31, 2024 and 2023, of which approximately \$8,000 and \$5,000 of net payments were paid, respectively.

6. Investment in Trust

The assets of the AstraZeneca Retiree Health Care Plan and the Stauffer Medical and Dental Care Plan for Retirees comprise the total of the Trust. All of the Plan's investments are in the Trust, which was established for the investment of assets. The assets of the Trust are held by the trustee, Broadridge Matrix Trust Company ("Trustee"). At December 31, 2024 and 2023, the Plan's interest in the net assets of the Trust was approximately 30% and 27%, respectively. The total investment income (loss) relating to the Trust were allocated to the individual plans based upon average monthly balances invested by each plan.

STAUFFER MEDICAL AND DENTAL CARE PLAN FOR RETIREES

Notes to Financial Statements

December 31, 2024 and 2023

6. Investment in Trust, continued

The following table presents the fair value of investments and related changes for the Trust as of and for the years ended December 31, 2024 and 2023 (in thousands):

	Master Trust		Plan's Interest in Master Trust	
	2024	2023	2024	2023
ASSETS				
Investments, at fair value				
Life insurance	\$ 147,971	\$ 155,744	\$ 44,147	\$ 42,538
Money market fund	1,981	4,976	591	1,359
Total investments and net assets available	<u>\$ 149,952</u>	<u>\$ 160,720</u>	<u>\$ 44,738</u>	<u>\$ 43,897</u>
Trust investment income				
Net appreciation	5,109	7,330	1,329	2,021
Net increase in the AstraZeneca VEBA Trust Agreement	<u>\$ 5,109</u>	<u>\$ 7,330</u>	<u>\$ 1,329</u>	<u>\$ 2,021</u>

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at December 31, 2024 and 2023, and investment income (loss) for the years ended December 31, 2024 and 2023, that are disclosed in the accompanying financial statements, was obtained or derived from information supplied to the Trust Sponsor as certified as complete and accurate by the Trustee of the Plan.

7. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability

STAUFFER MEDICAL AND DENTAL CARE PLAN FOR RETIREES

Notes to Financial Statements

December 31, 2024 and 2023

7. Fair Value Measurements, continued

- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

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

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

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

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

Life insurance policies: The Trust holds a Trust-owned life insurance contract with Prudential and a Corporate-owned life insurance policy with Nationwide, which are valued at the cash surrender value of the life insurance policies held by the Trust at year end. The cash surrender value approximates fair value based upon the value of the underlying funds that include mutual funds and separate accounts. The cash surrender value is provided by the trustee. The investment has no unfunded commitments and there are no redemption restrictions. As of December 31, 2024, the Trust no longer holds a Prudential life insurance contract. The contract was surrendered and fully liquidated prior to the 2024 year end. Accordingly, there are no assets related to the Prudential life insurance policy included in the fair value table for 2024. In 2023, the Prudential policy was valued at \$8,160,000 and classified within Level 2 of the fair value hierarchy.

Money market fund: Valued at fair value of shares held by the Trust at year end. The fair value is a quoted price in an active market. The underlying assets include short-term fixed income securities. The investment has no unfunded commitments and there are no redemption restrictions.

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

The following table lists the fair values of investments as of December 31, 2024 (in thousands):

	Fair Value Measurements Using Input Levels:			
	Level 1	Level 2	Level 3	Total
Life insurance policy				
Nationwide life insurance policy	\$ -	\$ 147,971	\$ -	\$ 147,971
Money market fund	1,981	-	-	1,981
Total investments measured at fair value	\$ 1,981	\$ 147,971	\$ -	\$ 149,952

STAUFFER MEDICAL AND DENTAL CARE PLAN FOR RETIREES

Notes to Financial Statements

December 31, 2024 and 2023

7. Fair Value Measurements, continued

The following table lists the fair values of investments as of December 31, 2023 (in thousands):

	Fair Value Measurements Using Input Levels:			
	Level 1	Level 2	Level 3	Total
Life insurance policies				
Prudential life insurance policy	\$ -	\$ 8,160	\$ -	\$ 8,160
Nationwide life insurance policy	-	147,584	-	147,584
Money market fund	4,976	-	-	4,976
Total investments measured at fair value	<u>\$ 4,976</u>	<u>\$ 155,744</u>	<u>\$ -</u>	<u>\$ 160,720</u>

8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 (in thousands):

	December 31,	
	2024	2023
Net assets available for benefits per the financial statements	\$ 44,571	\$ 43,368
Health and dental claims payable	(143)	(5)
Net assets available for benefits per the Form 5500	<u>\$ 44,428</u>	<u>43,363</u>

The following is a reconciliation of benefits paid per the financial statements to the Form 5500 (in thousands):

	Year Ended December 31,	
	2024	2023
Benefits paid per the financial statements	\$ 268	\$ 563
Add amounts payable at December 31 of current year	143	5
Less amounts payable at December 31 of prior year	<u>(5)</u>	<u>(50)</u>
Benefits paid per the Form 5500	<u>\$ 406</u>	<u>518</u>

Claims and premiums that have been processed and approved for payment at year-end, but not paid and claims incurred but not reported are not considered liabilities under GAAP and, therefore, are not presented as liabilities or claims and premiums paid in the accompanying financial statements, but are recorded on the Form 5500 as a liability.

STAUFFER MEDICAL AND DENTAL CARE PLAN FOR RETIREES

Notes to Financial Statements

December 31, 2024 and 2023

9. Party-in-Interest Transactions

As of December 31, 2024 and 2023, the Plan's investments are in a money market fund managed by the trustee, Broadridge Matrix Trust Company, therefore, these transactions qualify as party-in-interest transactions under ERISA.

10. Risks and Uncertainties

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, per capita claim costs, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

11. Plan Amendments

The Plan was amended effective March 1, 2020 regarding the Families First Coronavirus Response Act and the Coronavirus Aid, Relief and Economic Security Act for the following:

- All medical options offered under the Plan include benefits for certain items and services related to testing for COVID-19 and for COVID-19 vaccines without any cost-sharing, prior authorization or other medical management requirements.
- Extension of certain ERISA deadlines for the period from March 1, 2020 until sixty (60) days after the announced end of the COVID-19 National Emergency or such other date announced by the Department of Labor and the Department of the Treasury. The end of the COVID-19 National Emergency was announced on May 11, 2023 for an effective date of July 11, 2023. Therefore, the extension of certain ERISA deadlines moved to September 9, 2023.

In addition, the Plan was amended for the following changes:

- Effective December 31, 2021, the dental component of the Plan titled "*Stauffer Dental Assistance Plan for Former Salaried Employees Whose Last Day of Active Employment Was After January 1, 1986*" was terminated.
- Effective December 31, 2021, the component of the Plan titled "*Stauffer Medical Plan For Retirees – For Former Salaried Employees Who Retired Before January 1, 1986 and Who Are Not Medicare Eligible*" was terminated.

STAUFFER MEDICAL AND DENTAL CARE PLAN FOR RETIREES

Notes to Financial Statements

December 31, 2024 and 2023

11. Plan Amendments, continued

- Effective January 1, 2022, the legal spouse and children of an eligible retiree are eligible for coverage under the Plan only if such individuals are enrolled in Medicare for the following components titled: a) “*Stauffer Medical and Dental Care Plan For Retirees – Medical Benefits – For Former Salaried Employees Whose Last Day of Active Employment Was After January 1, 1986*”; b) “*Stauffer Medical Plan for Retirees – For Former Salaried Employees Who Retired Before January 1, 1986 and Who Are Medicare Eligible*”; and c) “*Stauffer Medical Plan For Retirees – For Former Hourly Employees*”

12. Subsequent Events

The Plan has evaluated subsequent events through October 13, 2025, the date the financial statements were available to be issued, and noted the following for disclosure:

- Effective June 30, 2025, the following Plan options are terminated:
 - *Medical Benefits – For Former Salaried Employees Who Retired Before January 1, 1986 and Who Are Medicare Eligible*
 - *Medical Benefits – For Former Hourly Employees*
- All eligible retirees and their eligible dependents who are enrolled in one of the terminated Plan options listed above as of June 30, 2025, shall become eligible for and will automatically be enrolled, effective July 1, 2025, in the Plan.
- Effective July 1, 2025, the name of the Plan is changed to the “*Stauffer Medical Plan for Retirees*”.