

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan NOVO NORDISK INC. MONEY PURCHASE PLAN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 01/01/2012
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) NOVO NORDISK INC 800 SCUDDERS MILL ROAD PLAINSBORO, NJ 08536
2b	Employer Identification Number (EIN) 06-1061602
2c	Plan Sponsor's telephone number 609-987-5800
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.	06/18/2026	PAMELA GOTTLIEB
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 8143
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) 6099 6a(2) 5394 6b 0 6c 2948 6d 8342 6e 22 6f 8364 6g(1) 8054 6g(2) 8192 6h 520
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 Characteristic Codes in the instructions:

1E 2C 2F 2G 2T 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan NOVO NORDISK INC. MONEY PURCHASE PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 NOVO NORDISK INC	D Employer Identification Number (EIN) 06-1061602	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation CHARLES SCHWAB & CO. INC. AND AFFIL 94-1737782
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

SCHWAB RETIREMENT PLAN SERVICES, INC

34-1479833

(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 26 50 64	NONE	393806	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIENT ADVISORS LLC

36-4001764

(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 50	NONE	22477	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET BANK & TRUST COMPANY

04-1867445

(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 50	NONE	20193	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHARLES SCHWAB & CO. INC.

94-1737782

(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?
33 50 71	NONE	14385	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan NOVO NORDISK INC. MONEY PURCHASE PLAN	B Three-digit plan number (PN) ► 003
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 NOVO NORDISK INC	D Employer Identification Number (EIN) 06-1061602
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TR FUND 2010

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TR FUND 2015

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TR FUND 2020

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TR FUND 2025

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TR FUND 2030

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TR FUND 2035

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TR FUND 2040

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TR FUND 2045		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK		
c EIN-PN 81-0625169-009	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: SCHWAB MANAGED RET TR FUND 2050		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK		
c EIN-PN 81-0625169-010	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: SCHWAB MANAGED RET TR FUND 2055		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK		
c EIN-PN 81-0625169-020	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: SCHWAB MANAGED RET TR FUND 2060		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK		
c EIN-PN 81-0625169-022	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: SCHWAB MANAGED RET TR FUND 2065		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK		
c EIN-PN 81-0625169-024	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: SCHWAB MANAGED RET TR FUND - INCOME		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK		
c EIN-PN 81-0625169-005	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: STEPHENS SMALL CAP GROWTH CIT		
b Name of sponsor of entity listed in (a): STEPHENS INVESTMENT MANAGEMENT GROUP		
c EIN-PN 84-3345346-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8040713

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE BLUE CHIP GROWTH TRUST		
b Name of sponsor of entity listed in (a): T ROWE PRICE TRUST COMPANY		
c EIN-PN 80-0470272-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119252008

a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING CORE BOND II CIT		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 47-6419204-001	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: SCHWAB INDEXED RET TR FUND 2010		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK		
c EIN-PN 81-0625169-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2932130

a Name of MTIA, CCT, PSA, or 103-12 IE:		SCHWAB INDEXED RET TR FUND 2015	
b Name of sponsor of entity listed in (a):		CHARLES SCHWAB TRUST BANK	
c EIN-PN	81-0625169-012	d Entity code	C 1783267
a Name of MTIA, CCT, PSA, or 103-12 IE:		SCHWAB INDEXED RET TR FUND 2020	
b Name of sponsor of entity listed in (a):		CHARLES SCHWAB TRUST BANK	
c EIN-PN	81-0625169-013	d Entity code	C 8651303
a Name of MTIA, CCT, PSA, or 103-12 IE:		SCHWAB INDEXED RET TR FUND 2025	
b Name of sponsor of entity listed in (a):		CHARLES SCHWAB TRUST BANK	
c EIN-PN	81-0625169-014	d Entity code	C 23379232
a Name of MTIA, CCT, PSA, or 103-12 IE:		SCHWAB INDEXED RET TR FUND 2030	
b Name of sponsor of entity listed in (a):		CHARLES SCHWAB TRUST BANK	
c EIN-PN	81-0625169-015	d Entity code	C 80137415
a Name of MTIA, CCT, PSA, or 103-12 IE:		SCHWAB INDEXED RET TR FUND 2035	
b Name of sponsor of entity listed in (a):		CHARLES SCHWAB TRUST BANK	
c EIN-PN	81-0625169-016	d Entity code	C 81308240
a Name of MTIA, CCT, PSA, or 103-12 IE:		SCHWAB INDEXED RET TR FUND 2040	
b Name of sponsor of entity listed in (a):		CHARLES SCHWAB TRUST BANK	
c EIN-PN	81-0625169-017	d Entity code	C 167180474
a Name of MTIA, CCT, PSA, or 103-12 IE:		SCHWAB INDEXED RET TR FUND 2045	
b Name of sponsor of entity listed in (a):		CHARLES SCHWAB TRUST BANK	
c EIN-PN	81-0625169-018	d Entity code	C 74239916
a Name of MTIA, CCT, PSA, or 103-12 IE:		SCHWAB INDEXED RET TR FUND 2050	
b Name of sponsor of entity listed in (a):		CHARLES SCHWAB TRUST BANK	
c EIN-PN	81-0625169-019	d Entity code	C 97447836
a Name of MTIA, CCT, PSA, or 103-12 IE:		SCHWAB INDEXED RET TR FUND 2055	
b Name of sponsor of entity listed in (a):		CHARLES SCHWAB TRUST BANK	
c EIN-PN	81-0625169-021	d Entity code	C 22707726
a Name of MTIA, CCT, PSA, or 103-12 IE:		SCHWAB INDEXED RET TR FUND 2060	
b Name of sponsor of entity listed in (a):		CHARLES SCHWAB TRUST BANK	
c EIN-PN	81-0625169-023	d Entity code	C 11119019

a Name of MTIA, CCT, PSA, or 103-12 IE: **Schwab Indexed Ret Tr Fund 2065**

b Name of sponsor of entity listed in (a): **Charles Schwab Trust Bank**

c EIN-PN **81-0625169-025**

d Entity code **C**

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) **4791348**

a Name of MTIA, CCT, PSA, or 103-12 IE: **ALLSPRING CORE BOND CIT CLASS E2**

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

c EIN-PN **94-3222878-001**

d Entity code **C**

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) **23523018**

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
	For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
	A Name of plan NOVO NORDISK INC. MONEY PURCHASE PLAN	B Three-digit plan number (PN) 003
C Plan sponsor's name as shown on line 2a of Form 5500 NOVO NORDISK INC	D Employer Identification Number (EIN) 06-1061602	

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)	18821599	4129
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1613464	2002005
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	47129488	55809293
(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)	592153650	726493645
(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)	447876375	553056420
(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)	106012718	63426226
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1213607294	1400791718

Liabilities

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

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	1213607294	1400791718
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	95439213	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		95439213
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2069801	
(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)		2069801
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2078117	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	15648796	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		17726913
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	10269120	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	13513808	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-3244688
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-39911972	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-39911972

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		106621153
(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)		62431990
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		241132410

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	53490143	
(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)		53490143
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)	260555	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	197288	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		457843
j Total expenses. Add all expense amounts in column (b) and enter total	2j		53947986

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		187184424
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: EISNERAMPER LLP

(2) EIN: 87-1363769

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan NOVO NORDISK INC. MONEY PURCHASE PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 NOVO NORDISK INC		D Employer Identification Number (EIN) 06-1061602
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): 82-3967259		
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.....		3 506
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 121119864
b Enter the amount contributed by the employer to the plan for this plan year		6b 121119864
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 0
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☒ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

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_____.

NOVO NORDISK INC. MONEY PURCHASE PLAN

December 31, 2025 and 2024

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Note: Other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable to the Novo Nordisk Inc. Money Purchase Plan.

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator, Participants and Beneficiaries
of the Novo Nordisk Inc. Money Purchase Plan

Opinion

We have audited the financial statements of the Novo Nordisk Inc. Money Purchase 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 pension benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for pension benefits for each of the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for pension benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for pension benefits for each of the years then ended, 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 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 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.

Auditors' 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 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 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.

Other Matter

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2025, 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 the 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 the 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 accompanying 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.

EisnerAmper LLP

EISNERAMPER LLP
Metairie, Louisiana
June 17, 2026

EISNERAMPER
LLP



NOVO NORDISK INC. MONEY PURCHASE PLAN
Statements of Net Assets Available for Pension Benefits
December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments, at fair value		
Mutual funds	\$ 463,353,824	\$ 375,966,472
Common collective trusts	600,267,912	491,214,786
Common stock - Novo Nordisk A/S	53,567,305	89,512,293
Money market funds	34,857,441	32,752,889
	<u>1,152,046,482</u>	<u>989,446,440</u>
Employer's pension contribution receivable	4,129	14,583
Dividend withholding tax receivable	1,681,034	1,354,134
Net assets held in 401(h) accounts		
Investments, at fair value	246,739,107	203,725,791
Receivables – Employer's 401(h) contributions	-	18,807,016
Receivables – Dividend withholding tax	320,966	259,330
	<u>247,060,073</u>	<u>222,792,137</u>
Total assets	<u>1,400,791,718</u>	<u>1,213,607,294</u>
Liabilities		
Amounts related to obligations of 401(h) accounts	<u>247,060,073</u>	<u>222,792,137</u>
Total liabilities	<u>247,060,073</u>	<u>222,792,137</u>
Net assets available for pension benefits	<u>\$ 1,153,731,645</u>	<u>\$ 990,815,157</u>

See accompanying notes to financial statements

NOVO NORDISK INC. MONEY PURCHASE PLAN
Statements of Changes in Net Assets Available for Pension Benefits
For the Years Ended December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 103,896,369	\$ 81,182,394
Dividends from Novo Nordisk A/S common stock	1,746,253	1,480,342
Other dividends	12,968,180	9,434,787
Interest	1,424,384	1,673,455
	<u>120,035,186</u>	<u>93,770,978</u>
Employer pension contributions	<u>96,807,914</u>	<u>88,768,787</u>
Deductions		
Benefits paid to participants	53,490,143	35,650,824
Administrative expenses	436,469	385,370
	<u>53,926,612</u>	<u>36,036,194</u>
Net increase	<u>162,916,488</u>	<u>146,503,571</u>
Net assets available for benefits, beginning of year	<u>990,815,157</u>	<u>844,311,586</u>
Net assets available for benefits, end of year	<u>\$ 1,153,731,645</u>	<u>990,815,157</u>

See accompanying notes to financial statements

NOVO NORDISK INC. MONEY PURCHASE PLAN

Notes to Financial Statements

December 31, 2025 and 2024

Note 1 - Description of Plan

The following description of the Novo Nordisk Inc. Money Purchase Plan (the “Plan”) provides only general information. The Plan document, as amended, should be reviewed for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established on January 1, 2012, and most recently amended and restated effective January 1, 2024, as well as subsequently restated effective January 1, 2025, as a money purchase pension plan under Section 401(a) (27) of the Internal Revenue Code of 1986, as amended (the “Code”). The purpose of the Plan is to permit participating companies to make Company contributions to provide retirement benefits for eligible employees. Companies participating in the Plan include the Plan’s sponsor, Novo Nordisk Inc. (“NNI”) and four affiliated companies, Novo Nordisk Corporate Development U.S. (“NNCDUS”) which was formerly Novo Nordisk Research Center Indianapolis, Inc. (“NNRCII”), Novo Nordisk Research Development U.S. (“NNRDUS”) which was formerly Novo Nordisk Research Center Seattle, Inc. (“NNRCSI”), Novo Nordisk Pharmatech US, Inc. (“NNPR”), and Dicerna Pharmaceuticals, Inc. (“NNDRNA”) (collectively the “Company”). All five companies are wholly owned subsidiaries of Novo Nordisk US Holdings, Inc., which is a wholly-owned subsidiary of Novo Nordisk A/S (“NNAS”), which is the ultimate parent company in Denmark.

Eligible employees of the Company are covered by the Plan upon date of hire, except for residents of Puerto Rico, interns, leased employees, temporary employees with less than one year of service and 1,000 hours, employees on assignment from NNAS who are covered under the NNAS pension plan, foreign transferees from affiliates on temporary assignments who remain covered by a foreign pension plan, employees covered under a collective bargaining agreement, and nonresident aliens without any U.S. source income (the “Plan participants”). Additionally, the Plan contains accounts that provide retiree health benefits to eligible employees as permitted by Section 401(h) of the Code (the “Section 401(h) Accounts”). See Note 9 for discussion of Section 401(h) accounts.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended and the qualified plan rules of the Code.

Administrator, Trustee and Custodian

NNI is the Plan’s administrator and, under the terms of the Plan, NNI has delegated its administrative duties to a committee, the members of which are the members of the Retirement Committee appointed by the Board of Directors of NNI. The Retirement Committee is in charge of the Plan’s administration, oversight and governance responsibilities. Charles Schwab Trust Company, a division of Charles Schwab Bank, is the trustee and custodian of the Plan.

Participant Contributions and Direct Rollovers

No employee contributions or rollovers are accepted into the Plan.

NOVO NORDISK INC. MONEY PURCHASE PLAN

Notes to Financial Statements

December 31, 2025 and 2024

Note 1 - Description of Plan (continued)

Company Pension Contributions

The Company makes Basic Employer contributions (“pension”) equal to 8% of participants’ eligible compensation as determined under the Plan document on a payroll-by-payroll basis. In no event are pension contributions made in excess of the annual limits under the applicable sections of the Code.

Participant Pension Accounts

Participant pension accounts are credited with the allocable share of Company contributions and investment gains and losses (including expenses) and charged with distributions. A flat fee for administrative expenses incurred and paid by the Plan may be charged to participant pension accounts. Eligible participant withdrawals and distributions are limited to the participant's total vested pension account balance and Plan requirements as specified in the Plan document. Participants can elect to have their accounts invested in any of the Plan's investment options.

Vesting and Forfeitures of Pension Contributions

Vesting in the Company’s pension contributions, plus earnings or losses thereon, is as follows:

<u>Years of Service</u>	<u>Vesting %</u>
Less than 1	0
1	33
2	66
3 or more	100

Participants are 100% vested in pension contributions at the earliest date of completing 3 years of service with the Company or its related affiliates, upon reaching the age of 65, upon death (if death occurs prior to retirement or any separation from service) or upon plan termination.

Forfeited non-vested pension accounts are used to reduce future pension contributions and to pay Plan expenses. Forfeited non-vested accounts available at December 31, 2025 and 2024 were approximately \$121,000 and \$14,000, respectively. During the years ending on December 31, 2025 and 2024, total forfeitures of approximately \$1,758,000 and \$1,652,000, respectively, were used to offset pension contributions. The total amounts of forfeitures used to offset Plan expenses for recordkeeping and other fees during 2025 and 2024 were approximately \$0 and \$7,000, respectively.

Payment of Pension Benefits

On the earlier of normal retirement age at 65, death or termination of service, participants are entitled to receive the vested interest in their pension accounts. Participant’s pension accounts may be paid in one lump sum payment or a qualified optional survivor annuity.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

NOVO NORDISK INC. MONEY PURCHASE PLAN

Notes to Financial Statements

December 31, 2025 and 2024

Note 2 - Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and when applicable, disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's 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. See Note 3 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 in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Pension Benefits

Pension benefits are recorded when paid.

Administrative Expenses

The Plan's administrative expenses, such as bookkeeping, legal, and audit fees, as well as other reasonable expenses as permitted by the Plan document, collectively known as Plan expenses, are paid by the Plan and/or the Company.

The Company's service agreement with Schwab Retirement Plan Services, Inc. ("Schwab"), the Plan's recordkeeper, reflects a minimum basis point requirement whereby should the recordkeeper fees charged by Schwab on an annual basis exceed a minimum required basis point amount, as defined in the service agreement, Schwab will credit the excess amount to the Plan in the form of a Reduction in Compensation Account ("ERISA account"). On a quarterly basis, any operating expense credits received from investment options will be allocated directly to the participants who held that investment option, based on each participant's average daily balance that quarter. For the years ending on December 31, 2025 and 2024, Plan administrative expenses of approximately \$436,000 and \$385,000 were paid by the Plan, respectively.

The ERISA account balances as of December 31, 2025 and 2024 were approximately \$0 and \$75 respectively. Amounts credited as an excess amount to the ERISA account were approximately \$263,000 and \$231,000 for the years ended December 31, 2025 and 2024, respectively, and are recorded as a component of net appreciation in fair value of investments in the Statements of Changes in Net Assets Available for Pension Benefits. During the years ended December 31, 2025 and 2024, approximately \$263,000 and \$231,000 respectively, was credited to eligible participant accounts from the ERISA account, as approved by the Retirement Committee.

Subsequent Events

The Plan has evaluated subsequent events through June 17, 2026, the date the financial statements were available to be issued.

NOVO NORDISK INC. MONEY PURCHASE PLAN

Notes to Financial Statements

December 31, 2025 and 2024

Note 3 - Fair Value Measurements

The Financial Accounting Standards Board's ("FASB") Accounting Standards Codification Topic 820 "Fair Value Measurements and Disclosures" (ASC 820) established a framework for measuring fair value. The framework provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value in order to maximize the use of observable inputs and minimize the use of unobservable inputs. 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 measurements are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2 – Inputs to the valuation methodology include (1) quoted prices in active markets for similar assets or liabilities; (2) quoted prices in inactive markets for identical or similar assets or liabilities; (3) inputs other than quoted prices that are observable for the assets or liabilities; or (4) inputs that are derived 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 describe the valuation methods used for investment assets measured at fair value.

Common stock – Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market funds – Valued at NAV, which approximates fair value.

Common/collective trust funds – Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

NOVO NORDISK INC. MONEY PURCHASE PLAN

Notes to Financial Statements

December 31, 2025 and 2024

Note 3 - Fair Value Measurements (continued)

The preceding methods described produce a fair value calculation that is appropriate and consistent with other market participants but may not be indicative of net realizable value or reflective of future fair values. The uses of different valuation methods and assumptions could result in a different fair value measurement for certain financial instruments at the reporting date. There have been no changes in the methodologies used at December 31, 2025 and 2024.

The table below presents the Plan's pension investment assets measured at fair value as of:

<u>December 31, 2025:</u>	<u>Level 1</u>	<u>Total</u>
Mutual funds	\$ 463,353,824	\$ 463,353,824
Common stock	53,567,305	53,567,305
Money market funds	34,857,441	34,857,441
Total investment assets in fair value hierarchy	551,778,570	551,778,570
Investments measured at net asset value ¹	-	600,267,912
Total investment assets at fair value	\$ 551,778,570	\$ 1,152,046,482
<u>December 31, 2024:</u>	<u>Level 1</u>	<u>Total</u>
Mutual funds	\$ 375,966,472	\$ 375,966,472
Common stock	89,512,293	89,512,293
Money market funds	32,752,889	32,752,889
Total investment assets in fair value hierarchy	498,231,654	498,231,654
Investments measured at net asset value ¹	-	491,214,786
Total investment assets at fair value	\$ 498,231,654	\$ 989,446,440

1. In accordance with FASB ASC 820-10, certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for pension benefits.

The Plan did not have any investments in Level 2 or 3 as of December 31, 2025 and 2024.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

NOVO NORDISK INC. MONEY PURCHASE PLAN

Notes to Financial Statements

December 31, 2025 and 2024

Note 3 - Fair Value Measurements (continued)

The following table summarizes pension investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2025 and 2024, respectively.

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Other Redemption Restrictions</u>	<u>Redemption Notice Period</u>
<u>As of December 31, 2025:</u>					
Common Collective Trust Funds ¹	\$600,267,912	None	Immediate	None	5 days – 12 months
<u>As of December 31, 2024:</u>					
Common Collective Trust Funds ¹	\$491,214,786	None	Immediate	None	5 days – 12 months

Redemption Restrictions

Certain mutual funds impose a trading policy including the right to restrict purchasing back into the funds for 28 days or 30 days. The restrictions are used to discourage short term or excessive trading, including market timing activity; however, these trading policies do not affect shareholders' rights to redeem shares of the mutual funds.

Note 4 - Income Tax Status

A favorable determination letter was issued by the Internal Revenue Service ("IRS") dated March 5, 2014, which states that the Plan and related trust qualify under the provisions of Section 401(a) of the Code and therefore, was exempt from federal income taxes under the provisions of Section 501(a) of the Code. The Plan has been amended since receiving the tax determination letter. The Plan administrator believes that the Plan continues to be designed and operated in compliance with the applicable requirements of the Code and, therefore, is exempt from federal income taxes under the provisions of the Code.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator believes the Plan has not taken nor is expected to take any uncertain positions that would require recognition of a liability or disclosure in the Plan's financial statements as of December 31, 2025 and 2024.

The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

Commencing with the Plan's 2016 year, the Danish Tax Authority ("SKAT") changed its process for organizations exempt from withholding taxes. Under the new procedure, entities are required to remit withholding taxes to SKAT at the time dividends are paid and subsequently apply for a refund. The Plan sponsor determined that all withholding tax receivables are collectible.

NOVO NORDISK INC. MONEY PURCHASE PLAN

Notes to Financial Statements

December 31, 2025 and 2024

Note 4 - Income Tax Status (continued)

During the years ended December 31, 2025 and 2024, Novo Nordisk A/S paid approximately \$561,000 and \$477,000 of withholding taxes to SKAT for dividends declared relating to Novo Nordisk A/S shares held by the Plan. Of these amounts approximately \$90,000 and \$75,000 relate to the 401(h) accounts for the respective years. The Plan has recorded a dividend withholding tax receivable of approximately \$1,681,000 and \$1,354,000 as of December 31, 2025 and 2024, respectively. Excludable for pension benefits, dividend receivable for the 401(h) accounts and the offsetting liability, are presented as a component of net assets held in 401(h) accounts at the accumulated totals of approximately \$321,000 and \$259,000 in the statements of net assets available for pension benefits as of December 31, 2025 and 2024, respectively.

In May 2025, the Plan received the 2021 dividend withholding tax refund of approximately \$173,000. Of this amount, approximately \$28,000 is related to the 401(h) account. The 2019 refund and 2021 to 2024 refunds were outstanding as of December 31, 2024. The 2019 refund and 2021 to 2025 refunds were outstanding as of December 31, 2025.

Note 5 - Related Party and Party-in-Interest Transactions

Novo Nordisk Inc. is the Plan sponsor and the Plan administrator. Novo Nordisk A/S is also a party-in-interest to the Plan under the definition provided in Section 3(14) of ERISA. Therefore, Novo Nordisk A/S common stock transactions qualify as party-in-interest transactions. As of December 31, 2025, and 2024 the fair value of investments in Novo Nordisk A/S common stock were \$53,567,305 and \$89,512,293, respectively. As of December 31, 2025, and 2024, the fair value of Section 401(h) account investments in Novo Nordisk A/S common stock was \$9,858,920 and \$16,500,425, respectively.

Certain Plan investments are managed and held by Charles Schwab Bank Trust Co. ("Charles Schwab"), who is the trustee and custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Charles Schwab for Plan expenses for the years ended December 31, 2025 and 2024 amounted to approximately \$261,000 and \$253,000, respectively. Additional advisory and managed services fees paid by the Plan amounted to approximately \$133,000 and \$132,000 for the years ended December 31, 2025 and 2024, respectively. Schwab Retirement Plan Services is the recordkeeper of the Plan. Furthermore, Schwab Retirement Plan Services and Charles Schwab Bank are affiliated companies under Charles Schwab & Co.

NOVO NORDISK INC. MONEY PURCHASE PLAN

Notes to Financial Statements

December 31, 2025 and 2024

Note 6 - Risks and Uncertainties

The Plan provides for various investment options in a combination of diversified funds including Company stock. Investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect the participants' account balances and the amounts reported in the statements of net assets available for pension benefits and the statements of changes in net assets available for pension benefits. Volatility in the financial markets may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments reported at December 31, 2025 and 2024 may not necessarily be indicative of amounts that could be realized in a current market exchange.

Note 7 - Mutual Fund Fees

Investments in mutual funds are subject to sales charges in the form of front-end loads, back-end loads or 12b-1 fees. 12b-1 fees are allowable under Section 12b-1 of the Investment Company Act of 1940. These fees may be deducted annually to pay marketing and distribution costs of mutual funds. These fees are deducted prior to the allocation of the Plan's investment earnings activity and thus not separately identifiable as an expense.

Note 8 - Plan Termination

Although no intention to do so has been expressed, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon full or partial termination of the Plan, participants' pension accounts shall become 100% vested and shall not thereafter be subject to forfeiture. However, in the event of a termination of the Plan, all assets remaining in the Section 401(h) Accounts will revert to the Company, as sponsor of the Plan, in accordance with Section 105(h)(5) of the Code, Treasury Regulation Section 1.401-14(c)(5) and the provisions of the Plan.

Note 9 - Section 401(h) Accounts

The following description of Section 401(h) accounts provides only general information. The Plan document may be referenced for a more complete description of Section 401(h) account provisions.

General

The Plan also includes a component to fund a portion of the post-retirement medical obligation for retirees and their beneficiaries, on a non-taxable basis, in accordance with Section 401(h) of the Code. Separate accounts have been established and maintained in the Plan for such assets. In accordance with Section 401(h) of the Code, the Plan's investments in the 401(h) accounts may not be used for, or diverted to, any purpose other than paying for health benefits for retirees and their beneficiaries.

Eligibility, Contributions and Vesting

Plan participants as described in Note 1, except for employees with Vice President's designation and above, are eligible to participate in the Company's 401(h) contributions.

NOVO NORDISK INC. MONEY PURCHASE PLAN

Notes to Financial Statements

December 31, 2025 and 2024

Note 9 - Section 401(h) Accounts (continued)

Eligibility, Contributions and Vesting (continued)

The Company contributes after the end of each Plan year to the eligible participants' Section 401(h) accounts, which are set up and maintained separately from the participants' pension benefits accounts. These accounts are invested into the investment options available under the Plan as directed by the participants. Plan participants do not contribute to the 401(h) accounts. Eligible participants must be employed at December 31 to receive the Company contribution, unless the participant died, became disabled or retired at age 60 or older during the year.

The amount contributed to the eligible participants' Section 401(h) accounts depends upon the participant's age as of each December 31 and the participant's eligible compensation as determined under the Plan as follows:

<u>Age as of each December 31</u>	<u>Contribution % of Eligible Compensation</u>
Under age 30	0
Age 30 – 39	1
Age 40 – 49	2
Age 50 – 59	3
Age 60 and over	4

For the years ended December 31, 2025 and 2024, Company contributions to eligible participants' Section 401(h) accounts amounted to approximately \$25,667,000 and \$24,148,000, respectively, of which the company used forfeitures in the amount of approximately \$25,667,000 and \$5,341,000 to fund the contribution. Forfeited non-vested 401(h) accounts are used to reduce future Company 401(h) contributions and pay Plan expenses.

Forfeited non-vested 401(h) accounts available at December 31, 2025 and 2024 were approximately \$9,104,000 and \$4,502,000, respectively. For the years ended December 31, 2025 and 2024, total available forfeitures of approximately \$9,104,000 and \$4,502,000 and additional forfeitures acquired prior to funding of approximately \$16,563,000 and \$839,000, respectively, were used to offset 2025 and 2024 Company 401(h) contributions which were funded in 2025 and 2024 respectively. For the year ended December 31, 2025, Company contributions to eligible participants' Section 401(h) accounts were fully funded by approximately 25,667,000 of available forfeitures. For the year ended December 31, 2024, Company contributions to eligible participants' Section 401(h) accounts were funded by approximately \$5,341,000 of available forfeitures and approximately \$18,807,000 which is shown on the Statements of Net Assets Available for Pension Benefits at December 31, 2024, as an Employer's 401(h) contribution receivable.

NOVO NORDISK INC. MONEY PURCHASE PLAN

Notes to Financial Statements

December 31, 2025 and 2024

Note 9 - Section 401(h) Accounts (continued)

Eligibility, Contributions and Vesting (continued)

401(h) account contributions are subordinate to the pension contributions to the Plan. At all times the aggregate 401(h) account contributions may not exceed 25% of the total aggregate contributions made by the Company to the Plan.

Vesting in the participants' Section 401(h) accounts shall be 100% upon attainment of 10 years of service and 55 years of age, except in the event of job elimination, in which case participants who have attained age 54 and/or have completed 9 years of service are granted an additional year to satisfy the age and service requirements for purposes of eligibility for vesting in the Section 401(h) Account.

Benefits

The 401(h) account shall be used to provide funds to pay certain health benefits pursuant to the Novo Nordisk Inc. 2012 Retiree Medical Plan, only after a participant has exhausted funds available pursuant to a prior Retiree Health Plan, as defined in the Plan document. Effective January 1, 2025, participants are not required to exhaust the funds available in the Retiree Health Plan which existed prior to 2012 before they can use funds from 401(h) account. After the death of a retired participant, any remaining vested amounts in the respective 401(h) account shall be used to pay or reimburse expenses of the participant's spouse or dependents, as defined, until the participant's 401(h) account is exhausted. The vested amounts in the 401(h) account shall be forfeited when the retiree and spouse are deceased, and all eligible dependents are no longer eligible due to age.

Participants designate a portion of the funds within their 401(h) to be made available for reimbursement of eligible medical expenses annually. These annual elections are made with Charles Schwab who then transfers the amount to an expense reimbursement account within their 401(h) to invest in their Government Money Fund and ensure principal stability and daily liquidity. Participants can then file claims against this amount for reimbursement of eligible medical expenses.

NOVO NORDISK INC. MONEY PURCHASE PLAN

Notes to Financial Statements

December 31, 2025 and 2024

Note 9 - Section 401(h) Accounts (continued)

Investments

The following table presents the Plan's investment assets held in Section 401(h) accounts measured at fair value as of:

<u>December 31, 2025:</u>	<u>Level 1</u>	<u>Total</u>
Mutual funds	\$ 89,702,597	\$ 89,702,597
Common stock	9,858,921	9,858,921
Money market funds	20,951,852	20,951,852
Total investment assets in the fair value hierarchy	120,513,370	120,513,370
Investments measured at net asset value ¹	-	126,225,737
Total investment assets at fair value	\$ <u>120,513,370</u>	\$ <u>246,739,107</u>
<u>December 31, 2024:</u>	<u>Level 1</u>	<u>Total</u>
Mutual funds	\$ 71,909,903	\$ 71,909,903
Common stock	16,500,425	16,500,425
Money market funds	14,376,599	14,376,599
Total investment assets in the fair value hierarchy	102,786,927	102,786,927
Investments measured at net asset value ¹	-	100,938,864
Total investment assets at fair value	\$ <u>102,786,927</u>	\$ <u>203,725,791</u>

1. In accordance with FASB ASC 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for pension benefits.

The Plan did not have any investments in Level 2 or 3 as of December 31, 2025 and 2024.

Net Asset Value per Share

The following table summarizes investments held in Section 401(h) accounts for which fair value is measured using the net asset value per share practical expedient as of December 31, 2025 and 2024, respectively.

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Other Redemption Restrictions</u>	<u>Redemption Notice Period</u>
<u>As of December 31, 2025:</u>					
Common Collective Trust Funds ¹	\$126,225,737	None	Immediate	None	5 days – 12 months
<u>As of December 31, 2024:</u>					
Common Collective Trust Funds ¹	\$100,938,864	None	Immediate	None	5 days – 12 months

NOVO NORDISK INC. MONEY PURCHASE PLAN

Notes to Financial Statements

December 31, 2025 and 2024

Note 9 - Section 401(h) Accounts (continued)

Redemption Restrictions

Certain mutual funds impose a trading policy including the right to restrict purchasing back into the funds for 28 days or 30 days. The restrictions are used to discourage short term or excessive trading including market timing activity; however, these trading policies do not affect shareholders' rights to redeem shares of the mutual funds.

Note 10 - Reconciliation of Financial Statements to Form 5500

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

	December 31, 2025	December 31, 2024
Net assets available for benefits per the financial statements	\$ 1,153,731,645	\$ 990,815,157
Add: Assets held in 401(h) accounts		
Cash and investments included for 401(h) accounts in Form 5500	246,739,106	203,725,791
Employer 401(h) contributions receivable included in Form 5500	-	18,807,016
Employer 401(h) withholding tax receivable included in Form 5500	320,966	259,330
	<u>247,060,073</u>	<u>222,792,137</u>
Net assets available for benefits per the Form 5500	<u>\$ 1,400,791,718</u>	<u>\$ 1,213,607,294</u>

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

	December 31, 2025	December 31, 2024
Net increase in net assets available for benefits per the financial statements	\$ 162,916,488	\$ 146,503,571
Add: Net increase in assets held in 401(h) account	<u>24,267,936</u>	<u>36,923,172</u>
Net income per the Form 5500	<u>\$ 187,184,424</u>	<u>\$ 183,426,743</u>

The net assets of the 401(h) account included in Form 5500 are not available to pay pension benefits but can be used to fund a portion of the postretirement medical obligation for retirees and their beneficiaries.

NOVO NORDISK INC. MONEY PURCHASE PLAN

Plan #003

Employer ID#06-1061602

Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b) <u>Identity of Issue, Borrower, Lessor or Similar Party</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Fair Value</u>
	Allspring Special Intl SM CP I	Mutual Fund	**	\$ 14,044,694
	American Fund Eupac R5E	Mutual Fund	**	35,518,564
	Columbia Dividend Income FD S	Mutual Fund	**	53,100,378
	Delaware Small Cap Value I	Mutual Fund	**	17,087,194
	Franklin US Govt Sec Adv	Mutual Fund	**	11,317,454
*	Schwab S&P 500 Index Fund	Mutual Fund	**	204,650,979
	Vanguard MidCapIndex Instlplus	Mutual Fund	**	55,875,142
	Vanguard Sm Cap Instl Plus	Mutual Fund	**	40,602,431
	Vanguard Tot Bnd Mkt Idx Instl	Mutual Fund	**	61,233,176
	Vanguard TOTINTLSTK IDXINSTLPL	Mutual Fund	**	59,626,409
*	Novo Nordisk A/S	Common Stock	**	63,426,226
*	Schwab Ret Gvmnt Money Fund	Money Market Fund	**	55,759,974
*	Stock Liquidity (Schwab US Treasury Money Fund)	Money Market Fund	**	49,319
	Allspring Core Bond CIT E2	Common Collect Trust Fund	**	23,523,018
*	Schwab Index Ret 2010 IV	Common Collect Trust Fund	**	2,932,130
*	Schwab Index Ret 2015 IV	Common Collect Trust Fund	**	1,783,267
*	Schwab Index Ret 2020 IV	Common Collect Trust Fund	**	8,651,302
*	Schwab Index Ret 2025 IV	Common Collect Trust Fund	**	23,379,233
*	Schwab Index Ret 2030 IV	Common Collect Trust Fund	**	80,137,415
*	Schwab Index Ret 2035 IV	Common Collect Trust Fund	**	81,308,240
*	Schwab Index Ret 2040 IV	Common Collect Trust Fund	**	167,180,475
*	Schwab Index Ret 2045 IV	Common Collect Trust Fund	**	74,239,917
*	Schwab Index Ret 2050 IV	Common Collect Trust Fund	**	97,447,837
*	Schwab Index Ret 2055 IV	Common Collect Trust Fund	**	22,707,727
*	Schwab Index Ret 2060 IV	Common Collect Trust Fund	**	11,119,019
*	Schwab Index Ret 2065 IV	Common Collect Trust Fund	**	4,791,348
	Stephens Small Cap Growth CIT	Common Collect Trust Fund	**	8,040,713
	TRP Blue Chip Growth Trust T4	Common Collect Trust Fund	**	119,252,008
	Total investment assets at fair value			\$ <u>1,398,785,589</u>

* Party-in-interest, as defined by ERISA

** Cost information not required for participant-directed investments

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

NAME OF PLAN SPONSOR:	Novo Nordisk Inc.
NAME OF PLAN:	Novo Nordisk Inc. Money Purchase Plan
EIN:	06-1061602
PLAN NUMBER:	003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	SCHWAB RET GVMNT MONEY FUND	Money Market / Cash Equivalent		55,759,974
	SCHWAB US TRSY MONEY INV	Money Market / Cash Equivalent		49,319
*	NOVO-NORDISK A-S	Employer Securities		63,426,226
	ALLSPRING CORE BOND CIT E2	Common Collective Trust Fund		23,523,018
*	SCHWAB INDEX RET 2010 IV	Common Collective Trust Fund		2,932,130
*	SCHWAB INDEX RET 2015 IV	Common Collective Trust Fund		1,783,267
*	SCHWAB INDEX RET 2020 IV	Common Collective Trust Fund		8,651,303
*	SCHWAB INDEX RET 2025 IV	Common Collective Trust Fund		23,379,232
*	SCHWAB INDEX RET 2030 IV	Common Collective Trust Fund		80,137,415
*	SCHWAB INDEX RET 2035 IV	Common Collective Trust Fund		81,308,240
*	SCHWAB INDEX RET 2040 IV	Common Collective Trust Fund		167,180,474
*	SCHWAB INDEX RET 2045 IV	Common Collective Trust Fund		74,239,916
*	SCHWAB INDEX RET 2050 IV	Common Collective Trust Fund		97,447,836
*	SCHWAB INDEX RET 2055 IV	Common Collective Trust Fund		22,707,726
*	SCHWAB INDEX RET 2060 IV	Common Collective Trust Fund		11,119,019
*	SCHWAB INDEX RET 2065 IV	Common Collective Trust Fund		4,791,348
	STEPHENS SMALL CAP GROWTH CIT	Common Collective Trust Fund		8,040,713
	TRP BLUE CHIP GROWTH TRUST T4	Common Collective Trust Fund		119,252,008
	ALLSPRING SPECIAL INTL SM CP I	Registered Investment Company		14,044,693
	AMERICAN FUNDS EUPAC R5E	Registered Investment Company		35,518,564
	COLUMBIA DIVIDEND INCOME FD S	Registered Investment Company		53,100,378
	DELAWARE SMALL CAP VALUE I	Registered Investment Company		17,087,194
	FRANKLIN US GOVT SEC ADV	Registered Investment Company		11,317,454
*	SCHWAB S&P 500 INDEX FUND	Registered Investment Company		204,650,980
	VANGUARD MIDCAPINDEX INSTLPLUS	Registered Investment Company		55,875,141
	VANGUARD SM CAP INSTL PLUS	Registered Investment Company		40,602,431
	VANGUARD TOT BND MKT IDX INSTL	Registered Investment Company		61,233,176
	VANGUARD TOTINTLSTK IDXINSTLPL	Registered Investment Company		59,626,409

* Party-in-interest