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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AMGEN INC. RETIREE MEDICAL SAVINGS ACCOUNT PLAN

1b Three-digit plan number (PN) ▶ 518

1c Effective date of plan 07/01/2009

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
AMGEN INC.

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

2b Employer Identification Number (EIN) 95-3540776

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

2d Business code (see instructions) 325410

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	LINDSAY MEYER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	19411
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	15040
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	15698
b	Retired or separated participants receiving benefits	**6b**	1340
c	Other retired or separated participants entitled to future benefits	**6c**	3328
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	20366
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [X]	General assets of the sponsor	**(4)** [X]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
AMGEN INC. RETIREE MEDICAL SAVINGS ACCOUNT PLAN

B Three-digit plan number (PN) ▶ 518

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

D Employer Identification Number (EIN)
95-3540776

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

MERRILL LYNCH PIERCE FENNER & SMITH

13-5674085

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

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

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

VANGUARD FIDUCIARY TRUST COMPANY

23-1945930

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

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

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

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

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

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

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

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

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

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

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

(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 ☐

(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 H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

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
AMGEN INC. RETIREE MEDICAL SAVINGS ACCOUNT PLAN

B Three-digit plan number (PN) ▶ 518

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

D Employer Identification Number (EIN)
95-3540776

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	247008407	294087577
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(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	247008407	294087577
Liabilities			
1g Benefit claims payable	1g	229	9390
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	229	9390
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	247008178	294078187

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)	2876896	
(B) Participants	2a(1)(B)	14563853	
(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)		17440749
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	6843844	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		6843844
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		32096831
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		56381424
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9311415	
(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)		9311415
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9311415
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		47070009
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

Amgen Inc. Retiree Medical Savings Account Plan
December 31, 2025 and 2024 and for the Year Ended
December 31, 2025
With Report of Independent Auditors

Amgen Inc. Retiree Medical Savings Account Plan

Financial Statements
and Supplemental Schedule

December 31, 2025 and 2024 and for the Year Ended December 31, 2025

Contents

Report of Independent Auditors 1

Audited Financial Statements:

- Statements of Net Assets Available for Benefits 4
- Statement of Changes in Net Assets Available for Benefits 5
- Notes to Financial Statements 6

Supplemental Schedule:

- Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 13

Ernst & Young LLP
Suite 500
725 South Figueroa Street
Los Angeles, CA 90017-5418

Tel: +1 213 977 3200
Fax: +1 213 977 3729
ey.com

Shape the future
with confidence

Report of Independent Auditors

Amgen Inc., as Plan Administrator, and the Plan Participants of the Amgen Inc. Retiree Medical Savings Account Plan

Opinion

We have audited the financial statements of Amgen Inc. Retiree Medical Savings Account Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan at December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented

A member firm of Ernst & Young Global Limited

and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

A member firm of Ernst & Young Global Limited

Shape the future
with confidence

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion of the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2025 (referred to as the "supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Ernst & Young LLP

September 10, 2026

A member firm of Ernst & Young Global Limited

Amgen Inc. Retiree Medical Savings Account Plan
Statements of Net Assets Available for Benefits

	December 31,	
	2025	**2024**
Assets – investments at fair value	$ 294,087,577	$ 247,008,407
Net assets available for benefits	$ 294,087,577	$ 247,008,407

See accompanying notes.

Amgen Inc. Retiree Medical Savings Account Plan
Statement of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2025
Additions to (deductions from) net assets:	
Participant contributions	$ 14,563,853
Employer contributions	2,876,896
Dividend income	6,843,844
Net realized/unrealized gains	32,096,831
Claims paid	(9,302,254)
Change in net assets	47,079,170
Net assets available for benefits at beginning of year	247,008,407
Net assets available for benefits at end of year	$ 294,087,577

See accompanying notes.

1. Description of the Plan

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

General

The Plan was established effective July 1, 2009, was amended and restated effective January 1, 2022, and subsequently amended, with the most recent amendment adopted on December 2, 2024. The Plan is a defined contribution health and welfare benefit plan covering substantially all United States-based employees of Amgen Inc. and participating subsidiaries (the Company, Amgen or Employer). It is comprised of an employee paid portion and an employer paid portion. The employee paid portion of the Plan is maintained in a trust that is intended to be a Voluntary Employees' Beneficiary Association (VEBA) as defined in section 501(c)(9) of the Internal Revenue Code of 1986 (the Code) (see Note 5, *Income Tax Status*). The employer paid portion of the Plan is intended to be an unfunded health reimbursement arrangement as defined under Internal Revenue Service (IRS) Notice 2002-45. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Participant Accounts

Each participant has an employee and employer contributions account. The benefit to which a participant is entitled is the benefit that can be provided from the portion of the participant's employee and employer contributions accounts that may be accessed under the terms of the Plan, as discussed below.

Each participant's employee contributions account is credited with the participant's contributions to the VEBA trust and investment earnings (net of investment losses) related to those contributions and is reduced by claims paid from this account and forfeitures.

Each participant's employer contributions account is credited with employer contributions and, at the Company's discretion, investment earnings (net of investment losses) on those contributions and is reduced by claims paid from this account and forfeitures. Employer contributions and investment earnings (net of investment losses) thereon are unfunded notional amounts that are paid directly from the Company's assets and are not set aside in trust or otherwise funded in any way. Participants eligible to access their employer contributions accounts, as discussed below, have rights to such amounts no greater than a general creditor of Amgen. Employer contributions accounts, whether or not accessible by the participants, are not recognized in the Plan's Statements of Net Assets Available for Benefits. Employer contributions are recognized in the Plan's Statement of Changes in Net Assets Available for Benefits in the period participants' claims are paid from their employer contributions accounts and funded by the Company. See Note 4, *Postretirement Benefit Obligation*, for information regarding Amgen's estimated future contributions to the Plan.

Contributions

Participants may elect to make after-tax contributions to their employee contributions account of up to 50% of their base compensation and 80% of their bonus compensation, as defined in the Plan. The Company credits each participant's employer contributions account with a notional amount composed of: (i) an initial contribution of $5,000 credited on July 1, 2009 to eligible employees that were employed by Amgen on that date, whether or not they have elected to make contributions to the Plan, (ii) an annual contribution of $1,000 credited to eligible employees that are employed by Amgen as of the last business day of the Plan year, whether or not they have elected to make contributions to the Plan, and (iii) a matching contribution equal to 50% of employee contributions up to a maximum of $1,500 per Plan year.

Access to Account Balances

Once participants become eligible, they may make withdrawals from their accounts on a tax-free basis for reimbursement of eligible medical expenses, as discussed below. Participants become eligible to access their employee contributions account when they terminate employment with the Company. Participants become eligible to access their employer contributions account when they voluntarily terminate employment with the Company and all of its affiliates (or, at the Company's discretion, involuntarily terminate employment) after: (i) attaining at least age 55 with ten years of service, (ii) attaining at least age 65, or (iii) becoming totally disabled (collectively referred to hereafter as retired participants), and, in each case, sign a release waiving certain legal claims against Amgen. Participants who terminate employment with Amgen and do not qualify as retired participants forfeit their employer contributions account upon termination (hereafter referred to as terminated participants).

Retired and terminated participants must submit claims to be reimbursed for eligible medical expenses. In general, eligible medical expenses are those expenses incurred by the participant, the participant's spouse or eligible dependents for medical care as defined in the Code, including premiums for health insurance coverage. However, reimbursement of eligible medical expenses of retired participants (from both employee and employer contributions accounts) are limited to health insurance premiums until both the retired participant and the retired participant's spouse become Medicare-eligible. In addition, retired participants may not be reimbursed for health insurance premiums provided through another employer if the contributions toward the cost of that insurance are paid on a pre-tax basis. Once the retired participant and the retired participant's spouse are both Medicare-eligible, reimbursement of eligible medical expenses is no longer limited to insurance premiums.

Reimbursed claims of retired participants are deducted from their employee and employer contributions accounts in proportion to the balances in each account. If a retired or terminated participant's employee and employer contributions account balances total less than $1,000 on the last day of a Plan year, the participant will only be able to request reimbursements from the Plan until the last day of the following Plan year. Any unused amounts remaining at the end of the following Plan year will be forfeited.

If a retired participant dies, the retired participant's spouse and eligible dependents (collectively referred to hereafter as a participant's beneficiaries) may access the employee and employer contributions accounts of the deceased participant. If a participant dies while employed by the Company, the participant's beneficiaries may access both the employee and employer contributions accounts, regardless of whether the participant qualified as a retired participant. If a terminated participant dies, the terminated participant's employer contributions remain forfeited and the terminated participant's beneficiaries may access the employee contributions account of the deceased participant. With regard to all deceased participants, any remaining employee and employer contributions account balances are forfeited upon the death and/or ineligibility of all of a participant's beneficiaries.

In addition to the limitations discussed above, certain restrictions apply for reimbursement of eligible medical expenses of domestic partners.

Forfeited employee contributions account balances may be used, at the Company's discretion, to pay for reasonable Plan expenses or may be reallocated to the employee contributions accounts of all other participants.

Plan Investments

Participants can invest their employee contributions account balance among the mutual funds offered under the Plan which are designed to meet a variety of investor needs. Amgen, at its sole discretion, may increase or reduce participants' employer contributions accounts based on a measurement index or fixed-return percentage it selects. Amgen may change or cease using the measurement index or fixed-return percentage if it chooses to do so. During the year ended December 31, 2025, employer contributions accounts were credited (increased) with interest based on a fixed annual rate of return of 3.25%.

Plan Termination

While the Company fully expects that the Plan will continue indefinitely, the Company has the right to amend or terminate the Plan at any time, prospectively or retroactively, provided that no amendment or termination of the Plan may reduce employee contribution account balances. In addition, no amendment or termination of the Plan adopted on or after a "change of control" as defined in the Amgen Change of Control Severance Plan may reduce employer contribution account balances.

Trustee

Bank of America, N.A. is the Plan's trustee.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting. Claims paid are recorded when the Trustee processes the request for payment.

Fair Value Measurement

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

Investment Income and Losses

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

Postretirement Benefit Obligation

The postretirement benefit obligation (see Note 4) represents the actuarial present value of those estimated future benefits that are attributable to retired and active participants as of December 31, 2025. Postretirement benefits include future benefits expected to be paid to or for: (i) retired participants and their beneficiaries and dependents, and (ii) active participants and their beneficiaries and dependents after retirement from service with Amgen. Prior to an active employee becoming eligible, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

Use of Estimates

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

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks, among others. Due to the level of risk associated with certain investment securities, it

is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The actuarial present value of benefit obligation is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the Plan's financial statements.

Subsequent Events

Subsequent events were evaluated through September 10, 2026, which is the date these financial statements were available to be issued.

3. Fair Value Measurements

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

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

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

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

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

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

The following fair value hierarchy tables present information about the Plan's investments measured at fair value:

	Fair Value Measurements at December 31, 2025, using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds	$ 294,087,577	$ —	$ —	$ 294,087,577

	Fair Value Measurements at December 31, 2024, using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds	$ 247,008,407	$ —	$ —	$ 247,008,407

The Plan's mutual funds are traded in active markets and valued at closing prices on the last business day of the period with no valuation adjustment.

4. Postretirement Benefit Obligation

Information on the Plan's postretirement benefit obligation for Amgen's estimated future contributions with respect to employer contributions accounts, as determined by the Plan's independent actuary, is as follows:

	December 31,	
	2025	2024
Fully-eligible active participants	$ 721,148	$ 580,218
Other active participants	65,846,181	55,992,517
Retired participants and their beneficiaries	30,441,448	26,778,349
Total postretirement benefit obligation	$ 97,008,777	$ 83,351,084

The postretirement benefit obligation amounts in the table above include the amounts of claims payable. These amounts are reflected as a liability on the Plan's Form 5500 (see the reconciling amounts in Note 7, *Reconciliation of Financial Statements to the Form 5500*).

The change in the actuarial present value for the postretirement benefit obligation is as follows:

	Year Ended December 31, 2025
Postretirement benefit obligation at beginning of year	$ 83,351,084
Increase (decrease) due to:	
Benefits accumulated	4,779,190
Interest	4,781,996
Actuarial loss	6,973,403
Claims paid by the Company	(2,876,896)
Net increase	13,657,693
Postretirement benefit obligation at end of year	$ 97,008,777

The amounts above are based on Amgen employee census and contribution rate information and the following additional assumptions:

	December 31,	
	2025	**2024**
Discount rate	5.37%	5.50%
Mortality	Pri-2012 white collar table projected generationally using scale MP-2021	Pri-2012 white collar table projected generationally using scale MP-2021
Health care cost trend rate	2026: 7.50%; 2027: 7.25%; 2028: 7.00%; 2029: 6.75%; 2030: 6.50%; 2031: 6.25%; 2032: 6.00%; 2033: 5.75%; 2034: 5.50%; 2035: 5.25%; 2036 and onward: 5.00%	2025: 7.00%; 2026: 6.75%; 2027: 6.50%; 2028: 6.25%; 2029: 6.00%; 2030: 5.75%; 2031: 5.50%; 2032: 5.25%; 2033 and onward: 5.00%
Interest crediting rate	3.50%	3.25%

5. Income Tax Status

The VEBA trust portion of the Plan has received an exemption letter from the IRS dated April 29, 2009, stating that the trust is tax-exempt under the applicable provisions of the Code. The Plan and trust are required to operate in conformity with the Code to maintain the tax-exempt status of the trust. The Company believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the related trust is tax exempt.

6. Party-in-Interest Transactions

Parties-in-Interest are certain entities defined under Department of Labor regulations, including Amgen, and other parties that provide services to the Plan, such as the trustee and the claims administrator. The Company pays certain administrative costs, including trustee and claims administrator fees, and on behalf of the Plan.

7. Reconciliation of Financial Statements to the Form 5500

The reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2025 and 2024, consisted of the following:

	December 31,	
	2025	**2024**
Net assets available for benefits per the financial statements	$ 294,087,577	$ 247,008,407
Less claims payable	(9,390)	(229)
Net assets per the Form 5500	$ 294,078,187	$ 247,008,178

For the year ended December 31, 2025, the following is a reconciliation of claims paid to participants per the financial statements to the Form 5500:

Claims paid to participants per the financial statements	$ 9,302,254
Less claims payable at December 31, 2024	(229)
Add claims payable at December 31, 2025	9,390
Claims paid to participants per the Form 5500	$ 9,311,415

Amgen Inc. Retiree Medical Savings Account Plan

EIN: 95-3540776 Plan: #518

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

December 31, 2025

Identity of Issue	Description of Investment	Current Value
Vanguard Institutional Index Fund	Mutual Fund	$ 127,268,558
Vanguard Extended Market Index Fund	Mutual Fund	66,410,035
Vanguard Total International Institutional Index	Mutual Fund	33,243,423
BlackRock BLF FedFund (Premier Shares)	Money Market Mutual Fund	25,841,647
Vanguard Total Bond Market Index Fund	Mutual Fund	24,940,750
Blackrock LifePath Index 2030 Funds	Mutual Fund	3,033,736
Blackrock LifePath Index 2040 Funds	Mutual Fund	2,473,211
Blackrock LifePath Index 2035 Funds	Mutual Fund	2,149,087
Blackrock LifePath Index 2045 Funds	Mutual Fund	1,792,155
Blackrock LifePath Index Retirement Fund	Mutual Fund	1,583,551
Blackrock LifePath Index 2050 Funds	Mutual Fund	1,298,483
Blackrock LifePath Index 2060 Funds	Mutual Fund	1,567,879
Blackrock LifePath Index 2055 Funds	Mutual Fund	1,249,582
Blackrock LifePath Index 2065 Funds	Mutual Fund	1,235,480
Total		$ 294,087,577

Note: No parties-in-interest

Amgen Inc. Retiree Medical Savings Account Plan

EIN: 95-3540776 Plan: #518

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

December 31, 2025

Identity of Issue	Description of Investment	Current Value
Vanguard Institutional Index Fund	Mutual Fund	$ 127,268,558
Vanguard Extended Market Index Fund	Mutual Fund	66,410,035
Vanguard Total International Institutional Index	Mutual Fund	33,243,423
BlackRock BLF FedFund (Premier Shares)	Money Market Mutual Fund	25,841,647
Vanguard Total Bond Market Index Fund	Mutual Fund	24,940,750
Blackrock LifePath Index 2030 Funds	Mutual Fund	3,033,736
Blackrock LifePath Index 2040 Funds	Mutual Fund	2,473,211
Blackrock LifePath Index 2035 Funds	Mutual Fund	2,149,087
Blackrock LifePath Index 2045 Funds	Mutual Fund	1,792,155
Blackrock LifePath Index Retirement Fund	Mutual Fund	1,583,551
Blackrock LifePath Index 2050 Funds	Mutual Fund	1,298,483
Blackrock LifePath Index 2060 Funds	Mutual Fund	1,567,879
Blackrock LifePath Index 2055 Funds	Mutual Fund	1,249,582
Blackrock LifePath Index 2065 Funds	Mutual Fund	1,235,480
Total		$ 294,087,577

Note: No parties-in-interest