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
ASTRAZENECA RETIREE HEALTH CARE PLAN

1b Three-digit plan number (PN) ▶ 508

1c Effective date of plan 01/01/2001

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)
ASTRAZENECA PHARMACEUTICALS LP

PO BOX 15437
WILMINGTON, DE 19850-5437

2b Employer Identification Number (EIN)
23-2967016

2c Plan Sponsor's telephone number
302-886-3000

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.	10/15/2026	MARGARET PING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	KEVIN DURNING
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

ASTRAZENECA ADMINISTRATION COMMITTEE

1800 CONCORD PIKE
WILMINGTON, DE 19850-5437

3b Administrator's EIN: 23-2967016

3c Administrator's telephone number: 302-886-3000

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**	2741
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)**	611
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	488
b	Retired or separated participants receiving benefits	**6b**	1729
c	Other retired or separated participants entitled to future benefits	**6c**	414
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2631
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 4D

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

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 0
- (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)	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
ASTRAZENECA RETIREE HEALTH CARE PLAN

B Three-digit plan number (PN) ▶ 508

C Plan sponsor's name as shown on line 2a of Form 5500
ASTRAZENECA PHARMACEUTICALS LP

D Employer Identification Number (EIN)
23-2967016

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).. . . . . ☐ 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

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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)

(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

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(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: PRICEWATERHOUSE COOPERS LLP	**b** EIN:	13-4008324
c	Position: INDEPENDENT ACCOUNTANT		
d	Address: 300 MADISON AVENUE NEW YORK, NY 10017	**e** Telephone:	646-471-4000

Explanation: SEE ATTACHED

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.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ASTRAZENECA RETIREE HEALTH CARE PLAN

B Three-digit plan number (PN) ▶ 508

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ASTRAZENECA PHARMACEUTICALS LP

D Employer Identification Number (EIN)
23-2967016

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: ASTRAZENECA VEBA TRUST AGREEMENT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
61-6287564-590	M	97308000

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
ASTRAZENECA RETIREE HEALTH CARE PLAN

B Three-digit plan number (PN) ▶ 508

C Plan sponsor's name as shown on line 2a of Form 5500
ASTRAZENECA PHARMACEUTICALS LP

D Employer Identification Number (EIN)
23-2967016

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)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	105214000	97308000
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(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	105214000	97308000
Liabilities			
1g Benefit claims payable	1g	1119000	889000
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	12239000	9685000
1k Total liabilities (add all amounts in lines 1g through1j)	1k	13358000	10574000
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	91856000	86734000

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	4884000	
(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)		4884000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		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)		5972000
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		10856000
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14339000	
(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)		14339000
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)	1639000	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1639000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		15978000
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-5122000
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) [X] 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: CBIZ CPAS P.C. **(2)** EIN: 43-1947695

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		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?	**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**			
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 _____.

AstraZeneca Retiree Health Care Plan

Financial Statements
Including Independent Auditors' Report

For the Years Ended December 31, 2025 and 2024

AstraZeneca Retiree Health Care Plan

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CBIZ CPAs P.C.

555 Long Wharf Drive
8th Floor
New Haven, CT 06511

P: 203.781.9600

Independent Auditors' Report

To the Plan Administrator of
AstraZeneca Retiree Health Care Plan

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

We have performed an audit of the financial statements of AstraZeneca Retiree Health Care Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2025, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of December 31, 2025, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion on 2025 Financial Statements

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on 2025 Financial Statements

We conducted our audit 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 2025 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2025 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for at least one year following 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 2025 Financial Statements

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

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

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

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

Other Matter – Auditors' Report on the 2024 Financial Statements

Predecessor auditors performed an audit of the 2024 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 13, 2025 indicated that (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

CBIZ CPAs P.C.

New Haven, Connecticut
October 15, 2026

AstraZeneca Retiree Health Care Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

(Dollars in thousands)

		2025		2024
Assets				
Investments				
Plan's interest in AstraZeneca VEBA Trust Agreement for Retiree Health Benefits (the "Trust"), at fair value	$	97,308	$	105,214
Total Assets		97,308		105,214
Liabilities				
Payables				
Payable to Trust Sponsor for repayment of advances (See Note 1)		9,685		12,239
Total Liabilities		9,685		12,239
Net Assets Available for Benefits	$	87,623	$	92,975

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

AstraZeneca Retiree Health Care Plan

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2025 and 2024

(Dollars in thousands)

		2025		2024
Additions				
Investment income				
Net increase in the Plan's interest in AstraZeneca VEBA Trust Agreement for Retiree Health Benefits (the "Trust")	$	5,972	$	3,780
Contributions				
Participant contributions		4,884		4,820
Total Additions		10,856		8,600
Deductions				
Benefits paid		14,569		17,059
Administrative expenses		76		151
Tax expense		1,563		23
Total Deductions		16,208		17,233
Net Decrease		(5,352)		(8,633)
Net assets available for benefits				
Beginning of year		92,975		101,608
End of Year	$	87,623	$	92,975

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

AstraZeneca Retiree Health Care Plan

Statements of Benefit Obligations

December 31, 2025 and 2024

(Dollars in thousands)

		2025		2024
Benefit Obligations				
Health and dental claims payable	$	889	$	1,119
Total Obligations Other Than Postretirement Benefit Obligations		889		1,119
Postretirement Benefit Obligations				
Current retirees		49,759		54,614
Other participants fully eligible for benefits		16,231		20,116
Total Postretirement Benefit Obligations		65,990		74,730
Total Benefit Obligations	$	66,879	$	75,849

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

AstraZeneca Retiree Health Care Plan

Statements of Changes in Benefit Obligations

For the Years Ended December 31, 2025 and 2024

(Dollars in thousands)

		2025		2024
Health and Dental Claims Payable				
Balance at beginning of year	$	1,119	$	1,306
Net change in year		(230)		(187)
Balance at End of Year		889		1,119
Postretirement Benefit Obligations				
Balance at beginning of year		74,730		91,819
Increase (decrease) during the year attributable to				
Interest cost		3,461		3,779
Participant contributions		4,884		4,820
Actuarial gain and change in actuarial assumptions		(2,516)		(8,629)
Benefits paid		(14,569)		(17,059)
Balance at End of Year		65,990		74,730
Total Benefit Obligations at End of Year	$	66,879	$	75,849

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

AstraZeneca Retiree Health Care Plan

Notes to Financial Statements

For the Years Ended December 31, 2025 and 2024

1. Description of Plan

The following description of the AstraZeneca Retiree Health Care 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, established January 1, 2001, provides medical, prescription drug, and dental benefits to retirees and their eligible dependents of AstraZeneca Pharmaceuticals LP (the "Trust Sponsor") and AstraZeneca LP (collectively, the "Participating Employers"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Eligible retirees may participate as of their date of retirement, or may defer participation at their election. Generally, covered medical, prescription drug, and dental expenses incurred on or after the retirement date are subject to reimbursement.

Effective January 1, 2002, the AstraZeneca VEBA Trust Agreement for Retiree Health Benefits (the "Trust"), a voluntary employees' beneficiary association ("VEBA") sponsored by the Trust Sponsor under Section 501(c)(9) of the Internal Revenue Code ("IRC"), was established to fund part or all of the liabilities for the retiree health benefits. The Trust Sponsor became a contributor to and a participating employer of the Trust.

Effective January 1, 2021, the Plan was amended to discontinue the Plan's post-65 component which provided medical, prescription drug and, in some cases, dental coverage to participants who were Medicare-eligible no matter their age. Furthermore, up to seven years of free AstraZeneca-branded prescription drugs was offered to Medicare-eligible participants who satisfied eligibility criteria. The Plan amendment was communicated to participants, eligible non-participants and future eligible individuals on September 1, 2020.

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

VEBA Trust

The assets of the AstraZeneca Retiree Health Care Plan and the Stauffer Medical Plan for Retirees comprise the total of the Trust. All of the Plan's investments are in the Trust, which was established for the investment of assets. The assets of the Trust are held by the trustee, Matrix Trust Company (a Broadridge company) ("Trustee").

1. Description of Plan (Continued)

The total investment income (loss) relating to the Trust is allocated to the individual plans based upon average monthly balances invested by each plan. The Trust is maintained pursuant to Section 501(c)(9) of the IRC, and may be used to fund retiree benefits for employees of AstraZeneca and participating employers.

Benefits

The Plan provides medical, prescription drug, and dental benefits to retirees and their eligible dependents of the Participating Employers. Medical, prescription drug, and dental benefits claims are processed by the Plan's third-party claims processors under administrative services only agreements. The claims processors pay claims directly to or on behalf of participants, and are then reimbursed by either the Trust or the Trust Sponsor. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

Medical benefits are provided through either the Aetna Preferred Provider Organization ("PPO") Option or the Out-of-Area Indemnity Option, depending on a participant's eligibility and residence. Under the PPO Option, annual deductibles range from $500 to $1,500 for in-network coverage and $800 to $2,400 for out-of-network coverage, depending on coverage category and coverage of eligible dependents. Under the Out-of-Area Indemnity Option, annual deductibles range from $250 to $750. Annual out-of-pocket maximums range from $2,500 to $15,900 depending on coverage option, network status, and coverage of eligible dependents. Covered medical expenses are generally reimbursed at rates ranging from 60 percent to 100 percent after satisfaction of any applicable deductible, depending on the type of service and provider utilized. Other restrictions and limitations are as defined in the Plan.

Prescription drug benefits are provided through a program administered by Express Scripts, which is the Plan's pharmacy benefit manager ("PBM"), who periodically makes refunds to the Plan based on the Plan's utilization pattern of specific drugs. Participants who are not Medicare-eligible generally pay 20 percent of the cost of covered prescription drugs, subject to applicable minimum and maximum copayments, with certain AstraZeneca-branded prescription drugs available at reduced or no cost, in accordance with Plan provisions. Other restrictions and limitations are as defined in the Plan. If retirees or covered dependents become Medicare-eligible while participating in the Plan, medical and prescription drug coverage under the Plan will end, and participants will be automatically enrolled in the Free AstraZeneca-Branded Prescription Drug Benefit, as described in the Plan. Covered dependents who are not Medicare-eligible will continue to receive medical and prescription drug coverage administered by Aetna and Express Scripts, respectively, under the PPO Option or Out-of-Area Indemnity Option.

Dental expenses (depending on their type) are subject to an annual deductible of $25 per person (up to the $75 family deductible limit); percentage limits that will be paid for (1) preventive care: 100 percent (no deductible), (2) basic care: 50 percent (after deductible), and (3) major care: 50 percent (after deductible); and an annual cap on expenses of $1,000 per person. Other restrictions are as defined in the Plan.

1. Description of Plan (Continued)

Participants should refer to the plan document for a more complete description of Plan benefits and limitations.

Funding Policy

The Plan is funded by retiree contributions held in the Trust, which may be used to pay certain benefits, as well as employer contributions to the Plan, which are paid from the general assets of the Trust Sponsor, as needed to fund claims in excess of participant contributions. The Trust does not fund benefits for "key employees" within the meaning of Code Section 416(i). The difference between the amounts required to pay claims and retiree contributions is paid by either the Trust Sponsor or the Trust.

Contributions

In addition to deductibles and copayments, participants contribute specified amounts based on applicable monthly premiums for their respective benefit elections. Contributions to fund the Plan are made at the discretion of the Trust Sponsor. Contributions from retirees are used by the Trust Sponsor to partially fund claims payable. Retiree contributions are based on a variable annual amount, based on a percentage of estimated claims, which results in average annual contributions ranging from $2,314 to $19,441. Retiree contributions were approximately $4,884,000 and $4,820,000 for the years ended December 31, 2025 and 2024, respectively.

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

In October 2026, the Trust Sponsor requested repayment for $9,685,000 of advances for benefit payments, which represents approximately 100 percent of advances made between January 1, 2025 and December 31, 2025. The request for repayment has been reflected as a payable to Trust Sponsor on the statement of net assets available for benefits as of December 31, 2025. During 2025, the Plan reimbursed the Trust Sponsor $12,239,000 for the year ended December 31, 2024, which represented approximately 100 percent of advances made between January 1, 2024 and December 31, 2024.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments held in the Trust are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The AstraZeneca Investment Committee determines the Plan's valuation policies, utilizing information provided by the investment advisers and custodians. As described in Note 5, the investment income (loss) in the Trust represents an allocation based upon the ratio of the Plan's assets to total Trust assets for the years ended December 31, 2025 and 2024. Purchases and sales of the Trust are recorded on a trade-date basis. See Note 4 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Rebates from the Plan's PBM are recorded when earned. Pharmacy rebates totaling $1,873,000 and $2,060,000 have been netted with benefits paid in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024, respectively.

Administrative Expenses

Administrative expenses are paid in accordance with Plan provisions. Certain administrative expenses are paid directly from Plan assets, while others may be paid by the Trust Sponsor on behalf of the Plan. Costs and expenses incident to the administration and management of the Plan, including compensation of the investment managers, adviser fees, third-party claims processors, actuary, and other costs related to the Plan's investments, if any, may be paid by the Plan. Compensation of the trustee is paid by the Trust.

2. Summary of Accounting Policies (Continued)

Postretirement Benefit Obligation

The amount reported as the postretirement benefit obligation represents the actuarial present value of estimated future benefits attributed under the terms of the Plan to employee service rendered as of the measurement date, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with the Participating Employers.

The postretirement benefit obligation represents the amount to be funded by contributions from the Participating Employers and existing Plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation attributable to that employee's service to the Participating Employers rendered through the valuation date.

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

An initial health care cost trend rate of 6.50 percent, grading down to an ultimate rate of 5.00 percent, was assumed for the valuation as of December 31, 2025. The ultimate trend rate is expected to be reached in 2032. An initial health care cost trend rate of 6.25 percent, grading down to an ultimate rate of 5.00 percent, was assumed for the valuation as of December 31, 2024. The ultimate trend rate was expected to be reached in 2030.

The significant actuarial assumptions used in the valuation as of December 31, 2025 were: (a) life expectancy of participants based on the Pri-2012 mortality table, male and female, with a white-collar adjustment and the MP-2021 improvement scale; (b) a discount rate of 4.45 percent; and (c) retirement rates that vary by age.

The significant actuarial assumptions used in the valuation as of December 31, 2024 were: (a) life expectancy of participants based on the Pri-2012 mortality table, male and female, with a white-collar adjustment and the MP-2021 improvement scale; (b) a discount rate of 5.08 percent; and (c) retirement rates that vary by age.

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

2. Summary of Accounting Policies (Continued)

Other Benefits

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

Subsequent Events

Subsequent events were evaluated through October 15, 2026, the date the financial statements were available to be issued. No subsequent events requiring disclosure were noted.

3. Postretirement Benefit Obligations

The per capita cost of covered health care benefits assumption described in Note 2 has a significant effect on the amounts reported in the accompanying financial statements. A one-percentage-point increase in the assumed health care cost trend rate would have increased the postretirement benefit obligation by approximately $2,300,000 and $2,500,000 as of December 31, 2025 and 2024, respectively. A one-percentage-point decrease in the assumed health care cost trend rate would have decreased the postretirement benefit obligation by approximately $2,100,000 and $2,300,000 as of December 31, 2025 and 2024, respectively.

Plan benefits will be funded by the Participating Employers as they become payable.

4. Fair Value Measurements

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

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

Level 2 – Inputs to the valuation technique include:

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

4. Fair Value Measurements (Continued)

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

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

Level 3 – Inputs to the valuation technique are unobservable and significant to the fair value measurement.

The asset 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2025 and 2024.

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

Life insurance policy: The Trust holds a corporate-owned life insurance policy with Nationwide, which is valued at the cash surrender value of the life insurance policy held by the Trust at year-end. The cash surrender value approximates fair value based upon the value of the underlying funds that include mutual funds and separate accounts. The cash surrender value is provided by the Trustee. The investment has no unfunded commitments and there are no redemption restrictions.

The following table sets forth by level, within the fair value hierarchy, a summary of the investments in the Trust at fair value as of December 31, 2025 and 2024 (in thousands):

Investments at Fair Value as of December 31, 2025	Level 1	Level 2	Level 3	Total
Nationwide life insurance policy	$ -	$ 142,328	$ -	$ 142,328
Money market fund	1,388	-	-	1,388
Total Investments Measured at Fair Value	$ 1,388	$ 142,328	$ -	$ 143,716

4. Fair Value Measurements (Continued)

Investments at Fair Value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Nationwide life insurance policy	$ -	$ 147,971	$ -	$ 147,971
Money market fund	1,981	-	-	1,981
Total Investments Measured at Fair Value	$ 1,981	$ 147,971	$ -	$ 149,952

5. Interest in Trust

At December 31, 2025 and 2024, the Plan's interest in the net assets of the Trust was approximately 68 percent and 70 percent, respectively.

The following table presents the investments of the Trust, along with the Plan's interest in the Trust, as of December 31, 2025 and 2024 (in thousands):

	Master Trust Balances 2025	Master Trust Balances 2024	Plan's Interest in Master Trust Balances 2025	Plan's Interest in Master Trust Balances 2024
Assets				
Investments, at fair value				
Nationwide life insurance policy	$ 142,328	$ 147,971	$ 96,368	$ 103,824
Money market fund	1,388	1,981	940	1,390
Total Investments and Net Assets Available	$ 143,716	$ 149,952	$ 97,308	$ 105,214

The following table presents the net appreciation in the fair value of investments and investment income for the Trust, along with the Plan's interest in the Trust, for the years ended December 31, 2025 and 2024 (in thousands):

	Master Trust Balances 2025	Master Trust Balances 2024	Plan's Interest in Master Trust Balances 2025	Plan's Interest in Master Trust Balance 2024
Trust Investment Income				
Net increase in fair value of investments	$ 8,187	$ 5,109	$ 5,972	$ 3,780
Net Increase in the Trust	$ 8,187	$ 5,109	$ 5,972	$ 3,780

6. Concentrations

At both December 31, 2025 and 2024, approximately 99 percent of the Trust's investments consisted of a corporate-owned life insurance policy with Nationwide. These investments are managed by the Trustee and are not participant-directed. The fair value of these investments is disclosed in Note 4.

7. Information Certified by Trustee

The Plan Administrator has elected to have an audit performed pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan's financial statements was agreed to or derived from information certified as complete and accurate by the Plan's Trustee and a qualified institution. The certified information includes the Plan's investments reported in the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, and the related investment activity (including net appreciation, interest, and dividends) reported in the accompanying statement of changes in net assets available for benefits for the years ended December 31, 2025 and 2024.

8. Related-Party and Party In Interest Transactions

As of December 31, 2025 and 2024, certain Trust investments are held in a money market fund managed by the Trustee. Accordingly, related transactions qualify as party-in-interest transactions under ERISA.

Certain administrative functions of the Plan are performed by officers or employees of the Trust Sponsor. No such officer or employee receives compensation from the Plan.

9. Plan Termination

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

10. Tax Status

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

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2022.

Pursuant to certain provisions of the IRC and state tax statutes, a portion of the income generated by the Trust is subject to an unrelated business income tax ("UBIT") due to the over-funding of the Trust by the Trust Sponsor. The Plan incurred approximately $1,563,000 and $23,000 for UBIT expense during the years ended December 31, 2025 and 2024, respectively, of which approximately $1,563,000 and $23,000 of net payments were paid, respectively. The increase in UBIT expense for the year ended December 31, 2025 was primarily due to taxable income generated by the Trust's Prudential life insurance policy that was surrendered and fully liquidated during 2024, which resulted in increased unrelated business taxable income recognized by the Trust.

11. Risks and Uncertainties

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

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

12. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2025 and 2024 (in thousands):

		2025		2024
Net assets available for benefits per the financial statements	$	87,623	$	92,975
Health and dental claims payable		(889)		(1,119)
Net Assets Available for Benefits Per the Form 5500	$	86,734	$	91,856

The following is a reconciliation of benefits paid per the financial statements to Form 5500 for the years ended December 31, 2025 and 2024 (in thousands):

		2025		2024
Benefits paid per the financial statements	$	14,569	$	17,059
Add: Amounts payable at December 31 of current year		889		1,119
Less: Amounts payable at December 31 of prior year		(1,119)		(1,306)
Benefits Paid Per the Form 5500	$	14,339	$	16,872

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

Schedule C

AstraZeneca Retiree Health Care Plan
EIN 23-2967016
PN: 508
Plan Year: January 1, 2025 – December 31, 2025

Explanation:

"Effective for the audit of the Plan's financial statements for the year ended December 31, 2025, PricewaterhouseCoopers LLP (PwC) was replaced as the Plan's independent qualified public accountant, and CBIZ CPAs P.C. was engaged as the Plan's new independent qualified public accountant. The change was made as part of the Plan Sponsor's auditor selection process. There were no disagreements or reportable events during the period of engagement".