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
- [X] 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
ADVANCED MICRO DEVICES, INC. DISABILITY BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 508

1c Effective date of plan 03/01/1980

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)
ADVANCED MICRO DEVICES, INC.

HR SERVICE CENTER
7171 SOUTHWEST PARKWAY
AUSTIN, TX 78735

2b Employer Identification Number (EIN)
94-1692300

2c Plan Sponsor's telephone number
877-263-9009

2d Business code (see instructions)
334410

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	DANA SHAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

AMD BENEFITS PLAN ADMIN COMMITTEE

7171 SOUTHWEST PARKWAY
AUSTIN, TX 78735

3b Administrator's EIN
94-1692300

3c Administrator's telephone number
877-263-9009

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**	8679
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)**	8679
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	8991
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	8991
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:
4F 4H

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 2
- **(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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
ADVANCED MICRO DEVICES, INC. DISABILITY BENEFIT PLAN

B Three-digit plan number (PN) ▶ 508

C Plan sponsor's name as shown on line 2a of Form 5500
ADVANCED MICRO DEVICES, INC.

D Employer Identification Number (EIN)
94-1692300

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0252183	6404	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	46132

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

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

WILLIS TOWERS WATSON US LLC
COMMISSION LOCKBOX 28852
PO BOX 28852
NEW YORK, NY 10087-8852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	46132	SUPPLEMENTAL COMPENSATION NON-MONETARY COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [X] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	1852470
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
ADVANCED MICRO DEVICES, INC. DISABILITY BENEFIT PLAN

B Three-digit plan number (PN) ▶ 508

C Plan sponsor's name as shown on line 2a of Form 5500
ADVANCED MICRO DEVICES, INC.

D Employer Identification Number (EIN)
94-1692300

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0252184	1861	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	15816

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

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

WILLIS TOWERS WATSON US LLC
COMMISSION LOCKBOX 28852
PO BOX 28852
NEW YORK, NY 10087-8852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	15816	SUPPLEMENTAL COMPENSATION NON-MONETARY COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [X] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	564508
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

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
ADVANCED MICRO DEVICES, INC. DISABILITY BENEFIT PLAN

B Three-digit plan number (PN) ▶ 508

C Plan sponsor's name as shown on line 2a of Form 5500
ADVANCED MICRO DEVICES, INC.

D Employer Identification Number (EIN)
94-1692300

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

PRINCIPAL GLOBAL INVESTORS

42-1479618

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

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(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)

PRINCIPAL GLOBAL INVESTORS

42-1479618

(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?
27 51	NONE	5000	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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:

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
ADVANCED MICRO DEVICES, INC. DISABILITY BENEFIT PLAN

B Three-digit plan number (PN) ▶ 508

C Plan sponsor's name as shown on line 2a of Form 5500
ADVANCED MICRO DEVICES, INC.

D Employer Identification Number (EIN)
94-1692300

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	0	77740
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	384661	202579
(3) Other	1b(3)	26331	9779
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5333755	3943837
(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)	5770065	127070
(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	11514812	4361005
Liabilities			
1g Benefit claims payable	1g	2901801	2604117
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	5193618	494509
1k Total liabilities (add all amounts in lines 1g through1j)	1k	8095419	3098626
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	3419393	1262379

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)	3884411	
(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)		3884411
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	116018	
(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)		116018
(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)	185690	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		185690
(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)		864922
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5051041
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4131735	
(2) To insurance carriers for the provision of benefits	2e(2)	2478972	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		6610707
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)	5000	
(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)	592348	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		597348
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7208055
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2157014
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: SIKICH CPA LLC **(2)** EIN: 54-1172176

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		10000000
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 _____.

SIKICH

Advanced Micro Devices, Inc.
Disability Benefit Plan

Financial Statements and Independent
Auditor's Report

For the Years Ended December 31, 2025 and 2024

ADVANCED MICRO DEVICES, INC.
DISABILITY BENEFIT PLAN
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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Advanced Micro Devices, Inc. Disability Benefit Plan

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

We have performed audits of the accompanying financial statements of Advanced Micro Devices, Inc. Disability Benefit 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 as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor’s Responsibilities for the Audit of the Financial Statements

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 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.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2025 and schedule of reportable transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules 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).



Naperville, Illinois
October 12, 2026

FINANCIAL STATEMENTS

ADVANCED MICRO DEVICES, INC.
DISABILITY BENEFIT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2025 and 2024

	2025	Restated 2024
ASSETS		
Investments at fair value	$ 4,070,907	$ 11,103,820
Cash	77,740	-
Receivables		
Employee contribution	202,579	384,661
Accrued interest	9,779	26,331
Total receivables	212,358	410,992
Total assets	4,361,005	11,514,812
LIABILITIES		
Accounts payable and other liabilities	494,509	7,231,147
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,866,496	$ 4,283,665

See accompanying notes to financial statements.

ADVANCED MICRO DEVICES, INC.
DISABILITY BENEFIT PLAN

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2025 and 2024

	2025	Restated 2024
ADDITIONS IN NET ASSETS ATTRIBUTED TO		
Investment income		
Net appreciation in fair value of investments	$ 864,922	$ 336,242
Interest and dividends	301,708	293,310
Total investment income	1,166,630	629,552
Contributions		
Employee	3,884,411	3,802,261
Total additions	5,051,041	4,431,813
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Claims paid to participants	2,391,890	2,936,043
Insurance premiums	2,478,972	2,418,356
Federal income tax expense	365,000	71,330
Administrative expenses and other	232,348	167,497
Total deductions	5,468,210	5,593,226
NET DECREASE	(417,169)	(1,161,413)
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	4,283,665	5,445,078
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 3,866,496	$ 4,283,665

See accompanying notes to financial statements.

1. DESCRIPTION OF PLAN

The following description of Advanced Micro Devices, Inc. Disability Benefit 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 provides short-term disability (STD) and long-term disability (LTD) benefits to eligible employees of Advanced Micro Devices, Inc. and Xilinx, Inc. (collectively, the Company). Effective April 1, 2025, AMD Design, LLC and Variscale Services Engineering, LLC was added as participating employers. Eligible employees are automatically enrolled in the Plan. Employees may opt out of coverage within the first 30 days.

Effective January 1, 2024, the Plan was restated. Plan provisions that were amended upon restatement include: participants being able to add coverage within 30 days of a change in status event, allowing participants to drop coverage at any time for the 2024 Plan year, and stating that participants may only drop coverage within 30 days of a change in status event beginning with the 2025 Plan year. No pre-existing condition exclusion applies to STD benefits. Executives hired before January 1, 2012 and non-executives are subject to pre-existing exclusions under the insured LTD benefits with Liberty Life Assurance Company, the Plan's previous claims processor.

Effective May 4, 2024, the Plan was amended to update the definition of compensation for purposes of STD benefits and to clarify that California employees are not eligible for STD benefits under this Plan as they are covered by another plan.

The Plan provides STD and LTD benefits through a welfare arrangement, which is funded by Voluntary Employees' Beneficiary Association (VEBA) trust. The Plan is subject to the provisions of the Internal Revenue Code (IRC) and the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan Administrative Committee (the Committee) is responsible for the general administration of the Plan. Principal Bank (the Trustee) is the trustee of the Plan.

Self-Insured Benefits

The Plan's STD benefits are self-insured. The claims for these self-insured benefits are processed by the third-party claims processer under administrative services only (ASO) arrangements. The Plan utilizes Larkin Company to process STD claims. The Company pays claims directly to the participants and are then reimbursed by the Plan's VEBA trust. Ultimate responsibility for payments to providers and participants is retained by the Plan.

1. DESCRIPTION OF PLAN (Continued)

Self-Insured Benefits (Continued)

Starting January 1, 2012, the Plan was restructured using a separate fully insured disability plan. All benefits for disabled employees with initial incurred dates before January 1, 2012 continue to receive LTD benefits through an insurance policy with Lincoln Financial (formerly Liberty Life Assurance Company), the Plan's previous claims processor. These claims are paid directly by the claims processor from the Plan's VEBA trust.

Fully Insured Benefits

The Plan fully insures LTD benefits through an insurance policy with MetLife for new claims. The terms and conditions in the underlying insurance policy shall control with respect to all LTD benefits. Premiums for these benefits are paid to the insurance companies from assets of the Plan's VEBA trust or general assets of the Company.

Contributions

The Plan document provides that participants fund the Plan in the form of after-tax payroll withholdings, which are subsequently used for payment of authorized disability benefits and insurance premiums. A portion of the employee contributions to the Plan is used to pay the premiums for the fully insured coverage. For the years ended December 31, 2025 and 2024, participants contribute 0.31% of their eligible earnings, as defined, up to $200,000. For the years ended December 31, 2025 and 2024, participants employed in the states of California, New Jersey or New York contribute 0.31% of their eligible earnings up to $200,000, adjusted for amounts contributed to a state-mandated voluntary plan or the Company's voluntary plan. For the years ended December 31, 2025 and 2024, participants employed in the state of California, may also elect LTD-only coverage and contribute 0.19% of their eligible earnings, as defined, up to $200,000.

The Company shall have no obligation to make any contributions to the Plan. The Company may, from time-to-time, contribute to the Plan amounts as may be necessary for the proper maintenance and operation of the Plan. Such amounts shall be in complete discharge of the financial obligations of the Company under the Plan with respect to the period or periods for which made. No such Company contributions were made for the years ended December 31, 2025 and 2024.

1. DESCRIPTION OF PLAN (Continued)

Payment of Benefits

The administration of claims and the payment of benefits are processed by an independent third-party administrator. An independent actuary estimates the total disability benefits payable by the Plan using a tabular approach for long-term benefits payable and a development approach for short-term benefits payable using the past three years' experience. The tabular method uses the individual characteristics of each disabled participant to determine the reserve estimate for that individual. The estimates are subject to a discount rate of 3.99% and 4.53%, respectively, for the years ended December 31, 2025 and 2024. The development method uses recent claim payment patterns of claimants to determine the reserve. The reserves for the disability benefits incurred but not reported at year-end are implicitly estimated in the development method. For the years ended December 31, 2025 and 2024, the monthly benefit payment amount is equal to the lesser of 66.67% of the participant's eligible compensation at the time of disability or $15,000.

Any claims initiated as of January 1, 2012 or later transition to the fully insured LTD portion of the Plan after 180 days, and are not paid out of the Plan. The amount of benefit is reduced by the amount of benefits received from a state-mandated plan, the Company's voluntary plan, worker's compensation, part-time wages, and Social Security benefits.

Under LTD claims, the maximum benefit period is limited depending on the participant's age at the commencement of the disability as outlined below.

Age at Disability	Maximum Benefit Period
Less than 60	Greater of SSNRA* or to age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

*SSNRA means the Social Security Normal Retirement Age as Figured by the 1983 amendment to the Social Security Act and any subsequent amendments.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Cash

Cash is defined as currency on hand, in demand deposits.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, estimated claims incurred but not reported (IBNR) and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates. Estimates that are particularly susceptible to significant change in the near-term are the liabilities for IBNR. Although it is not possible to measure the degree of variability inherent in these estimates, management believes that the liabilities reported are adequate. Any adjustment determined to be necessary is reflected in current operations.

Contributions and Contributions Receivable

Contributions from participants are recorded based on the date the contributions have been separated from a participant's pay by the Company, which is the pay date. The Plan records receivables for participants' contributions based upon the contributions recognized, less amounts received by the Plan as of the last day of the Plan year. Contributions from the Company, if any, are recorded in the year paid and coincide with the year in which the Company records the contributions to its general ledger.

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan’s Administrative Committee determines the Plan’s valuation policies utilizing information provided by the investment advisers and trustee. 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 and 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.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits

Premiums paid are recorded as premium payments in the accompanying consolidated statement of changes in net assets available for benefits. Claim payments are recorded when paid to the participant. Effective January 1, 2024, STD claim payments are processed through the Company's payroll system. Premium and claims payments can be paid from the general assets of the Company and reimbursed by the trust. Amounts due to the Company that have not been reimbursed by the trust are recorded as a liability in the accompanying statements of net assets available for benefits.

Accounts Payable and Other Liabilities

Accounts payable and other liabilities totaled $494,509 and $7,231,147 as of December 31, 2025 and 2024, respectively, and primarily consist of accrued insurance premiums, administrative services only (ASO) fees and taxes as well as amounts related to STD claims and premiums paid by the Company on behalf of the trust.

Claims Incurred but Not Reported

Plan obligations at December 31 for claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party administrator. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Administrative Expenses

Administrative expenses, consisting primarily of fees paid to third-party administrators, the trustee, the actuary, and accountants, are paid directly by the Plan or initially paid by the Company from its general assets and subsequently reimbursed by the Plan. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses. Legal fees are paid by the Company.

Management fees and expenses charged to the Plan for investments in mutual fund accounts are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Recent Accounting and Regulatory Pronouncements

The SECURE 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the years ended December 31, 2025 and 2024. Plan management continues to evaluate the impact of the optional provisions of SECURE 2.0 and is awaiting additional regulatory guidance from the Internal Revenue Service (IRS) and Department of Labor (DOL). The application of SECURE 2.0 Act did not have a material effect on the Plan's financial statements for the plan years ended December 31, 2025 and 2024. The Plan will be amended to reflect any changes made in response to SECURE 2.0 prior to the deadline set by law or applicable regulations.

3. BENEFIT OBLIGATIONS

The amount of the disability benefits payable and claims incurred but not reported was $2,604,117 and $2,901,801 as of December 31, 2025 and 2024, respectively. The following presents the components of the changes in the Plan's benefit obligations for the years ended December 31, 2025 and 2024:

	2025	2024
Amounts currently payable		
Claims payable and claims incurred but not reported	$ 164,151	$ 178,481
BALANCE, END OF YEAR	164,151	178,481
Long-term disability runoff (including related administrative expenses)	2,439,966	2,723,320
TOTAL BENEFIT OBLIGATION	$ 2,604,117	$ 2,901,801

3. BENEFIT OBLIGATIONS (Continued)

	2025	2024
Amounts currently payable:		
BALANCE, BEGINNING OF YEAR	$ 178,481	$ 593,913
Add claims reported and approved for payment, interest and other actuarial gains and losses	4,402,922	4,483,801
Less claims paid and expenses paid	(4,417,252)	(4,899,233)
BALANCE, END OF YEAR	$ 164,151	$ 178,481
Long-term disability runoff:		
BALANCE, BEGINNING OF YEAR	$ 2,723,320	$ 3,092,201
Less claims paid and expenses paid	(453,610)	(455,166)
Changes in actuarial assumptions	170,256	86,285
BALANCE, END OF YEAR	$ 2,439,966	$ 2,723,320
TOTAL BENEFIT OBLIGATION	$ 2,604,117	$ 2,901,801

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 Topic 820 are described as follows:

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

Level 2: Inputs to the valuation methodology other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

a. Quoted prices for similar assets or liabilities in active markets,

b. Quoted prices for identical or similar assets or liabilities in inactive markets,

4. FAIR VALUE MEASUREMENTS (Continued)

Level 2: (Continued)

c. Inputs other than quoted prices that are observable for the asset or liability,

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

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

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

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

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

Money market fund: Valued on the basis of historical cost, which approximates fair value.

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

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

4. FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	Assets at Fair Value as of December 31, 2025			
Description	Level 1	Level 2	Level 3	Total
Money market fund	$ 3,943,837	$ -	$ -	$ 3,943,837
Mutual funds	127,070	-	-	127,070
TOTAL INVESTMENTS AT FAIR VALUE	$ 4,070,907	$ -	$ -	$ 4,070,907

	Assets at Fair Value as of December 31, 2024			
Description	Level 1	Level 2	Level 3	Total
Money market fund	$ 5,333,755	$ -	$ -	$ 5,333,755
Mutual funds	5,770,065	-	-	5,770,065
TOTAL INVESTMENTS AT FAIR VALUE	$ 11,103,820	$ -	$ -	$ 11,103,820

5. CERTIFICATION OF FINANCIAL INFORMATION

The financial data included in the accompanying financial statements as of and for the years ended December 31, 2025 and 2024 and supplemental schedules of assets (held at end of year) as of December 31, 2025 and reportable transactions for the year ended December 31, 2025, have been certified as complete and accurate by Principal Bank, a qualified institution. The following certified information was obtained by management and agreed to or derived from information certified as complete and accurate, and has not been audited by the independent auditors for the Plan: investments at fair value, cash, accrued interest, interest and dividends, and net appreciation in fair value of investments.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company reserves the right to terminate the Plan in accordance with its provisions and subject to the provisions of ERISA and the IRC at any time without any liability for such termination. In the event the Plan is terminated, all benefits due and payable to participants for disabilities originating prior to the Plan's termination date will continue to be paid. Any excess funds are subject to the provisions of ERISA.

7. TAX STATUS

The VEBA trust funding the Plan has received an exemption letter from the IRS dated December 14, 1988, stating that the trust is tax-exempt under the provisions of Section 501(c)(9) of the IRC. Subsequent to issuance of the exemption letter, the Plan was amended and restated. The Plan and trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The plan administrator believes the Plan, as amended and restated, is being operated in compliance with the applicable requirements of the IRC and, therefore, believes the related trust is tax-exempt.

As a result of the Plan's funding policy, from time to time the trust may be subject to income taxes. For the years ended December 31, 2025 and 2024, the trust had unrelated business income resulting in estimated federal income tax expense included in the accompanying statements of changes in net assets available for benefits and a related income tax payables as of December 31, 2025 and 2024, which are included in the accompanying statements of net assets available for benefits.

US GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. PARTY-IN-INTEREST TRANSACTIONS

Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Certain administrative expenses were paid by the Plan or the Company. Employees of the Company provide administrative services to the Plan for which no fees are charged.

9. 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. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the investment balances and the amounts reported in the statements of net assets available for benefits.

10. RESTATEMENT OF PREVIOUSLY ISSUED FINANCIAL STATEMENTS

During 2025, the Plan identified an error in the previously issued 2024 financial statements. The Plan determined that certain short-term disability benefit payments made during 2024 were initially funded through the Plan sponsor's payroll process and were not reflected in claims expense and related financial statement balances in the Plan's previously issued 2024 financial statements.

10. RESTATEMENT OF PREVIOUSLY ISSUED FINANCIAL STATEMENTS (Continued)

Upon further review of the claims payment and reimbursement process, management concluded that these payments represented Plan benefits and should have been reported in the Plan's financial statements for the year ended December 31, 2024. Accordingly, the accompanying comparative 2024 financial information has been restated to correct this error.

The effect of the restatement on the previously reported 2024 financial statements is summarized as follows:

	As Previously Reported	Adjustment	As Restated
Accounts payable and other liabilities	$ 5,193,618	$ 2,037,529	$ 7,231,147
Net assets available for benefits	$ 6,321,194	$ (2,037,529)	$ 4,283,665
Claims paid to participants	$ 910,332	$ 2,025,711	$ 2,936,043
Administrative expenses and other	$ 155,679	$ 11,818	$ 167,497
Net increase (decrease) in net assets available for benefits	$ 876,116	$ (2,037,529)	$ (1,161,413)

Only those financial statement captions affected by the restatement are presented above.

11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2025	2024
Net assets available for benefits per the financial statements	$ 3,866,496	$ 4,283,665
Less disability benefits claims incurred but not reported	(2,604,117)	(2,901,801)
Effect of prior year restatement	-	2,037,529
NET ASSETS PER THE FORM 5500	$ 1,262,379	$ 3,419,393

11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

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

	2025	2024
Net decrease in net assets available for benefits per the financial statements	$ (417,169)	$ (1,161,413)
Less disability benefits claims incurred but not reported - current year	(2,604,117)	(2,901,801)
Add disability benefits claims incurred but not reported - prior year	2,901,801	3,193,466
Effect of prior year restatement	(2,037,529)	2,037,529
NET (LOSS) INCOME PER THE FORM 5500	$ (2,157,014)	$ 1,167,781

Disability benefits that have been processed and approved for payment by the Plan at year-end and disability benefits incurred but not reported are not considered liabilities under US GAAP and, therefore, are not presented as liabilities or claims paid in the accompanying financial statements, but are recorded as Plan liabilities on the Form 5500.

12. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 12, 2026, which was the date that these financial statements were available for issuance and determined that there were no significant nonrecognized subsequent events through that date.

SUPPLEMENTAL SCHEDULES

ADVANCED MICRO DEVICES, INC.
DISABILITY BENEFIT PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, ITEM 4i

EIN: 94-1692300 PLAN: #508

December 31, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Money Market Fund			
*	Allspring Global Investments	Allspring Government Money Market Fund	$ 127,070	$ 127,070
	Mutual Funds			
	Vanguard	Vanguard Total Stock Market Index Fund	702,157	985,177
	Vanguard	Vanguard Total Bond Market Index Fund	1,881,274	1,939,551
	Vanguard	Vanguard Total International Stock Index Fund	839,708	1,019,109
	Total mutual funds		3,423,139	3,943,837
	TOTAL INVESTMENTS		$ 3,550,209	$ 4,070,907

* Denotes a party-in-interest to the Plan

ADVANCED MICRO DEVICES, INC.
DISABILITY BENEFIT PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500, SCHEDULE H, ITEM 4j

EIN: 94-1692300 PLAN: #508

For the Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(f) Net Gain or (Loss)
Category (i) - Individual transaction in excess of 5% of plan assets						
Allspring Global Investments	Allspring Government Money Market Fund (1 purchase)	$ 1,807,681	$ -	$ 1,807,681	$ 1,807,681	$ -
Allspring Global Investments	Allspring Government Money Market Fund (1 purchase)	2,373,521	-	2,373,521	2,373,521	-
Allspring Global Investments	Allspring Government Money Market Fund (1 purchase)	2,692,084	-	2,692,084	2,692,084	-
Vanguard	Vanguard Total International Stock Index Fund (1 purchase)	724,445	-	724,445	724,445	-
Vanguard	Vanguard Total Bond Market Index Fund (1 purchase)	2,837,961	-	2,837,961	2,837,961	-
Allspring Global Investments	Allspring Government Money Market Fund (1 sale)	-	3,984,006	3,983,725	3,984,006	281
Allspring Global Investments	Allspring Government Money Market Fund (1 sale)	-	2,429,576	2,429,576	2,429,576	-
Allspring Global Investments	Allspring Government Money Market Fund (1 sale)	-	3,226,009	3,226,009	3,226,009	-
Allspring Global Investments	Allspring Government Money Market Fund (1 sale)	-	1,134,436	1,134,436	1,134,436	-
Allspring Global Investments	Allspring Government Money Market Fund (1 sale)	-	3,401,698	3,401,698	3,401,698	-
Allspring Global Investments	Allspring Government Money Market Fund (1 sale)	-	1,481,105	1,481,105	1,481,105	-
Vanguard	Vanguard Total International Stock Index Fund (1 sale)	-	697,380	496,228	697,380	201,152
Vanguard	Vanguard Total International Stock Index Fund (1 sale)	-	670,830	480,689	670,830	190,141
Vanguard	Vanguard Total Bond Market Index Fund (1 sale)	-	986,055	1,134,862	986,055	(148,807)
Vanguard	Vanguard Total Bond Market Index Fund (1 sale)	-	963,034	1,092,578	963,034	(129,544)
Vanguard	Vanguard Total Bond Market Index Fund (1 sale)	-	1,309,737	1,263,523	1,309,737	46,214
Vanguard	Vanguard Total Stock Market Index Fund (1 sale)	-	713,107	318,318	713,107	394,789
Vanguard	Vanguard Total Stock Market Index Fund (1 sale)	-	711,518	275,162	711,518	436,356
Category (iii) - Series of transactions in excess of 5% of plan assets						
Allspring Global Investments	Allspring Government Money Market Fund (68 purchases)	$ 11,096,258	$ -	$ 11,096,258	$ 11,096,258	$ -
Allspring Global Investments	Allspring Government Money Market Fund (33 sales)	-	16,302,942	16,302,654	16,302,942	288
Vanguard	Vanguard Total International Stock Index Fund (4 reinvestments)	-	49,082	49,082	49,082	-
Vanguard	Vanguard Total International Stock Index Fund (1 purchase)	724,445	-	724,445	724,445	-
Vanguard	Vanguard Total International Stock Index Fund (3 sales)	-	1,907,809	1,433,607	1,907,809	474,202
Vanguard	Vanguard Total Bond Market Index Fund (12 reinvestments)	-	129,574	129,574	129,574	-
Vanguard	Vanguard Total Bond Market Index Fund (1 purchase)	2,837,961	-	2,837,961	2,837,961	-
Vanguard	Vanguard Total Bond Market Index Fund (3 sales)	-	3,258,826	3,490,963	3,258,826	(232,137)
Vanguard	Vanguard Total Stock Market Index Fund (4 reinvestments)	-	19,157	19,157	19,157	-
Vanguard	Vanguard Total Stock Market Index Fund (1 purchase)	421,600	-	421,600	421,600	-
Vanguard	Vanguard Total Stock Market Index Fund (3 sales)	-	1,706,652	734,267	1,706,652	972,385

ADVANCED MICRO DEVICES, INC.
DISABILITY BENEFIT PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500, SCHEDULE H, ITEM 4j

EIN: 94-1692300 PLAN: #508

For the Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(f) Net Gain or (Loss)
Category (i) - Individual transaction in excess of 5% of plan assets						
Allspring Global Investments	Allspring Government Money Market Fund (1 purchase)	$ 1,807,681	$ -	$ 1,807,681	$ 1,807,681	$ -
Allspring Global Investments	Allspring Government Money Market Fund (1 purchase)	2,373,521	-	2,373,521	2,373,521	-
Allspring Global Investments	Allspring Government Money Market Fund (1 purchase)	2,692,084	-	2,692,084	2,692,084	-
Vanguard	Vanguard Total International Stock Index Fund (1 purchase)	724,445	-	724,445	724,445	-
Vanguard	Vanguard Total Bond Market Index Fund (1 purchase)	2,837,961	-	2,837,961	2,837,961	-
Allspring Global Investments	Allspring Government Money Market Fund (1 sale)	-	3,984,006	3,983,725	3,984,006	281
Allspring Global Investments	Allspring Government Money Market Fund (1 sale)	-	2,429,576	2,429,576	2,429,576	-
Allspring Global Investments	Allspring Government Money Market Fund (1 sale)	-	3,226,009	3,226,009	3,226,009	-
Allspring Global Investments	Allspring Government Money Market Fund (1 sale)	-	1,134,436	1,134,436	1,134,436	-
Allspring Global Investments	Allspring Government Money Market Fund (1 sale)	-	3,401,698	3,401,698	3,401,698	-
Allspring Global Investments	Allspring Government Money Market Fund (1 sale)	-	1,481,105	1,481,105	1,481,105	-
Vanguard	Vanguard Total International Stock Index Fund (1 sale)	-	697,380	496,228	697,380	201,152
Vanguard	Vanguard Total International Stock Index Fund (1 sale)	-	670,830	480,689	670,830	190,141
Vanguard	Vanguard Total Bond Market Index Fund (1 sale)	-	986,055	1,134,862	986,055	(148,807)
Vanguard	Vanguard Total Bond Market Index Fund (1 sale)	-	963,034	1,092,578	963,034	(129,544)
Vanguard	Vanguard Total Bond Market Index Fund (1 sale)	-	1,309,737	1,263,523	1,309,737	46,214
Vanguard	Vanguard Total Stock Market Index Fund (1 sale)	-	713,107	318,318	713,107	394,789
Vanguard	Vanguard Total Stock Market Index Fund (1 sale)	-	711,518	275,162	711,518	436,356
Category (iii) - Series of transactions in excess of 5% of plan assets						
Allspring Global Investments	Allspring Government Money Market Fund (68 purchases)	$ 11,096,258	$ -	$ 11,096,258	$ 11,096,258	$ -
Allspring Global Investments	Allspring Government Money Market Fund (33 sales)	-	16,302,942	16,302,654	16,302,942	288
Vanguard	Vanguard Total International Stock Index Fund (4 reinvestments)	-	49,082	49,082	49,082	-
Vanguard	Vanguard Total International Stock Index Fund (1 purchase)	724,445	-	724,445	724,445	-
Vanguard	Vanguard Total International Stock Index Fund (3 sales)	-	1,907,809	1,433,607	1,907,809	474,202
Vanguard	Vanguard Total Bond Market Index Fund (12 reinvestments)	-	129,574	129,574	129,574	-
Vanguard	Vanguard Total Bond Market Index Fund (1 purchase)	2,837,961	-	2,837,961	2,837,961	-
Vanguard	Vanguard Total Bond Market Index Fund (3 sales)	-	3,258,826	3,490,963	3,258,826	(232,137)
Vanguard	Vanguard Total Stock Market Index Fund (4 reinvestments)	-	19,157	19,157	19,157	-
Vanguard	Vanguard Total Stock Market Index Fund (1 purchase)	421,600	-	421,600	421,600	-
Vanguard	Vanguard Total Stock Market Index Fund (3 sales)	-	1,706,652	734,267	1,706,652	972,385

ADVANCED MICRO DEVICES, INC.
DISABILITY BENEFIT PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, ITEM 4i

EIN: 94-1692300 PLAN: #508

December 31, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Money Market Fund			
*	Allspring Global Investments	Allspring Government Money Market Fund	$ 127,070	$ 127,070
	Mutual Funds			
	Vanguard	Vanguard Total Stock Market Index Fund	702,157	985,177
	Vanguard	Vanguard Total Bond Market Index Fund	1,881,274	1,939,551
	Vanguard	Vanguard Total International Stock Index Fund	839,708	1,019,109
	Total mutual funds		3,423,139	3,943,837
	TOTAL INVESTMENTS		$ 3,550,209	$ 4,070,907

* Denotes a party-in-interest to the Plan