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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PFIZER SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1965

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)
PFIZER INC

ATTENTION US BENEFITS

100 ROUTE 206 NORTH
PEAPACK, NJ 07977-0000

2b Employer Identification Number (EIN) 13-5315170

2c Plan Sponsor's telephone number 908-901-8000

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.	09/08/2022	STEPHEN PENNACCHIO
	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

THE SAVINGS PLAN COMMITTEE
PFIZER INC
100 ROUTE 206 NORTH
PEAPACK, NJ 07977

3b Administrator's EIN
13-2875255

3c Administrator's telephone number
908-901-8000

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**	54494
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)**	29031
a(2) Total number of active participants at the end of the plan year	**6a(2)**	27796
b Retired or separated participants receiving benefits	**6b**	1602
c Other retired or separated participants entitled to future benefits	**6c**	25009
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	54407
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	177
f Total. Add lines **6d** and **6e**	**6f**	54584
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	54465
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	916
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2H 2J 2K 2O 2R 3F 3H

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

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	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)	X	**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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	10	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PFIZER SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-5315170

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	035919	0	01/01/2021	12/31/2021

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

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

(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	

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(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	248944951
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	248944951
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)	248944951	
	▶ CONTRACT MATURITY			
	(5) Total deductions		7e(5)	248944951
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** ☐ 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**	
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 ☒ 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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PFIZER SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-5315170

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
AMERICAN GENERAL 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
25-0598210	60488	GA-266-1658155	16482	01/01/2021	12/31/2021

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

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

(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	

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	(c) Amount	**(d)** Purpose	

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	(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	186918940
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	3796218	
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6) Total additions		7c(6)	3796218
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	190715158
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)	27714672	
	▶ BOOK VALUE ADJUSTMENT			
	(5) Total deductions		7e(5)	27714672
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	163000486

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** ☐ 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**	
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 ☒ 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

2021

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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PFIZER SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-5315170

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
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	GA-63191	16482	01/01/2021	12/31/2021

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

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

(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

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	(c) Amount	**(d)** Purpose	

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

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(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	244557876
c	Additions: (1) Contributions deposited during the year	7c(1)	1400000	
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	5198476	
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6) Total additions		7c(6)	6598476
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	251156352
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) ▶ CASH	7e(4)	32822906	
	(5) Total deductions		7e(5)	32822906
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	218333446

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** ☐ 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**	
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 ☒ 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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PFIZER SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-5315170

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
ROYAL BANK OF CANADA

(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
41-1416330	00000	TRPPFIZER01	16482	01/01/2021	12/31/2021

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

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

(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	

(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	147753955
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	3089002		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	3089002
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	150842957
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	19720463		
	(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)	19720463
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	131122494

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** ☐ 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**	
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 ☒ 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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PFIZER SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-5315170

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
STATE STREET BANK AND TRUST 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
04-1867554	00000	96028	16482	01/01/2021	12/31/2021

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

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

(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	

(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**	286509369
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	6093510		
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	6093510
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	292602879
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	38245732		
	(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)**	38245732
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	254357147

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** ☐ 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**	
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 ☒ 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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PFIZER SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-5315170

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
JP MORGAN CHASE BANK, N.A.

(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
13-4994650	00000	ATRPPFIZER01	16482	01/01/2021	12/31/2021

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

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

(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	

(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**	171065825
c	Additions: (1) Contributions deposited during the year	**7c(1)**		
	(2) Dividends and credits	**7c(2)**		
	(3) Interest credited during the year	**7c(3)**	3602558	
	(4) Transferred from separate account	**7c(4)**		
	(5) Other (specify below) ▶	**7c(5)**		
	(6) Total additions		**7c(6)**	3602558
d	Total of balance and additions (add lines **7b** and **7c(6)**)		**7d**	174668383
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	21610092	
	(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)**	21610092
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		**7f**	153058291

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** ☐ 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**	
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 ☒ 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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PFIZER SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-5315170

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
NEW YORK 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
13-5582869	66915	GA29302	16482	01/01/2021	12/31/2021

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

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

(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	

(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**	200806117
c	Additions: (1) Contributions deposited during the year	**7c(1)**	1400000		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	3683409		
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	5083409
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	205889526
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	29724165		
	(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)**	29724165
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	176165361

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** ☐ 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**	
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 ☒ 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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PFIZER SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-5315170

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
MASSACHUSETTS MUTUAL 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
04-1590850	65935	GC 30011	16482	01/01/2021	12/31/2021

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

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

(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	

(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 ▶ GROUP ANNUITY

b	Balance at the end of the previous year			**7b**	200300472
c	Additions: (1) Contributions deposited during the year	**7c(1)**	1400000		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	3487161		
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	4887161
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	205187633
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	29647355		
	(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)**	29647355
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	175540278

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** ☐ 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**	
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 ☒ 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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PFIZER SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-5315170

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 TOWER 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	38127	16482	01/01/2021	12/31/2021

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

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

(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	

(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**	250917214
c	Additions: (1) Contributions deposited during the year	**7c(1)**	1400000		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	5600617		
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	7000617
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	257917831
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	33686857		
	(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)**	33686857
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	224230974

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** ☐ 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**	
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 ☒ 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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PFIZER SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-5315170

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
PACIFIC LIFE

(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
95-1079000	67466	G-027852	16482	05/01/2021	12/31/2021

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

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

(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	

(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)**	1826176		
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**	143500000		
	▶ TRANSFERS				
	(6) Total additions			**7c(6)**	145326176
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	145326176
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	3727756		
	(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)**	3727756
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	141598420

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** ☐ 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**	
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 ☒ 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.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan	**B** Three-digit plan number (PN) ▶
PFIZER SAVINGS PLAN	002

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
PFIZER INC	13-5315170

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

FID INV INST OPS CO

04-2647786

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

THE NORTHERN TRUST COMPANY

36-1561860

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

PFIZER INC

235 EAST 42ND STREET
NEW YORK, NY 10017

(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

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)

FID INV INST OPS CO

04-2647786

(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?
14 21 37 50 64 65 71	RECORDKEEPER	2972566	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

INVESCO TRUST COMPANY

46-3793325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV. MGMT	1734792	Yes [X] No [ ]	Yes [ ] No [X]	198156	Yes [ ] No [X]

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

THE NORTHERN TRUST COMPANY

36-1561860

(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?
18 21 28 50 51	INV. MGMT	820802	Yes [X] No [ ]	Yes [X] No [ ]	362366	Yes [ ] No [X]

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)

T. ROWE PRICE ASSOCIATES INC.

52-0556948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	INV. MGMT	791417	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

SEI INVESTMENTS COMPANY

23-1707341

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV. MGMT	690837	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLINGTON TRUST COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	INV. MGMT	374080	Yes [X] No [ ]	Yes [X] No [ ]	184731	Yes [ ] No [X]

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)

BLACKROCK INSITUTIONAL TRUST CO.

94-3112180

(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?
21 24 28 50 51	INV. MGMT	165797	Yes [X] No [ ]	Yes [X] No [ ]	316438	Yes [X] No [ ]

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

STATE STREET BANK AND TRUST CO

STRUCTURED PRODUCTS
BOX 5398
BOSTON, MA 02206

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV. MGMT	398692	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

METROPOLITAN LIFE INSURANCE COMPANY

13-5581829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV. MGMT	365050	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PRUDENTIAL INS CO OF AMERICA

200 WOOD AVENUE S.
MAIL STOP 241 - SV
ISELIN, NJ 08830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV. MGMT	353771	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NEW YORK LIFE INSURANCE COMPANY

13-5582869

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV. MGMT	319151	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MASSMUTUAL

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV. MGMT	313582	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

AMERICAN GENERAL LIFE INS CO

50 DANBURY ROAD
WILTON, CT 06897

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV MGMT	256662	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JP MORGAN CHASE BANK, N.A.

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV. MGMT	251962	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET GLOBAL ADVISORS

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV. MGMT	217196	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ROYAL BANK OF CANADA

4515 PAINTERS MILL ROAD
OWINGS MILLS, MD 21117

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV MGMT	216989	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORNINGSTAR

36-3297908

(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?
38 50	FUND COMMUNICATIONS	149429	Yes [ ] No [X]	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
FID INV INST OPS CO	60	0
(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.	
MULTIPLE MUTUAL FUND COMPANIES 04-2647786	SUB-TRANSFER AGENCY FEES SEE ATTACHMENT TO LINE 2(H) FOR FORMULAS	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PFIZER SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PFIZER INC

D Employer Identification Number (EIN)
13-5315170

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: FIDELITY LARGE CAP GROWTH FUND

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

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)
04-3022712-000	C	3104666991

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY INDEX PLUS FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
20-3747528-001	C	147806090

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAPITALIZATION EQUITY INDEX FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
94-3343205-001	C	721389414

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

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)
45-6138589-001	C	2961061865

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

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)
45-6138589-009	C	436132555

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORT TERM INV FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

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)
45-6138589-069	C	72359954

a Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON PARTNERS LARGE CAP VAL EQ FD

b Name of sponsor of entity listed in (a): BOSTON PARTNERS TRUST COMPANY

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)
61-1603964-001	C	646168227

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET INC TRUST SEL

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 47-6930815-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 365243783

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2015 TRUST SEL

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 47-6935471-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97966879

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2020 TRUST SEL

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 47-6935530-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 625874625

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2025 TRUST SEL

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 47-6938034-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 834734649

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2030 TRUST SEL

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 47-6938065-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1447714884

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2035 TRUST SEL

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 47-6941311-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 898736884

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2040 TRUST SEL

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 47-6941351-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1092169891

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2045 TRUST SEL

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 47-6944355-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 559593874

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2050 TRUST SEL

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 47-6944390-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 308751911

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2055 TRUST SEL

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 47-6948719-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 195999740

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2060 TRUST SEL

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 47-6948754-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84381067

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEV MARKETS RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-471	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 202722640

a Name of MTIA, CCT, PSA, or 103-12 IE: WTF-CTF INTL RESEARCH EQ PORTFOLIO

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN 04-6657586-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 569294309

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PFIZER SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-5315170

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)	315548862	316951310
(2) Participant contributions	1b(2)	11504303	0
(3) Other	1b(3)	814591	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)	105493775	0
(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)	99792100	93193783
(9) Value of interest in common/collective trusts	1c(9)	13113000629	15372770232
(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)	1659974379	1712093901
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1763303430	1661168797
(15) Other	1c(15)	1747673	1339080

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	1718117425	2551800163
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	18789297167	21709317266
	Liabilities			
g	Benefit claims payable	1g	1310292	8993337
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	549214	830217
k	Total liabilities (add all amounts in lines 1g through1j)	1k	1859506	9823554
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	18787437661	21699493712

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)	456195583	
	(B) Participants	2a(1)(B)	489098473	
	(C) Others (including rollovers)	2a(1)(C)	113156995	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1058451051
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)	5301220	
	(F) Other	2b(1)(F)	19172310	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		24473530
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	72233905	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	27933199	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		100167104
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	678610661	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	655973034	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		22637627
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	1061610479	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1061610479

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2222877674
(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)		80485032
c Other income	2c		17203712
d Total income. Add all **income** amounts in column (b) and enter total	2d		4587906209
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1706370997	
(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)		1706370997
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		208365
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	4839364	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4839364
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1711418726
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2876487483
l Transfers of assets:			
(1) To this plan	2l(1)		35568568
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: KPMG LLP **(2)** EIN: 13-5565207

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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.

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	

			Yes	No	Amount
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		25000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PFIZER SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-5315170

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☒ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☒ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☒ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☒ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

PFIZER SAVINGS PLAN

Financial Statements and Supplemental Schedule

December 31, 2021 and 2020

(With Independent Auditors' Report Thereon)

PFIZER SAVINGS PLAN

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*Note: Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted because they are not applicable.

KPMG LLP
Triad Centre III
Suite 450
6070 Poplar Avenue
Memphis, TN 38119-3901

Independent Auditors' Report

To the Plan Participants and Savings Plan Committee
Pfizer Savings Plan:

Opinion

We have audited the financial statements of Pfizer Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for plan benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for plan benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for plan benefits for the year ended December 31, 2021, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when

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it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

KPMG LLP

Memphis, Tennessee
June 9, 2022

PFIZER SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

(THOUSANDS OF DOLLARS)	As of December 31, 2021	2020
Assets		
Investments, at fair value		
Pfizer Inc. common stock	$ 2,551,800	$ 1,718,117
Viatris Inc. common stock	—	105,494
Common/collective trust funds	15,372,770	13,113,001
Mutual funds	1,368,216	1,353,269
Self-directed brokerage account	343,878	306,705
Total investments, at fair value	19,636,664	16,596,586
Investments, at contract value		
T. Rowe Price Stable Value Fund	1,637,406	1,688,830
Total investments	21,274,070	18,285,416
Receivables		
Participant contributions	—	11,504
Company contributions	316,951	315,549
Notes receivable from participants	96,764	103,154
Securities sold	—	815
Interest and other	1,339	1,748
Total receivables	415,055	432,770
Total assets	21,689,125	18,718,186
Liabilities		
Investment management fees payable	830	549
Total liabilities	830	549
Net assets available for plan benefits	$ 21,688,295	$ 18,717,636

Amounts may not add due to rounding.

See accompanying Notes to Financial Statements.

PFIZER SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

(THOUSANDS OF DOLLARS)	Year Ended December 31, 2021
Additions/(reductions) to net assets attributed to:	
Investment income	
Net appreciation in investments	$ 3,438,321
Pfizer Inc. common stock dividends	72,234
Interest income	52,704
Dividend income from other investments	11,605
Total investment income	3,574,865
Interest income from notes receivable from participants	5,301
Less: Investment management, redemption and loan fees	(4,839)
Net investment and interest income	3,575,326
Contributions	
Participant	489,098
Company	456,196
Rollovers into the Plan	113,157
Total contributions	1,058,451
Total additions	4,633,778
Deductions from net assets attributed to:	
Benefits paid to participants	1,698,688
Net increase	2,935,090
Transfers into the Plan	35,569
Net assets available for plan benefits	
Beginning of year	18,717,636
End of year	$ 21,688,295

Amounts may not add due to rounding.

See accompanying Notes to Financial Statements.

1. Description of the Plan and Recent Transactions and Events

The following description of the Pfizer Savings 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 is a defined contribution plan. Participation in the Plan is open to any employee of Pfizer Inc. (the Company or Plan Sponsor) or an affiliate which has, with the consent of the Plan Sponsor, adopted the Plan and who is included within a group or class designated by the Plan Sponsor as set forth in the Plan document. The Plan excludes any employees covered by another Company-sponsored defined contribution plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA), and the Internal Revenue Code of 1986, as amended (the Code).

Recent Transactions and Events Impacting the Plan

On October 18, 2019, the Company acquired Ignite Immunotherapy, Inc. (Ignite). Former Ignite colleagues became eligible for participation in the Plan on November 1, 2019. The TriNet 401(k) Plan for Employees of Ignite Immunotherapy, Inc. was merged into the Plan after the close of business on November 3, 2020.

Effective April 1, 2020, the Plan adopted certain provisions of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) due to the COVID-19 global pandemic, which allowed participants to take special withdrawals and defer loan repayments through December 31, 2020 as permitted under the CARES Act.

On November 16, 2020, the Company completed a spin-off and the combination of the Upjohn Business, Pfizer's former global, primarily off-patent branded generics business, with Mylan N.V. (Mylan) to form Viatris, Inc. (Viatris). As a result, the Plan was amended in November 2020 to reflect that certain employees transferred to Viatris and were no longer eligible for the Plan; however, such employees remained eligible to receive the quarterly Company matching contributions and the 2020 Retirement Savings Contribution (RSC), each as described in the *Contributions* section below, earned through the transaction date. Such employees also became 100% vested in their RSC account in the Plan. Additionally, the Plan was amended and three Viatris stock funds were established, one for each of the respective three existing Pfizer stock funds that received the special dividend paid to shareholders of Pfizer Inc. common stock in the form of Viatris common stock in connection with the spin-off. The Savings Plan Committee of the Company (the Plan Administrator) appointed Gallagher Fiduciary Advisors, LLC (Gallagher) as an independent fiduciary and investment manager for the Viatris stock funds. The Viatris stock funds were frozen to new contributions and investment elections as of November 16, 2020, and ceased to be investment funds offered to participants of the Plan on September 29, 2021. The Viatris stock funds were liquidated and proceeds were reinvested in other funds at that time.

On April 27, 2021, the Company acquired Amplyx Pharmaceuticals, Inc. (Amplyx) and adopted and assumed sponsorship of the Oasis Retirement Savings Plan FBO Amplyx Pharmaceuticals Inc. (the Amplyx Plan). Former Amplyx employees became eligible for participation in the Plan on August 1, 2021. All account balances totaling $1.7 million were transferred and merged into the Plan on December 10, 2021.

On June 1, 2021, as a result of becoming non-union employees, former participants of the Wyeth Union Savings Plan (the Union Plan), another plan sponsored by the Company, became eligible for participation in the Plan. All account balances totaling $33.9 million were transferred and merged into the Plan on November 1, 2021.

On November 17, 2021, the Company acquired Trillium Therapeutics Inc. (Trillium) and the Company adopted and assumed sponsorship of the Trillium Therapeutics USA, Inc. 401(k) Plan (the Trillium Plan). On January 1, 2022, former Trillium employees became eligible for participation in the Plan and the Trillium Plan is expected to merge into the Plan in July 2022.

Plan Administration

The Plan is administered by the Plan Administrator, the named fiduciary of the Plan. The Plan Administrator monitors and reports on (i) the selection and termination of the trustee, custodian, investment managers and other service providers to the Plan and (ii) the investment activity and performance of the Plan, with the exclusion of the Company stock funds, which are reviewed by an independent fiduciary appointed by the Plan Administrator.

Administrative Costs

Plan participants pay quarterly fees from their account balances. These fees include general plan administrative fees and expenses, such as recordkeeping, trustee and investment reporting fees. The quarterly fee deductions take place on the first business day following the end of each quarter (and are deducted from any full account distribution occurring during a quarter). In addition, certain transaction fees such as check fees, loan fees and qualified domestic relations order fees are paid by Plan participants.

Contributions

Participants may contribute up to 30% of their eligible compensation on a before-tax basis, an after-tax basis or a combination of both subject to annual IRS limits. For all participants, contributions of up to 3% of eligible compensation are matched 100% by the Company and the next 3% are matched 50% by the Company. Participant contributions in excess of 6% are not matched. Participants who have attained age 50 before the end of the Plan's year are eligible to make catch-up contributions; however, these contributions are not matched.

Company matching contributions are deposited into the Plan each quarter, rather than with each pay date. In addition, participants generally must be actively employed on the last day of the quarter to receive the match; however, if the participant separates from the Company prior to the last day of the quarter due to retirement (defined as at least age 55 with at least 10 years of service or age 65), death or disability, such participant will receive the matching contribution. Starting in 2019, the Company began adding up to a total of five points to a participant's age and/or service under certain U.S. separation programs to help those participants age 50 and older as of their termination date reach retirement milestones under certain benefits. One "point" equates to one year added to your age or service. If a participant exits the Company under one of the five point-eligible separation programs and, as of the termination date, is within five points of retirement treatment under the Plan, the participant will be deemed to have reached retirement eligibility without continued employment with the Company. These five points can be added to the participant's age, service, or both (up to a total of five points), to help the participant reach retirement eligibility under the Plan. These programs are expected to continue through 2022. In January 2021, the Company funded the fourth quarter 2020 Company matching contributions in the amount of approximately $34.2 million. In January 2022, the Company funded the fourth quarter 2021 Company matching contributions in the amount of approximately $33.8 million. These contributions are reported in the Company contributions receivable in the accompanying statements of net assets available for plan benefits.

Under the Code, salary deferral contributions, total annual contributions and the amount of compensation that may be included for Plan purposes are subject to annual limitations. Any excess contributions are refunded to participants in the following year, as applicable.

The Plan includes a Roth 401(k) in-plan conversion option, which allows participants to transfer after-tax dollars into the Roth account within the Plan and allows for tax-free earnings on those contributions. If subsequent distributions are considered "qualified Roth distributions" under the Code, such distributions are not subject to taxes.

The Plan also includes an RSC, which is an additional annual Company-provided contribution based on age and years of service. With the exception of certain participants who are specifically excluded by the Plan terms, participants generally are eligible to receive the RSC. The RSC contributions are deposited into the Plan annually, following the close of the Plan year, usually in February. In general, participants must be actively employed on the last day of the year to receive the RSC; however, if the participant separates from the Company prior to the last day of the year due to retirement (defined as at least age 55 with at least 10 years of service or age 65), death or disability, such participant will receive the RSC. In February 2021, the Company funded the RSC for Plan year 2020 in the amount of approximately $281.3 million. In February 2022, the Company funded the RSC for Plan year 2021 in the amount of approximately $283.2 million. These contributions are reported in the Company contributions receivable in the accompanying statements of net assets available for plan benefits.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's contributions and an allocation of Plan earnings/(losses). Allocations are based on participants' account balances, as defined in the Plan document.

Vesting

Participants are immediately 100% vested in their contributions and all Company contributions with the exception of the RSC. For the RSC, participants are 100% vested after three years of credited service.

Forfeited Amounts

Forfeited amounts of terminated participants are generally used to reduce future Company contributions. At December 31, 2021 and 2020, the market value of forfeitures available for use totaled approximately $0.9 million and $0.7 million, respectively. In 2021 and 2020, Company contributions were reduced by approximately $5.6 million and $7.7 million, respectively, from forfeited amounts.

Rollovers into the Plan

Participants may elect to roll over one or more account balances from Company-sponsored or other qualified plans (including defined benefit plans) into the Plan.

Investment Options

Each participant in the Plan elects to have his or her contributions and Company contributions invested in any one or a combination of investment funds in the Plan, including a self-directed brokerage account. Transfers between funds must be made in whole percentages or dollar amounts. Based on the investment option, certain short-term redemption fees or restrictions may apply. Any contributions for which the participant does not provide investment direction are invested in the participant's Qualified Default Investment Alternative (QDIA), which is the Vanguard Target Retirement Fund based on the participant's year of birth.

Eligibility

Generally, all U.S.-based employees of the Company are eligible to enroll in the Plan on their date of hire, except for certain employees who (i) are covered by a collective bargaining agreement and have not negotiated to participate in the Plan, (ii) are employed by an employee group not designated for participation in the Plan, (iii) are covered by a collective bargaining agreement and have negotiated a different eligibility date or (iv) are otherwise eligible for another Company-sponsored savings plan.

Newly eligible participants who do not affirmatively enroll in the Plan within 31 days of hire or transfer into eligible employment are automatically enrolled at a 6% before-tax contribution rate. Contributions are invested in the Plan's QDIA fund based on the participant's year of birth.

Notes Receivable from Participants

Participants may borrow from their account balances with the interest rate set at 1% above the prime rate. The minimum loan is $1,000 and the maximum loan is the lesser of (i) 50% of the vested account balance reduced by any current outstanding loan balance or (ii) $50,000, reduced by the current outstanding loan balance. Loans must be repaid within five years, unless the funds are used to purchase a primary residence. Primary residence loans must be repaid within 15 years. Loans transferred to the Plan due to the merger of legacy plans into the Plan maintain the terms of the original loan. Interest rates on outstanding loans ranged from 3.25% to 10.50% at December 31, 2021 and 2020. Under the provisions of the CARES Act referenced above, participants could elect to defer loan repayments for up to one year from the period beginning March 27, 2020 to December 31, 2020. Additionally, participants did not default on loans during this same period due to the adoption of the CARES Act.

Interest paid by the participant is credited to the participant's account. Interest income from notes receivable from participants is recorded by the trustee as earned in the investment funds in the same proportion as the original loan issuance. Repayments may not necessarily be made to the same fund from which the amounts were borrowed. Repayments are credited to the applicable funds based on the participant's investment elections at the time of repayment.

In the event of termination of employment, participants will have 90 days to repay the outstanding loan balance or set up recurring monthly payments before it is considered a distribution and subject to ordinary income tax in the year it is considered distributed. In addition, a 10% excise tax will generally apply if the participant is younger than age 59½ at the time the distribution occurs.

Payment of Benefits

Participants are entitled to receive distributions upon termination and may be able to take voluntary, in-service withdrawals, which include hardship withdrawals. Mandatory distributions are made in accordance with Plan provisions.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required, the accompanying statements of net assets available for plan benefits present the contract value of the fully benefit-responsive investment contracts, and the statement of changes in net assets available for plan benefits are prepared on a contract value basis.

Some amounts in the financial statements, notes to financial statements and supplemental schedule of the Plan may not add due to rounding.

Use of Estimates

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

Investment Valuation and Income Recognition

Common stock and self-directed brokerage accounts are valued at the closing market price on the last business day of the year. Mutual funds are recorded at fair value based on the closing market prices obtained from national exchanges of the underlying investments of the respective fund as of the last business day of the year. Common/collective trust funds (CCTs) are stated at redemption value as determined by the trustees of such funds based upon the underlying securities stated at fair value on the last business day of the year. The Plan generally has the ability to redeem its investments at the net asset value (NAV) at the valuation date. There are no significant restrictions, redemption terms or holding periods that would limit the ability of the Plan or the participants to transact at the NAV. The T. Rowe Price Stable Value fund represents direct investments in Synthetic Investment Contracts (SICs) that are fully benefit-responsive and reported at contract value as contract value is the relevant measurement. See *Note 4* for additional information.

See *Note 5* for additional information regarding the fair value of the Plan's investments.

Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded as earned. The net appreciation/(depreciation) in the fair value of investments consists of the realized gains or losses on the sales of investments and the net unrealized appreciation/(depreciation) of investments.

Notes Receivable from Participants

Notes receivable from participants, which are subject to various interest rates, are recorded at amortized cost.

Payment of Benefits

Benefits are recorded when paid.

3. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan Sponsor by letter dated April 18, 2018 that the Plan and related trust are designed in accordance with the applicable sections of the Code. The Plan has been amended since receiving the determination letter. However, the Company's counsel believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Accordingly, no provision has been made for U.S. federal income taxes in the accompanying financial statements.

U.S. GAAP requires Plan 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 Company's counsel has confirmed there are no uncertain positions 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 the Plan is generally no longer subject to income tax examinations for years prior to 2018.

4. Investment Contracts

Participants in the Plan have a stable value investment option that invests in the T. Rowe Price Stable Value Fund, which is composed of fully benefit-responsive SICs held directly. The contract value of the investment contracts represents contributions made under the contract and related earnings offset by participant withdrawals. There are no reserves against contract value for credit risk of the contract issuers or otherwise. The value of SICs held by the plan totaled approximately $1.6 billion and $1.7 billion as of December 31, 2021 and 2020, respectively.

Investments underlying a synthetic structure are owned by a benefit plan or collective trust fund. SICs consist of a portfolio of underlying assets (which may include units of fixed income commingled or common trust funds) owned by a benefit plan or collective trust fund and a wrap contract issued by a financially responsible third party, typically an insurance company, bank or other financial services institution. The issuer of the wrap contract provides for unscheduled withdrawals from the contract at contract value, regardless of the value of the underlying assets, in order to fund routine permitted participant-initiated withdrawals from a stable value fund. SICs provide for a variable crediting rate, which typically resets at least quarterly, and the issuer of the wrap contract provides assurance that future adjustments to the crediting rate cannot result in a crediting rate less than zero.

The crediting rate is based, in part, on the relationship between the contract value and the market value of the underlying assets, as well as previously realized gains and losses on underlying assets. The crediting rate will generally reflect, over time, movements in prevailing interest rates. However, at times the crediting rate may be more or less than prevailing rates or the actual income earned on the underlying assets. In most cases, realized and unrealized gains and losses on the underlying investments are not reflected immediately in the net assets of a stable value fund, but rather are amortized either over the time to maturity or the duration of the underlying investments, through adjustments to the future interest crediting rate.

The existence of certain conditions can limit a benefit plan’s or collective trust fund’s ability to transact at contract value with the issuers of its investment contracts. Specifically, any event outside the normal operation of a benefit plan or collective trust which causes a withdrawal from an investment contract may result in a contract value adjustment with respect to such withdrawal. Examples of such events include, but are not limited to, partial or complete legal termination of the plan or collective trust fund, tax disqualification, certain plan or trust amendments if issuer consent is not obtained, improper communications to participants, group terminations, group layoffs, early retirement programs, mergers, sales, spin-offs and bankruptcy. The Plan Sponsor does not believe the occurrence of any such event is probable.

In addition to the limitations noted above, issuers of investment contracts have certain rights to terminate a contract and settle at an amount that differs from contract value. For example, certain breaches by a benefit plan or the investment manager of their obligations, representations or warranties under the terms of an investment contract can result in its termination at market value, which may differ from contract value. Investment contracts may also provide for termination with no payment obligation from the issuer if the performance of the contract constitutes a prohibited transaction under ERISA or other applicable law. SICs may also provide issuers with the right to reduce contract value in the event an underlying security suffers a credit event or terminate the contract in the event certain investment guidelines are materially breached and not cured.

5. 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. Fair value is defined as 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. There are three levels of inputs to fair value measurements - Level 1 meaning the use of quoted prices for identical instruments in active markets; Level 2 meaning the use of quoted prices for similar instruments in active markets or quoted prices for identical or similar instruments in markets that are not active or are directly or indirectly observable; and Level 3 meaning the use of unobservable inputs.

See *Note 2* for information regarding the methods used to determine the fair value of the Plan’s investments. These methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value:

	Fair Value as of December 31, 2021		
(THOUSANDS OF DOLLARS)	Level 1	Level 2	Total
Pfizer Inc. common stock	$ 2,551,800	$ —	$ 2,551,800
Common/collective trust funds	—	15,372,770	15,372,770
Mutual funds	1,368,216	—	1,368,216
Self-directed brokerage account	343,878	—	343,878
Total	$ 4,263,894	$ 15,372,770	$ 19,636,664

	Fair Value as of December 31, 2020		
(THOUSANDS OF DOLLARS)	Level 1	Level 2	Total
Pfizer Inc. common stock	$ 1,718,117	$ —	$ 1,718,117
Viatris Inc. common stock	105,494	—	105,494
Common/collective trust funds	—	13,113,001	13,113,001
Mutual funds	1,353,269	—	1,353,269
Self-directed brokerage account	306,705	—	306,705
Total	$ 3,483,586	$ 13,113,001	$ 16,596,586

Amounts may not add due to rounding.

6. Related Party Transactions and Party-In-Interest Transactions

Northern Trust, the trustee of the Plan, manages investments in its sponsored funds and, therefore, is deemed a party-in-interest and a related party. Fidelity, the recordkeeper of the Plan, manages investments in its sponsored funds and, therefore, is deemed a party-in-interest and a related party. In November 2020, the Plan was amended in connection with the spin-off and the combination of Pfizer's former Upjohn Business with Mylan and the Viatris stock funds were established (see *Note 1* for additional information). The Plan also invested in shares of the Plan Sponsor and Viatris; therefore, these transactions qualify as party-in-interest transactions.

7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan 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, each participant shall be entitled to the full value of his or her account balance as though he or she had retired as of the date of such termination. No part of the invested assets established pursuant to the Plan will at any time revert to the Company, except as otherwise permitted under ERISA.

8. Risks and Uncertainties

Investment securities, including Pfizer Inc. common stock and through September 29, 2021, Viatris common stock, 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 their fair values will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

9. Subsequent Events

Effective January 1, 2022, retirement as it relates to company matching and RSC contribution eligibility is defined as at least age 62 with at least 5 years of service.

On January 1, 2022, eligibility ceased for certain participants as a result of the sale of Meridian Medical Technologies, Inc. (Meridian), a subsidiary of the Company, pursuant to the Stock Purchase Agreement by and between King Pharmaceuticals LLC, the Company, Meridian and MMT Acquisition Company, LLC. (Meridian Agreement) signed November 1, 2021.

On March 11, 2022, the Company acquired Arena Pharmaceuticals, Inc. (Arena), a clinical stage company, and adopted and assumed sponsorship of the ARENA Pharmaceuticals, Inc. 401(k) Plan (the Arena Plan). Former Arena employees may become eligible for participation in the Plan during 2022.

The Plan Sponsor has evaluated subsequent events from the statement of net assets available for plan benefits date through June 9, 2022, the date at which the financial statements were available to be issued, and no additional events were noted which warrant adjustments to, or disclosure in, the financial statements.

10. Reconciliation of Financial Statements to Form 5500

Amounts allocated to withdrawing participants are recorded as benefits paid on Form 5500 for benefit claims processed and approved for payment prior to December 31st but not yet paid as of that date. Deemed distributions, representing withdrawing participants with outstanding loan balances for which no post-default payment activity has occurred, are not reported on Form 5500 in net assets available for plan benefits. Additionally, investments in the T. Rowe Price Stable Value Fund representing fully benefit-responsive investment contracts are reported on Form 5500 at fair value, whereas the net assets available for plan benefits in the financial statements report such investments at contract value.

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

	December 31,	
(THOUSANDS OF DOLLARS)	2021	2020
Net assets available for plan benefits per the financial statements	$ 21,688,295	$ 18,717,636
Adjustment of T. Rowe Price Stable Value Fund from contract value to fair value	23,763	74,474
Amounts allocated to withdrawing participants	(8,993)	(1,310)
Deemed distributions	(3,570)	(3,362)
Net assets available for plan benefits per Form 5500	$ 21,699,495	$ 18,787,438

The following is a reconciliation of benefits paid, including rollovers, to participants per the financial statements to the Form 5500:

(THOUSANDS OF DOLLARS)	Year Ended December 31, 2021
Benefits paid to participants, including rollovers, per the financial statements	$ 1,698,688
Amounts allocated to withdrawing participants and deemed distributions at end of year	12,563
Amounts allocated to withdrawing participants and deemed distributions at beginning of year	(4,672)
Benefits paid to participants, including rollovers, per Form 5500	$ 1,706,579

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

(THOUSANDS OF DOLLARS)	Year Ended December 31, 2021
Net appreciation in investments per the financial statements	$ 3,438,321
Adjustment of T. Rowe Price Stable Value Fund from contract value to fair value at end of year	23,763
Adjustment of T. Rowe Price Stable Value Fund from contract value to fair value at beginning of year	(74,474)
Net appreciation in investments per Form 5500	$ 3,387,610

PFIZER SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2021
(THOUSANDS OF DOLLARS)

	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Rate of Interest	Maturity Date	Cost****	Current Value
*	Pfizer Inc. Common Stock	Common stock				$ 2,551,800
*	NTGI Collective Government Short-Term Investment Fund	Collective trust fund				72,360
*	NTGI – Russell 2000 Small Cap Index Fund	Collective trust fund				436,133
*	NTGI – S&P 500 Index Fund	Collective trust fund				2,961,062
	BlackRock MidCap Equity Index Fund	Collective trust fund				721,389
	BlackRock International Equity Index Fund	Collective trust fund				147,806
*	Fidelity Large Cap Growth Fund	Collective trust fund				3,104,667
	Oppenheimer Developing Markets Fund	Collective trust fund				202,723
	Boston Partners Large Cap Value Fund	Collective trust fund				646,168
	Wellington International Research Equity ex Emerging Markets Fund	Collective trust fund				569,294
	Vanguard Target Retirement Income Trust Select	Collective trust fund				365,244
	Vanguard Target Retirement 2015 Trust Select	Collective trust fund				97,967
	Vanguard Target Retirement 2020 Trust Select	Collective trust fund				625,875
	Vanguard Target Retirement 2025 Trust Select	Collective trust fund				834,735
	Vanguard Target Retirement 2030 Trust Select	Collective trust fund				1,447,715
	Vanguard Target Retirement 2035 Trust Select	Collective trust fund				898,737
	Vanguard Target Retirement 2040 Trust Select	Collective trust fund				1,092,170
	Vanguard Target Retirement 2045 Trust Select	Collective trust fund				559,594
	Vanguard Target Retirement 2050 Trust Select	Collective trust fund				308,752
	Vanguard Target Retirement 2055 Trust Select	Collective trust fund				196,000
	Vanguard Target Retirement 2060 Trust Select	Collective trust fund				84,381
	Total common/collective trust funds					15,372,770
	T. Rowe Price Small Cap Stock Fund	Mutual fund				640,883
	Diversified Bond Fund – Core	Mutual fund				654,587
	Diversified Bond Fund – High Yield	Mutual fund				36,331
	Diversified Bond Fund - Emerging Markets	Mutual fund				36,415
	Total mutual funds					1,368,216
	Self-Directed Brokerage Account	Self-directed brokerage account				343,878

PFIZER SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2021
(THOUSANDS OF DOLLARS)
(continued)

	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment	Rate of Interest	Maturity Date	Cost****	Current Value
	T. Rowe Price Stable Value Fund –					
***	American General Life Insurance Company Contract #GA-IM-266-1658155	Synthetic investment contract	2.06%	**		163,000
***	JPMorgan Securities, LLC Contract #ATRPPFIZER 01	Synthetic investment contract	2.11%	**		153,058
***	New York Life Insurance Company GIC Contract #GA-29302	Synthetic investment contract	1.88%	**		176,165
***	The Prudential Insurance Company of America Contract #GA-63191	Synthetic investment contract	2.13%	**		218,333
***	Royal Bank of Canada Contract #TRPPFIZER01	Synthetic investment contract	2.07%	**		131,121
***	State Street Bank and Trust Company Contract #96028	Synthetic investment contract	2.17%	**		254,357
***	Massachusetts Mutual Life Insurance Company Contract #30011	Synthetic investment contract	1.80%	**		175,540
***	Metropolitan Life Insurance Company Contract #38127	Synthetic investment contract	2.23%	**		224,231
***	Pacific Life Insurance Company Contract #G-27852.01.001	Synthetic investment contract	1.97%	**		141,598
	Total T. Rowe Price Stable Value Fund					1,637,406
	Total investments					21,274,070
*	Notes receivable from participants	Interest Rates: 3.25% - 10.50% Maturity Dates: 2022 - 2037				96,764
	Total					$ 21,370,834

* Party-in-interest as defined by ERISA

** Open-ended maturity

*** Current value represents contract value

**** Cost information omitted as all investments are fully participant-directed. This information is not required by ERISA or the Department of Labor to be reported for participant-directed investments.

Amounts may not add due to rounding.

See accompanying Report of Independent Registered Public Accounting Firm.

KPMG LLP
Triad Centre III
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6070 Poplar Avenue
Memphis, TN 38119-3901

Independent Auditors' Report

To the Plan Participants and Savings Plan Committee
Pfizer Savings Plan:

Opinion

We have audited the financial statements of Pfizer Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for plan benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for plan benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for plan benefits for the year ended December 31, 2021, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when

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it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

KPMG LLP

Memphis, Tennessee
June 9, 2022

Schedule C, Line 2(h) Formula Descriptions

Pfizer Savings Plan
EIN: 13-5315170, PN: 002
Plan Year Ending: December 31, 2021

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
1919 FINANCIAL SERVICES CLASS A	2020 E. FINANCIAL WAY	SUITE 100	GLENDORA	CA	91741	0.40%
AB HIGH INCOME CLASS A	8000 IH 10 WEST	SUITE 1400, 14TH FLOOR	SAN ANTONIO	TX	78230	0.10%
AB LARGE CAP GROWTH CLASS A	8000 IH 10 WEST	SUITE 1400, 14TH FLOOR	SAN ANTONIO	TX	78230	0.40%
AB SMALL CAP GROWTH PORT CLASS A	8000 IH 10 WEST	SUITE 1400, 14TH FLOOR	SAN ANTONIO	TX	78230	0.40%
ABERDEEN CHINA A SHARE EQ INSTL CL	1735 MARKET ST.	32ND FLOOR	PHILADELPHIA	PA	19103	0.10%
ABERDEEN GLOBAL HIGH INC FUND CL A	1735 MARKET ST.	32ND FLOOR	PHILADELPHIA	PA	19103	0.40%
ABERDEEN SELECT INTL EQ FD II CL A	1735 MARKET ST.	32ND FLOOR	PHILADELPHIA	PA	19103	0.40%
ABERDEEN U.S. SMALL CAP EQ FD CL A	1735 MARKET ST.	32ND FLOOR	PHILADELPHIA	PA	19103	0.40%
ABERDEEN U.S. SMALL CAP EQ INSTL	1735 MARKET ST.	32ND FLOOR	PHILADELPHIA	PA	19103	0.10%
ABR 75-25 VOLATILITY FUND INVESTOR	PO BOX 588		PORTLAND	ME	04112	0.40%
ABR DYNAMIC BLEND EQ& VOLATILITY INVST	PO BOX 588		PORTLAND	ME	04112	0.40%
ADV PREFERRED GOLD BULLION STRAT	1445 RESEARCH BLVD.	SUITE 530	ROCKVILLE	MD	20850	0.40%
ADVISORS PREFERRED ONTRACK CORE FD ADV	1445 RESEARCH BLVD.	SUITE 530	ROCKVILLE	MD	20850	0.40%
ADVISORS PREFERRED QUANTIFIED STF	1445 RESEARCH BLVD.	SUITE 530	ROCKVILLE	MD	20850	0.40%
AEGIS VALUE FUND INC	6862 ELM STREET	SUITE 830	MCLEAN	VA	22101	0.10%
AKRE FOCUS FUND INSTL	777 E. WISCONSIN AVE.	4TH FLOOR	MILWAUKEE	WI	53202	0.10%
AKRE FOCUS FUND RETAIL	777 E. WISCONSIN AVE.	4TH FLOOR	MILWAUKEE	WI	53202	0.40%
ALGER HEALTH SCIENCES FD CL A	600 PLAZA ONE	6TH FLOOR	JERSEY CITY	NJ	07311	0.40%
ALGER MID CAP FOCUS CL I	600 PLAZA ONE	6TH FLOOR	JERSITY CITY	NJ	07311	0.40%
ALGER SMALL CAP FOCUS CLASS A	600 PLAZA ONE	6TH FLOOR	JERSEY CITY	NJ	07311	0.40%
ALGER SMALL CAP GROWTH CLASS Z-2	600 PLAZA ONE	6TH FLOOR	JERSEY CITY	NJ	07311	0.10%
ALGER SMALL CAP GROWTH FUND A	600 PLAZA ONE	6TH FLOOR	JERSEY CITY	NJ	07311	0.40%
ALGER WEATHERBIE SPECIALIZED GR A	600 PLAZA ONE	6TH FLOOR	JERSEY CITY	NJ	07311	0.40%
ALLSPRING SPECTRUM AGGR GRTH F	525 MARKET ST.	MAC #A0103-122	SAN FRANCISCO	CA	94105	0.40%
ALPHACENTRIC GLOBAL INNOVATION FD A	80 ARKAY	SUITE 110	HAUPPAUGE	NY	11788	0.10%
ALPS KOTAK INDIA GROWTH INVESTOR	1290 BROADWAY	SUITE 1100	DENVER	CO	80203	0.40%
ALPS SMITH CREDIT OPPORTS CL I	1290 BROADWAY	SUITE 1100	DENVER	CO	80203	0.08%
ALTEGRIS AACA OPPORT RE CL N	1200 PROSPECT STREET	SUITE 400	LA JOLLA	CA	92037	0.40%
AMANA DEVELOPING WORLD FUND	1300 NORTH STATE STREET		BELLINGHAM	WA	98225	0.40%
AMANA INCOME FUND INST	1300 NORTH STATE STREET		BELLINGHAM	WA	98225	0.10%
AMANA MUTUAL FUND TRUST GROWTH	1300 NORTH STATE STREET		BELLINGHAM	WA	98225	0.40%
AMANA MUTUAL FUND TRUST INCOME	1300 NORTH STATE STREET		BELLINGHAM	WA	98225	0.40%
AMANA PARTICIPATION FD INV CLASS	1300 NORTH STATE STREET		BELLINGHAM	WA	98225	0.40%
AMER BEACON BRDGWAY LG CAP VAL INV	220 EAST LAS COLINAS BLVD.	SUITE 1200	IRVING	TX	75039	0.40%
AMER CENTURY ZERO COUPON 2025 INV	4400 MAIN ST.	1ST FLOOR	KANSAS CITY	MO	64111	0.25%
AMERICAN AMCAP FUND CLASS F1	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN BALANCED CLASS F1	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN BEACON AHL MNGD FUTR STRA INVS	220 EAST LAS COLINAS BLVD.	SUITE 1200	IRVING	TX	75039	0.40%
AMERICAN BEACON ARK TRANS INN INV	220 EAST LAS COLINAS BLVD.	SUITE 1200	IRVING	TX	75039	0.40%
AMERICAN BOND FUND OF AM CLASS F1	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN CEN FOCUSED DYNAMIC GROWTH	4400 MAIN ST.	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CEN ONE CHOICE CONV INV	4400 MAIN ST.	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY CHGAL GOLD INV CL	4400 MAIN ST.	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY DISGROWTH FD INV	4400 MAIN ST.	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY DIVERSIFIED BOND	4400 MAIN ST.	1ST FLOOR	KANSAS CITY	MO	64111	0.25%
AMERICAN CENTURY EQUITY INC INV CL	4400 MAIN ST.	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY INFLN ADJ BOND	4400 MAIN ST.	1ST FLOOR	KANSAS CITY	MO	64111	0.25%
AMERICAN CENTURY INTL OPPOR CL A	4400 MAIN ST.	1ST FLOOR	KANSAS CITY	MO	64111	0.09%
AMERICAN CENTURY MIDCAP VALUE INV	4400 MAIN ST.	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY ONE CHOICE INRETIR	4400 MAIN ST.	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY ONECHOICE 2040 INV	4400 MAIN ST.	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY ONECHOICE 2055 INV	4400 MAIN ST.	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY REAL ESTATE INV CL	4400 MAIN ST.	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY SMALL CAP VALUE	4400 MAIN ST.	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY SMALL COMPANY INV	4400 MAIN ST.	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY UTILITIES INVESTOR	4400 MAIN ST.	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CORPORATE BOND FUND A	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	$18.00
AMERICAN CORPORATE BOND FUND CL F1	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN EUROPACIFIC GROWTH CL A	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	$18.00
AMERICAN EUROPACIFIC GROWTH CL F1	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN FUNDS TAX ADV GRWTH & INC	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN GRWTH FUND OF AMER CL A	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	$18.00
AMERICAN GRWTH FUND OF AMER CL F1	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN INC FUND OF AMERICA CL F1	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN INVEST CO OF AMER CL A	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	$18.00
AMERICAN MUTUAL FUND CLASS A	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	$18.00
AMERICAN MUTUAL FUND CLASS F1	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN NEW PERSPECTIVE CLASS A	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	$18.00
AMERICAN NEW PERSPECTIVE CLASS F1	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN NEW WORLD CLASS F1	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN NEW WORLD FUND CLASS A	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	$18.00
AMERICAN SMALL CAP WORLD CLASS A	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	$18.00
AMERICAN SMALL CAP WORLD CLASS F1	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN WASHINGTON MUTUAL INV F1	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	0.37%
AMG MANAGERS BRANDYWINE BLUE FD I	600 STEAMBOAT ROAD	SUITE 300	GREENWICH	CT	06830	0.07%
AMG MANAGERS CENTER SQUARE RE	600 STEAMBOAT ROAD	SUITE 300	GREENWICH	CT	06830	0.40%
AMG MANAGERS FAIR POINTE MID CAP	600 STEAMBOAT ROAD	SUITE 300	GREENWICH	CT	06830	0.40%
AMG MANAGERS LOOMIS SAYLES BD FD N	600 STEAMBOAT ROAD	SUITE 300	GREENWICH	CT	06830	0.40%

Schedule C, Line 2(h) Formula Descriptions

Pfizer Savings Plan
EIN: 13-5315170, PN: 002
Plan Year Ending: December 31, 2021

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
AMG MANAGERS SKYLINE SPECIAL EQ	600 STEAMBOAT ROAD	SUITE 300	GREENWICH	CT	06830	0.40%
AMG YACKTMAN FOCUSED N	600 STEAMBOAT ROAD	SUITE 300	GREENWICH	CT	06830	0.40%
AMG YACKTMAN FUND I	600 STEAMBOAT ROAD	SUITE 300	GREENWICH	CT	06830	0.40%
APPLIED FIN EXPLORER FUND INVESTOR	8730 STONY POINT PARKWAY	SUITE 205	RICHMOND	VA	23235	0.40%
AQR LARGE CAP DEFENSIVE STYLE CL N	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.40%
AQR LARGE CAP DEFENSIVE STYLE FD I	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.10%
AQR RISK BALANCED COMMOD STRAT FD N	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.40%
ARIEL FUND	811 E. WISCONSIN AVE.	MK-WI-J8NF	MILWAUKEE	WI	53202	0.40%
ARROW MANAGED FUTURES STRATEGY C	6100 CHEVY CHASE DR.	SUITE 100	LAUREL	MD	20707	0.10%
ARTISAN DEVELOPING WORLD FD ADV CL	875 E. WISCONSIN AVE.	SUITE 800	MILWAUKEE	WI	53202	0.15%
ARTISAN DEVELOPING WORLD FD INV CL	875 E. WISCONSIN AVE.	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN EMERGING MARKETS FD INV	875 E. WISCONSIN AVE.	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN GLOBAL DISCOVERY INVESTOR	875 E. WISCONSIN AVE.	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN GLOBAL EQUITY FUND INVESTOR	875 E. WISCONSIN AVE.	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN GLOBAL OPPORTUNITIES INV	875 E. WISCONSIN AVE.	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN HIGH INCOME FUND INVESTOR	875 E. WISCONSIN AVE.	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN INTERNATIONAL ADV	875 E. WISCONSIN AVE.	SUITE 800	MILWAUKEE	WI	53202	0.15%
ARTISAN INTERNATL INVESTOR CLASS	875 E. WISCONSIN AVE.	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN INTL SMALL MID CAP INV	875 E. WISCONSIN AVE.	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN INTL VALUE FUND INV CL	875 E. WISCONSIN AVE.	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN MID CAP	875 E. WISCONSIN AVE.	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN MID CAP VALUE	875 E. WISCONSIN AVE.	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN SMALL CAP FUND INVESTOR CL	875 E. WISCONSIN AVE.	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN THEMATIC FD INVESTOR CLASS	875 E. WISCONSIN AVE.	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN VALUE FUND INVESTOR CL	875 E. WISCONSIN AVE.	SUITE 800	MILWAUKEE	WI	53202	0.39%
ASG MANAGED FUTURES STRAT FUND CL A	399 BOYLSTON STREET	8TH FLOOR	BOSTON	MA	02116	0.40%
ASTOR DYNAMIC ALLOCATION CL A	111 S. WACKER DR.	SUITE 3910	CHICAGO	IL	60606	0.10%
ATAC ROTATION FUND INVESTOR CL	615 E. MICHIGAN STREET		MILWAUKEE	WI	53202	0.40%
AVE MARIA RISING DIVIDEND FUND	801 W. ANN ARBOR TRAIL	SUITE 244	PLYMOUTH	MI	48170	0.40%
AXS MULTI STRATEGY ALTERNATIVES R1	100 SALEM STREET		SMITHFIELD	RI	02917	0.40%
AZZAD ETHICHAL MID CAP FUND CL A	8000 TOWN CENTRE DR.	SUITE 400	BROADVIEW HEIGHTS	OH	44147-4031	0.40%
BAIRD AGGREGATE BOND FUND INV CL	777 E. WISCONSIN AVE.	18TH FLOOR	MILWAUKEE	WI	53202	0.28%
BAIRD CORE PLUS BOND FD INVESTOR CL	777 E. WISCONSIN AVE.	18TH FLOOR	MILWAUKEE	WI	53202	0.28%
BAIRD SHORT TERM BD FD INSTL	777 E. WISCONSIN AVE.	18TH FLOOR	MILWAUKEE	WI	53202	0.02%
BAIRD SHORT TERM BOND FUND INVESTOR	777 E. WISCONSIN AVE.	18TH FLOOR	MILWAUKEE	WI	53202	0.28%
BAIRD SHORT TERM MUNI BOND INVESTOR	777 E. WISCONSIN AVE.	18TH FLOOR	MILWAUKEE	WI	53202	0.28%
BANKS ULTRA SECTOR PRO FUND INV	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
BARON ASSET	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON EMERGING MARKETS FUND RETAIL	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON FINTECH FUND RETAIL	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON FOCUSED GROWTH FUND	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON GLOBAL ADVANTAGE FD INSTL	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.15%
BARON GLOBAL ADVANTAGE FD RETAIL	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON GROWTH	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON GROWTH FUND INSTL CLASS	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.15%
BARON HEALTH CARE FDRETAIL	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON INTERNATIONAL GR FUND INST CL	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.10%
BARON OPPORTUNITY FUND	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON PARTNERS FUND	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON REAL ESTATE FUND RETAIL	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON SMALL CAP FD	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON WEALTHBUILDER FUND RETAIL	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BERKSHIRE FOCUS FUND	475 MILAN DRIVE	SUITE 103	SAN JOSE	CA	95134	0.40%
BIOTECHNOLOGY ULTRA SECTOR PRO FD	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
BITCOIN STRATEGY FD INVESTOR	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
BLACK OAK EMERGING TECHNOLOGY FUND	225 PICTORIA DRIVE	SUITE 450	CINCINNATI	OH	45246	0.40%
BLACKROCK ADVANTAGE INTL CL A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
BLACKROCK ADVANTAGE SM CAP GROWTH INV A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
BLACKROCK ADVANTAGE SMALL CAP CORE	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
BLACKROCK ALL CAP ENERGY&RESOURCES	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
BLACKROCK CAPITAL APPRECIATION INVT A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
BLACKROCK COMMODITY STRAT FUND CL A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
BLACKROCK EMERGING MARKETS FD INC A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
BLACKROCK EQUITY DIVIDEND FD CL A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
BLACKROCK EQUITY DIVIDEND FD INSTL	40 EAST 52ND STREET		NEW YORK	NY	10022	0.08%
BLACKROCK FOCUS GROWTH FD INC A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
BLACKROCK GLOBAL ALLOCATION CL A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
BLACKROCK HEALTH SCIENCES OPP PRT A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
BLACKROCK HIGH EQUITY INCOME CL A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
BLACKROCK HIGH YIELDBOND CLASS A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
BLACKROCK INFL PRO BOND PORT INV A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
BLACKROCK INTERNATIONAL FD A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
BLACKROCK MID CAP GROWTH EQ CL A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
BLACKROCK MULTI ASSET INCOME PORT A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
BLACKROCK REAL ESTATE SECURITIES A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.08%
BLACKROCK SYSTEMATICMULTI STRAT	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
BLACKROCK TECH OPPORTUNITIES CL A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
BLACKROCK TECHNOLOGY OPPS SVS	40 EAST 52ND STREET		NEW YORK	NY	10022	0.08%
BNY MELLON GLOBAL REAL ESTATE SEC I	144 GLENN CURTISS BLVD.	8TH FLOOR	UNIONDALE	NY	11556	0.40%

Schedule C, Line 2(h) Formula Descriptions

Pfizer Savings Plan
EIN: 13-5315170, PN: 002
Plan Year Ending: December 31, 2021

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
BNY MELLON INTERNATIONAL BOND I	144 GLENN CURTISS BLVD.	8TH FLOOR	UNIONDALE	NY	11556	0.35%
BNY MELLON MIDCAP INDEX INVESTOR	144 GLENN CURTISS BLVD.	8TH FLOOR	UNIONDALE	NY	11556	0.35%
BNY MELLON NATURAL RESOURCES A	144 GLENN CURTISS BLVD.	8TH FLOOR	UNIONDALE	NY	11556	0.40%
BNY MELLON SMALL MIDCAP GROWTH A	144 GLENN CURTISS BLVD.	8TH FLOOR	UNIONDALE	NY	11556	0.40%
BNY MELLON SMALLCAP STOCK INDEX INV	144 GLENN CURTISS BLVD.	8TH FLOOR	UNIONDALE	NY	11556	0.35%
BOSTON PARTNERS ALL CAP VALUE INVS	223 WILMINGTON WEST CHESTER PIKE	#216	CHADDS FORD	PA	19317	0.40%
BOSTON TRUST ASSET MANAGEMENT FUND	1 BEACON ST.	33RD FLOOR	BOSTON	MA	02108	0.40%
BOSTON TRUST MIDCAP FUND	1 BEACON ST.	33RD FLOOR	BOSTON	MA	02108	0.40%
BRAMSHILL INCOME PRF FUND INSTL	2020 E. FINANCIAL WAY	SUITE 100	GLENDORA	CA	91741	0.10%
BRANDYWINE GLOBAL HIGH YIELD I	620 8TH AVENUE	49TH FLOOR	NEW YORK	NY	10018	0.10%
BRIDGEWAY SMALL CAP VALUE FUND CL N	20 GREENWAY PLAZA	SUITE 450	HOUSTON	TX	77046	0.10%
BROWN ADVISORY SMALL CAP GROWTH ADV	777 E. WISCONSIN AVE.	4TH FLOOR	MILWAUKEE	WI	53202	0.40%
BROWN INTERNATIONAL SMALL COM INV	1290 BROADWAY	SUITE 1100	DENVER	CO	80203	0.40%
BUFFALO DISCOVERY FUND	615 E. MICHIGAN STREET		MILWAUKEE	WI	53202	0.40%
BUFFALO EMERGING OPPORTUNITIES FUND	615 E. MICHIGAN STREET		MILWAUKEE	WI	53202	0.40%
BUFFALO LARGE CAP	615 E. MICHIGAN STREET		MILWAUKEE	WI	53202	0.40%
BUFFALO SMALL CAP GROWTH	615 E. MICHIGAN STREET		MILWAUKEE	WI	53202	0.40%
CALAMOS EVOLVING WORLD GROWTH CL A	2020 CALAMOS COURT		NAPERVILLE	IL	60563	0.40%
CALAMOS MARKET NEUTRAL INCOME CL A	2020 CALAMOS COURT		NAPERVILLE	IL	60563	0.40%
CALVERT EMERGING MARKETS EQ CL I	4550 MONTGOMERY AVENUE	SUITE 1000N	BETHESDA	MD	20814	0.15%
CALVERT GLOBAL WATERFUND CL A	4550 MONTGOMERY AVENUE	SUITE 1000N	BETHESDA	MD	20814	0.40%
CALVERT US LG CAPCORE RESPL IDX A	4550 MONTGOMERY AVENUE	SUITE 1000N	BETHESDA	MD	20814	0.40%
CALVERT US MID CAP CORE RSPNSBL	4550 MONTGOMERY AVENUE	SUITE 1000N	BETHESDA	MD	20814	0.40%
CAMBIAR GLOBAL ULTRA FOCUS INV CL	1 FREEDOM VALLEY DRIVE		OAKS	PA	19456	0.40%
CAMBIAR OPPORTUNITY INVESTOR CL	1 FREEDOM VALLEY DRIVE		OAKS	PA	19456	0.40%
CARILLON EAGLE GROWTH & INC CL I	PO BOX 33022		ST PETERSBURG	FL	33733-8022	0.15%
CARILLON REAMS CORE PLUS BOND CL Y	PO BOX 33022		ST PETERSBURG	FL	33733-8022	0.40%
CARILLON SCOUT INTERNATIONAL CL I	PO BOX 33022		ST PETERSBURG	FL	33733-8022	0.40%
CARILLON SCOUT MID CAP FUND CL I	PO BOX 33022		ST PETERSBURG	FL	33733-8022	0.40%
CARILLON SCOUT SMALL CAP FUND CL I	PO BOX 33022		ST PETERSBURG	FL	33733-8022	0.40%
CHAMPLAIN MID CAP ADVISOR SHARE	ONE FREEDOM VALLEY DRIVE		OAKS	PA	19456	0.40%
CLEARBRIDGE AGGRESSIVE GROWTH A	620 8TH AVENUE	49TH FLOOR	NEW YORK	NY	10018	0.40%
CLEARBRIDGE INTERN'TGROWTH FD CL A	620 8TH AVENUE	49TH FLOOR	NEW YORK	NY	10018	0.40%
CLEARBRIDGE LARGE CAP GROWTH A	620 8TH AVENUE	49TH FLOOR	NEW YORK	NY	10018	0.40%
CLEARBRIDGE SELECT FUND CL A	620 8TH AVENUE	49TH FLOOR	NEW YORK	NY	10018	0.40%
CLEARBRIDGE SMALL CAP FUND CLASS A	620 8TH AVENUE	49TH FLOOR	NEW YORK	NY	10018	0.40%
COHEN & STEERS PREF SECS INC A	280 PARK AVE.	10TH FLOOR	NEW YORK	NY	10017	0.40%
COHEN & STEERS PREF SECS INCOME I	280 PARK AVE.	10TH FLOOR	NEW YORK	NY	10017	0.15%
COHEN & STEERS REAL ESTATE SECS A	280 PARK AVE.	10TH FLOOR	NEW YORK	NY	10017	0.40%
COHEN & STEERS REALTY SHARES	280 PARK AVE.	10TH FLOOR	NEW YORK	NY	10017	0.40%
COLUMBIA ACORN CLASS I	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA ACORN EUROPEAN FUND CL A	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA BALANCED FUND CL A	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA CONTRARIAN CORE FUND CL I	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA DIVIDEND INCOME CL A	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA DIVIDEND INCOME FUND CL C	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.10%
COLUMBIA DIVIDEND OPPORTUNITY CL A	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA GLOBAL EQUITY VALUE CL A	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA GLOBAL TECH GROWTH CL A	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA INC BUILDER FUND CL A	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA LARGE CAP CORE FUND CL A	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA MORTGAGE OPPORT CL A	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA SELIGMAN COM AND INFO CL A	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA SELIGMAN GLOBAL TECH A	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA SMALL CAP GROWTH FD I CL A	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA SMALL CAP GROWTH I CL I	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA STRATEGIC INCOME CL A	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA THERMOSTAT CL A	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
COMMUNITY REINVSTMNTACT QUAL INV	2500 WESTON ROAD	SUITE 101	WESTON	FL	33331	0.40%
CONESTOGA SMALL CAP INVESTOR CLASS	225 PICTORIA DRIVE	SUITE 450	CINCINNATI	OH	45246	0.40%
CREDIT SUISSE COMMOD RETURN STRAT A	ONE MADISON AVENUE	10TH FLOOR	NEW YORK	NY	10010	0.40%
DANA LARGE CAP EQUITY INVESTOR CL	PO BOX 1067		BROOKFIELD	WI	53008-1067	0.40%
DAVIS FINANCIAL CLASS A	2949 E. ELVIRA RD.	SUITE 101	TUCSON	AZ	85756	0.40%
DF DENT MIDCAP GROWTH FUND INVESTOR	2 EAST READ ST.	6TH FLOOR	BALTIMORE	MD	21202	0.12%
DFA COMMODITY STRATEGY PORT INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INTERM EXTENDED QUALITY PORT	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INTERNATIONAL SMALL COMPANY	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA SHORT TERM EXTENDED QUAL INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US MICRO CAP PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US SMALL CAP PORTFOLIO INSTL CL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DIREXION MONTHLY 10YR BEAR 2X INVST	155 SEAPORT BOULEVARD	SUITE P8	BOSTON	MA	02210	0.40%
DIREXION MONTHLY NASDAQ100 BULL2X	155 SEAPORT BOULEVARD	SUITE P8	BOSTON	MA	02210	0.40%
DIREXION MONTHLY S&P500 BEAR 2X INV	155 SEAPORT BOULEVARD	SUITE P8	BOSTON	MA	02210	0.40%
DOUBLELINE CORE FIXED INCOME CL I	777 E. WISCONSIN AVE.		MILWAUKEE	WI	53202	0.06%
DOUBLELINE CORE FIXED INCOME CL N	777 E. WISCONSIN AVE.		MILWAUKEE	WI	53202	0.40%
DOUBLELINE INCOME FD CL N	777 E. WISCONSIN AVE.		MILWAUKEE	WI	53202	0.40%
DOUBLELINE LOW DURATION CL N	777 E. WISCONSIN AVE.		MILWAUKEE	WI	53202	0.40%
DOUBLELINE SHILLER EN CAP CL N	777 E. WISCONSIN AVE.		MILWAUKEE	WI	53202	0.40%
DOUBLELINE STRAT COMMODITY CL N	777 E. WISCONSIN AVE.		MILWAUKEE	WI	53202	0.40%

Schedule C, Line 2(h) Formula Descriptions

Pfizer Savings Plan
EIN: 13-5315170, PN: 002
Plan Year Ending: December 31, 2021

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
DOUBLELINE TOTAL RT BOND FD CL I	777 E. WISCONSIN AVE.		MILWAUKEE	WI	53202	0.06%
DOUBLELINE TOTAL RT BOND FD CL N	777 E. WISCONSIN AVE.		MILWAUKEE	WI	53202	0.40%
DRIEHAUS EMERGING MARKETS	25 EAST ERIE STREET		CHICAGO	IL	60611	0.40%
DRIEHAUS SMALL CAP GROWTH INSTL CL	25 EAST ERIE STREET		CHICAGO	IL	60611	0.12%
DRIEHAUS SMALL CAP GROWTH INV CL	25 EAST ERIE STREET		CHICAGO	IL	60611	0.40%
DWS LATIN AMERICA EQUITY FUND A	280 PARK AVE.	FINANCE-PCAM CTRL, 9TH FLOOR	NEW YORK	NY	10026	0.40%
DWS SCIENCE AND TECHNOLOGY FUND-A	280 PARK AVE.	FINANCE-PCAM CTRL, 9TH FLOOR	NEW YORK	NY	10026	0.40%
EASTERLY GLOBAL RE FUND CLASS I	1616 NO. LITCHFIELD ROAD	SUITE 165	GOODYEAR	AZ	85395-1279	0.15%
EATON VANCE FLOATING RATE ADV CL A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	$16.00
EATON VANCE FLOATING RATE FUND CL A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	$16.00
EATON VANCE MULTIASSET CR FD CL A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	0.40%
EATON VANCE MULTIASSET CR FD CL I	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	$16.00
EATON VANCE SHORT DUR GOV INC A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	$16.00
EDGAR LOMAX VALUE FUND	6564 LOISDALE COURT	SUITE 310	SPRINGFIELD	VA	22150	0.40%
EDGEWOOD GROWTH FUND RETAIL CLASS	1 FREEDOM VALLEY DRIVE		OAKS	PA	19456	0.40%
EMERALD BANKING AND FINANCE FD INV	3175 OREGON PIKE		LEOLA	PA	17540	0.40%
EMERALD GROWTH INVESTOR	3175 OREGON PIKE		LEOLA	PA	17540	0.40%
EP EMERGING MARKETS SM COMP CL A	LOTS 81-82, STREET C	SUITE 204	DORADO	PR	00646	0.08%
EP EMERGING MARKETS SMALL COS CL I	LOTS 81-82, STREET C	SUITE 204	DORADO	PR	00646	0.10%
EUROPAC GOLD FUND CLASS A	LOTS 81-82, STREET C	SUITE 204	DORADO	PR	00646	0.08%
EVENTIDE DIVIDEND OPPORTUNITIES	80 ARKAY	SUITE 110	HAUPPAUGE	NY	11788	0.10%
EVENTIDE GILEAD FUND CLASS N	80 ARKAY	SUITE 110	HAUPPAUGE	NY	11788	0.40%
EVENTIDE HEALTH CARE AND LIFE SCI	80 ARKAY	SUITE 110	HAUPPAUGE	NY	11788	0.40%
EVENTIDE HEALTHCARE&LIFE SCIENCES A	80 ARKAY	SUITE 110	HAUPPAUGE	NY	11788	0.10%
EVENTIDE MULTI ASSET INC CL N	80 ARKAY	SUITE 110	HAUPPAUGE	NY	11788	0.40%
FAIRHOLME FUND	4400 BISCAYNE BOULEVARD		MIAMI	FL	33137	0.10%
FAM DIVIDEND FOCUS FUND	384 NORTH GRAND STREET		COBLESKILL	NY	12043	0.40%
FAM SMALL CAP VALUE	384 NORTH GRAND STREET		COBLESKILL	NY	12043	0.40%
FEDERATED GLOBAL TOTAL RETURN BOND	4000 ERICSSON DRIVE		WARRENDALE	PA	15086-7515	0.40%
FEDERATED HERMES TTL RETURN BOND CL IS	4000 ERICSSON DRIVE		WARRENDALE	PA	15086-7515	0.05%
FEDERATED HIGH YIELD TRUST SS	4000 ERICSSON DRIVE		WARRENDALE	PA	15086-7515	0.40%
FEDERATED KAUFMANN SM CAP FUND CL A	4000 ERICSSON DRIVE		WARRENDALE	PA	15086-7515	0.40%
FEDERATED MDT SM CAP CORE FD CL A	4000 ERICSSON DRIVE		WARRENDALE	PA	15086-7515	0.40%
FEDERATED PRUDENT BEAR FUND CLASS A	4000 ERICSSON DRIVE		WARRENDALE	PA	15086-7515	0.40%
FEDERATED STRAT VALUE DIVIDEND CL A	4000 ERICSSON DRIVE		WARRENDALE	PA	15086-7515	0.40%
FIRST EAGLE FUND OF AMERICA CL A	1345 AVENUE OF THE AMERICAS	48TH FLOOR	NEW YORK	NY	10105	0.40%
FIRST EAGLE GLOBAL CLASS A	1345 AVENUE OF THE AMERICAS	48TH FLOOR	NEW YORK	NY	10105	0.40%
FIRST EAGLE GLOBAL CLASS I	1345 AVENUE OF THE AMERICAS	48TH FLOOR	NEW YORK	NY	10105	0.15%
FIRST EAGLE GOLD CLASS A	1345 AVENUE OF THE AMERICAS	48TH FLOOR	NEW YORK	NY	10105	0.40%
FIRST EAGLE GOLD FUND CLASS C	1345 AVENUE OF THE AMERICAS	48TH FLOOR	NEW YORK	NY	10105	0.09%
FIRST EAGLE OVERSEAS CLASS A	1345 AVENUE OF THE AMERICAS	48TH FLOOR	NEW YORK	NY	10105	0.40%
FIRST EAGLE US VALUE CLASS A	1345 AVENUE OF THE AMERICAS	48TH FLOOR	NEW YORK	NY	10105	0.40%
FIRSTHAND ALTERNATIVE ENERGY	150 ALMADEN BLVD.	SUITE 1250	SAN JOSE	CA	95113	0.40%
FIRSTHAND TECHNOLOGY OPPS FUND	150 ALMADEN BLVD.	SUITE 1250	SAN JOSE	CA	95113	0.40%
FMI COMMON STOCK FUND	777 E. WISCONSIN AVE.	MK-WI-T4MF	MILWAUKEE	WI	53202	0.40%
FMI INTERNATIONAL	777 E. WISCONSIN AVE.	MK-WI-T4MF	MILWAUKEE	WI	53202	0.40%
FMI LARGE CAP FUND	777 E. WISCONSIN AVE.	MK-WI-T4MF	MILWAUKEE	WI	53202	0.40%
FORESTER VALUE FUND	612 PADDOCK		LIBERTYVILLE	IL	60048	0.40%
FPA CRESCENT FUND	11601 WILSHIRE BLVD.	SUITE 1200	LOS ANGELES	CA	90025	0.35%
FPA FLEXIBLE FIXED INCOME FUND	11601 WILSHIRE BLVD, SUITE 1200		LOS ANGELES	CA	90025	0.10%
FPA NEW INCOME	11601 WILSHIRE BLVD.	SUITE 1200	LOS ANGELES	CA	90025	0.08%
FRANKLIN BIOTECH DISCOVERY FUND A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	$16.00
FRANKLIN DYNATECH FUND A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	$16.00
FRANKLIN GOLD&PRECIOUS METALS CL A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	$16.00
FRANKLIN RISING DIVIDENDS CLASS A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	$16.00
FRANKLIN SMALL CAP VALUE CLASS A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	0.35%
FRANKLIN UTILITIES CL A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	0.35%
FULLER & THALER BEHV SM CAP EQ INST	411 BOREL AVENUE	SUITE 300	SAN MATEO	CA	94402	0.10%
FULLER & THALER BEHV SM CAP GR INV	411 BOREL AVENUE	SUITE 300	SAN MATEO	CA	94402	0.40%
GABELLI ASSET FUND AAA	401 THEODORE FREMD. AVE.		RYE	NY	10580	0.35%
GABELLI EQUITY INCOME FUND AAA	401 THEODORE FREMD. AVE.		RYE	NY	10580	0.35%
GABELLI GOLD FUND CL A	401 THEODORE FREMD. AVE.		RYE	NY	10580	0.10%
GABELLI GOLD FUND CLAAA	401 THEODORE FREMD. AVE.		RYE	NY	10580	0.40%
GABELLI SMALL CAP GROWTH AAA	401 THEODORE FREMD. AVE.		RYE	NY	10580	0.35%
GABELLI SRI FUND AAA	401 THEODORE FREMD. AVE.		RYE	NY	10580	0.40%
GABELLI UTILITIES	401 THEODORE FREMD. AVE.		RYE	NY	10580	0.35%
GEORGE PUTNAM BALANCED FUND CL A	ONE POST OFFICE SQUARE	MAILZONE G3C	BOSTON	MA	02109	0.40%
GLENMEDE LARGE CAP CORE	1650 MARKET ST.	SUITE 1200	PHILADELPHIA	PA	19103	0.40%
GLENMEDE LARGE CAP GROWTH	1650 MARKET ST.	SUITE 1200	PHILADELPHIA	PA	19103	0.40%
GLENMEDE LONG SHORT PORTFOLIO	1650 MARKET ST.	SUITE 1200	PHILADELPHIA	PA	19103	0.40%
GLENMEDE SECURED OPTIONS PORTFOLIO	1650 MARKET ST.	SUITE 1200	PHILADELPHIA	PA	19103	0.40%
GLENMEDE SMALL CAP EQUITY ADV CL	1650 MARKET ST.	SUITE 1200	PHILADELPHIA	PA	19103	0.40%
GOLD AND PRECIOUS METALS FUND	3 CANAL PLAZA	SUITE 600	PORTLAND	ME	04101	0.40%
GOLDMAN SACHS EMERGING MARKETS A	71 S. WACKER DR.	4TH FLOOR	CHICAGO	IL	60606	0.40%
GOLDMAN SACHS EMRG MKT DEBT FD CL A	71 S. WACKER DR.	4TH FLOOR	CHICAGO	IL	60606	0.40%
GOLDMAN SACHS GLOBALINCOME CLASS A	71 S. WACKER DR.	4TH FLOOR	CHICAGO	IL	60606	0.40%
GOLDMAN SACHS INTL SM CAP INSIGHTS	71 S. WACKER DR.	4TH FLOOR	CHICAGO	IL	60606	0.40%
GOLDMAN SACHS MID CAP VAL FD CL SVC	71 S. WACKER DR.	4TH FLOOR	CHICAGO	IL	60606	0.50%
GOLDMAN SACHS MLP ENERGY INFRA A	71 S. WACKER DR.	4TH FLOOR	CHICAGO	IL	60606	0.40%

Schedule C, Line 2(h) Formula Descriptions

Pfizer Savings Plan
EIN: 13-5315170, PN: 002
Plan Year Ending: December 31, 2021

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
GOLDMAN SACHS SM CAP VAL INSIGHTS A	71 S. WACKER DR.	4TH FLOOR	CHICAGO	IL	60606	0.40%
GOLDMAN SACHS TECH OPPORTUNITIES CL A	71 S. WACKER DR.	4TH FLOOR	CHICAGO	IL	60606	0.40%
GRANDEUR PEAK EMERG MRKTS OPP INSTL	1290 BROADWAY	SUITE 1100	DENVER	CO	80203	0.12%
GRANDEUR PEAK GLBL REACH FD INV	1290 BROADWAY	SUITE 1100	DENVER	CO	80203	0.40%
GRANDEUR PEAK GLOBAL STALWARTS INV	1290 BROADWAY	SUITE 1100	DENVER	CO	80203	0.40%
GREEN CENTURY BALANCED	114 STATE ST.	SUITE 200	BOSTON	MA	02111	0.40%
GREEN CENTURY MSCI INTL INDEX INV	114 STATE ST.	SUITE 200	BOSTON	MA	02111	0.40%
GUGGENHEIM RISK MANAGED REAL EST P	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
GUGGENHEIM TOTAL RETURN BD FD INSTL	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.15%
GUGGENHEIM TOTAL RETURN BOND A	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
GUGGENHEIM TOTAL RETURN BOND CL P	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
GUINESS ATKINSON RENMINBI YUAN & BD	2220 E. ROUTE 66	SUITE 226	GLENDORA	CA	91740	0.10%
GUINNESS ATKINSON ALT ENERGY	2220 E. ROUTE 66	SUITE 226	GLENDORA	CA	91740	0.40%
GUINNESS ATKINSON GLOBAL ENERGY	2220 E. ROUTE 66	SUITE 226	GLENDORA	CA	91740	0.40%
GUINNESS ATKINSON GLOBAL INNOVATORS	2220 E. ROUTE 66	SUITE 226	GLENDORA	CA	91740	0.40%
HARBOR CAP APP INST	111 S. WACKER DR.	34TH FLOOR	CHICAGO	IL	60606	0.15%
HARBOR CAP APP INV	111 S. WACKER DR.	34TH FLOOR	CHICAGO	IL	60606	0.35%
HARBOR HY BOND INV	111 S. WACKER DR.	34TH FLOOR	CHICAGO	IL	60606	0.35%
HARBOR INTL INST	111 S. WACKER DR.	34TH FLOOR	CHICAGO	IL	60606	0.10%
HARBOR MCV INST	111 S. WACKER DR.	34TH FLOOR	CHICAGO	IL	60606	0.10%
HARDING LOEVNER EMRG MRKTS PORT ADV	PO BOX 4766		CHICAGO	IL	60680	0.40%
HARDING LOEVNER FRNT EMER MKTS INV	PO BOX 4766		CHICAGO	IL	60680	0.40%
HARDING LOEVNER GLBL EQUITY ADV CL	PO BOX 4766		CHICAGO	IL	60680	0.40%
HARDING LOEVNER INTL SM CO PORT INV	PO BOX 4766		CHICAGO	IL	60680	0.40%
HARTFORD BALANCED INCOME FD CL A	100 MATSONFORD RD.	SUITE 300	RADNOR	PA	19087	0.35%
HARTFORD CLIMATE OPPORTUNITIES CL A	100 MATSONFORD RD.	SUITE 300	RADNOR	PA	19087	0.40%
HCM DIVIDEND SECTOR PLUS FUND INV	1145 HEMBREE ROAD		ROSWELL	GA	30076	0.40%
HCM TACTICAL GROWTH FUND INVESTOR	1145 HEMBREE ROAD		ROSWELL	GA	30076	0.40%
HEALTH CARE ULTRA SECTOR PRO FD	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
HEARTLAND VALUE	789 N. WATER STREET		MILWAUKEE	WI	53202	0.40%
HENNESSY BP ENERGY INVESTOR CL	7250 REDWOOD BLVD.	SUITE 200	NOVATO	CA	94945	0.40%
HENNESSY CORNERSTONE MID CAP 30 INV	7250 REDWOOD BLVD.	SUITE 200	NOVATO	CA	94945	0.40%
HENNESSY FOCUS FUND INVESTOR CLASS	7250 REDWOOD BLVD.	SUITE 200	NOVATO	CA	94945	0.40%
HENNESSY GAS UTILITY INVESTOR CL	7250 REDWOOD BLVD.	SUITE 200	NOVATO	CA	94945	0.40%
HENNESSY LARGE CAP FINANCIAL INV CL	7250 REDWOOD BLVD.	SUITE 200	NOVATO	CA	94945	0.40%
HENNESSY SMALL CAP FINANCIAL INV CL	7250 REDWOOD BLVD.	SUITE 200	NOVATO	CA	94945	0.40%
HIGHLAND LONG SHORT HEALTH FD CL A	200 CRESCENT COURT	SUITE 700	DALLAS	TX	75201	0.10%
HODGES BLUE CHIP EQUITY INC RETAIL	2905 MAPLE AVENUE		DALLAS	TX	75201	0.40%
HODGES FUND	2905 MAPLE AVENUE		DALLAS	TX	75201	0.40%
HODGES SMALL CAP FUND RETAIL	2905 MAPLE AVENUE		DALLAS	TX	75201	0.40%
HOMESTEAD SMALL COMPANY STOCK FD	4301 WILSON BLVD		ARLINGTON	VA	22203	0.12%
HOTCHKIS & WILEY VALUE OPP CLASS A	725 SOUTH FIGUEROA STREET	39TH FLOOR	LOS ANGELES	CA	90017	0.40%
HUSSMAN STRATEGIC TOTAL RETURN	225 PICTORIA DRIVE	SUITE 450	CINCINNATI	OH	45246	$12.00
ICON NATURAL RES AND INFRA FUND INSTL	PO BOX 87		DENVER	CO	80201-0087	0.15%
IMAN FUND RETAIL SHARES	721 ENTERPRISE DRIVE		OAKBROOK	IL	60523	0.40%
INTERNET ULTRASECTORPRO FD INVESTOR	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
INTREPID CAPITAL FUND INV CLASS	1400 MARSH LANDING PKWY.	SUITE 106	JACKSONVILLE BEACH	FL	32250	0.40%
INVENOMIC INVESTOR CLASS	211 CONGRESS STREET	7TH FLOOR	BOSTON	MA	02110	0.40%
INVESCO ASIA PACIFIC GROWTH CLASS A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO BALANCED RISK COMM STRAT A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO DIVERSIFIED DIVIDEND INV CL	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO ENERGY CLASSA	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO ENERGY INVESTOR CLASS	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO FLOATING RATE ESG CL Y	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.10%
INVESCO GLOBAL FOCUS A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO GREATER CHINA CLASS A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO HEALTH CARE INVESTOR CL	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO OPPENHEIMER DEV MARKETS A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO OPPENHEIMER GLOBAL OPPORT A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO OPPENHEIMER GOLD & SPEC A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO OPPENHEIMER INTL DIV A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO OPPENHEIMER INTL SM MD CO A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO OPPENHEIMER STEELPATH MLP	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO OPPENHEIMER STEELPATH SLCT	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.15%
ISHARES MSCI EAFE INTL IDX CL A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.30%
ISHARES RUSSELL MID CAP IDX INVESTOR A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.30%
ISHARES RUSSELL2000 SM CAP INV A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.30%
ISHARES S&P 500 INDEX INVESTOR A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.30%
IVY EMERGING MARKETSEQUITY CL A	6300 LAMAR AVE.		OVERLAND PARK	KS	66202	0.40%
IVY HIGH INCOME CL A	6300 LAMAR AVE.		OVERLAND PARK	KS	66202	0.40%
IVY SCIENCE & TECHNOLOGY CL A	6300 LAMAR AVE.		OVERLAND PARK	KS	66202	0.40%
JACKSON SQUARE SMID CAP GR FD INV	101 CALIFORNIA ST.	SUITE 3750	SAN FRANCISCO	CA	94109	0.40%
JACOB INTERNET	727 2ND STREET	SUITE 106	HERMOSA BEACH	CA	90254	0.40%
JACOB MICRO CAP GROWTH INV CL	727 2ND STREET	SUITE 106	HERMOSA BEACH	CA	90254	0.40%
JAMES BALANCED GOLDEN RAINBOW FUND	1290 BROADWAY	SUITE 1100	DENVER	CO	80203	0.40%
JANUS HENDERSON BALANCED I	151 DETROIT ST.		DENVER	CO	80206	$14.00
JANUS HENDERSON BALANCED T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON CONTRARIAN I	151 DETROIT ST.		DENVER	CO	80206	$14.00
JANUS HENDERSON CONTRARIAN T	151 DETROIT ST.		DENVER	CO	80206	0.35%

Schedule C, Line 2(h) Formula Descriptions

Pfizer Savings Plan
EIN: 13-5315170, PN: 002
Plan Year Ending: December 31, 2021

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
JANUS HENDERSON DEVELOPED WORLD BD A	151 DETROIT ST.		DENVER	CO	80206	$14.00
JANUS HENDERSON ENTERPRISE T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON EUROPEAN FOCUS CL T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON GL LIFE SCIENCES T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON GL REAL ESTATE T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON GLOBAL SELECT T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON GLOBAL TECHNOLOGY T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON GROWTH & INCOME T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON HIGH YIELD T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON MID CAP VALUE T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON MULTISECTOR INC T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON OVERSEAS T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON RESEARCH T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON SHORT-TERM BOND T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON SMALL CAP VALUE T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON TRITON T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON US MANAGED VOL T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON VENTURE T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JENSEN QUALITY GROWTH FD CL J	811 E. WISCONSIN AVE.	8TH FLOOR	MILWAUKEE	WI	53202	0.40%
JENSEN QUALITY GROWTH FD CL R	811 E. WISCONSIN AVE.	8TH FLOOR	MILWAUKEE	WI	53202	0.06%
JENSEN QUALITY VALUE FUND CLASS J	811 E. WISCONSIN AVE.	8TH FLOOR	MILWAUKEE	WI	53202	0.40%
JOHN HANCOCK DISCIPLINED VALUE A	601 CONGRESS ST.	9TH FLOOR	BOSTON	MA	02210	0.40%
JOHN HANCOCK INTL GROWTH CL A	601 CONGRESS ST.	9TH FLOOR	BOSTON	MA	02210	0.40%
JOHN HANCOCK REAL ESTATE SECURITIES	601 CONGRESS ST.	9TH FLOOR	BOSTON	MA	02210	0.40%
JOHN HANCOCK REGIONAL BANK CL A	601 CONGRESS ST.	9TH FLOOR	BOSTON	MA	02210	0.40%
JOHN HANCOCK REGIONAL BANK CL I	601 CONGRESS ST.	9TH FLOOR	BOSTON	MA	02210	0.10%
JP MORGAN HEDGED EQUITY 3 FD I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.08%
JP MORGAN INTL HEDGED EQUITY CL A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JP MORGAN MID CAP VALUE FUND CL I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN DIVERS MID CAP GR CLASS I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.15%
JPMORGAN EQUITY INCOME CLASS I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.15%
JPMORGAN EQUITY INCOME FUND CL A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN GRWTH ADV FUND CLASS I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.15%
JPMORGAN HEDGED EQUITY CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN LARGE CAP GROWTH CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN LARGE CAP GROWTH CLASS I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.15%
JPMORGAN MID CAP GROWTH FUDN CL A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN MRKT EXP ENHANCED IDX CL A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.35%
JPMORGAN SMALL CAP EQUITY CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN SMALL CAP GROWTH CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN VALUE ADV FD CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
KINETICS MARKET OPPORTUNITIES FD	470 PARK AVENUE SOUTH		NEW YORK	NY	10016	0.40%
KINETICS PARADIGM FUND	470 PARK AVENUE SOUTH		NEW YORK	NY	10016	0.40%
KINETICS SMALL CAP OPPORTUNITIES	470 PARK AVENUE SOUTH		NEW YORK	NY	10016	0.40%
KL ALLOCATION FUND INSTITUTIONAL CL	370 17TH STREET	SUITE 4930	DENVER	CO	80202	0.12%
KOPERNIK GLOBAL ALL CAP FUND CL A	ONE FREEDOM VALLEY DRIVE		OAKS	PA	19456	0.08%
LAZARD GLOBAL LISTED INFRASTRUCT	30 ROCKEFELLER PLAZA	57TH FLOOR	NEW YORK	NY	10112	0.10%
LAZARD GLOBAL LISTED INFRASTRUCTURE	30 ROCKEFELLER PLAZA	57TH FLOOR	NEW YORK	NY	10112	0.40%
LAZARD INTL STRAT EQ PORT OPEN CL	30 ROCKEFELLER PLAZA	57TH FLOOR	NEW YORK	NY	10112	0.40%
LAZARD US CORPORATE INCOME PORT	30 ROCKEFELLER PLAZA	57TH FLOOR	NEW YORK	NY	10112	0.05%
LEUTHOLD GRIZZLY SHORT FUND	33 SOUTH SIXTH ST.	SUITE 4600	MINNEAPOLIS	MN	55402	0.40%
LITMAN GREGORY MSTRSALT STRAT INVST	1290 BROADWAY	SUITE 1100	DENVER	CO	80203	0.40%
LOOMIS SAYLES BOND RETAIL SHARES	399 BOYLSTON STREET	8TH FLOOR	BOSTON	MA	02116	0.35%
LOOMIS SAYLES GLOBAL ALLOC CLASS A	399 BOYLSTON STREET	8TH FLOOR	BOSTON	MA	02116	0.40%
LOOMIS SAYLES GLOBAL BOND RETAIL	399 BOYLSTON STREET	8TH FLOOR	BOSTON	MA	02116	0.35%
LOOMIS SAYLES INVST GRADE BOND CL Y	399 BOYLSTON STREET	8TH FLOOR	BOSTON	MA	02116	0.15%
LORD ABBETT BOND DEBENTURE CLASS A	90 HUDSON STREET	10TH FLOOR	JERSEY CITY	NJ	07302	0.37%
LORD ABBETT CONVERTIBLE FD CL A	90 HUDSON STREET	10TH FLOOR	JERSEY CITY	NJ	07302	0.37%
LORD ABBETT DEVELOP GROWTH CLASS A	90 HUDSON STREET	10TH FLOOR	JERSEY CITY	NJ	07302	0.45%
LORD ABBETT FLOATING RATE FD CL A	90 HUDSON STREET	10TH FLOOR	JERSEY CITY	NJ	07302	0.37%
LORD ABBETT GROWTH LEAD FUND CL A	90 HUDSON STREET	10TH FLOOR	JERSEY CITY	NJ	07302	0.45%
LORD ABBETT HIGH YIELD CLASS A	90 HUDSON STREET	10TH FLOOR	JERSEY CITY	NJ	07302	0.37%
LORD ABBETT MICRO CAP GROWTH FUND A	90 HUDSON STREET	10TH FLOOR	JERSEY CITY	NJ	07302	0.45%
LORD ABBETT SHORT DURATION INC CL A	90 HUDSON STREET	10TH FLOOR	JERSEY CITY	NJ	07302	0.37%
LORD ABBETT ULTRA SHORT BOND FD	90 HUDSON STREET	10TH FLOOR	JERSEY CITY	NJ	07302	0.37%
MAINSTAY CBRE REAL ESTATE A	30 HUDSON STREET	23RD FLOOR	ARLINGTON	NJ	07032	0.40%
MAINSTAY EPOCH INTL CHOICE CL I	30 HUDSON STREET	23RD FLOOR	ARLINGTON	NJ	07032	0.35%
MANNING & NAPIER HIGH YIELD BD	290 WOODCLIFF DR.		FAIRPORT	NY	14450	0.40%
MANNING & NAPIER PRO BLEND CON CL S	290 WOODCLIFF DR.		FAIRPORT	NY	14450	0.40%
MANNING & NAPIER REAL ESTATE SRS S	290 WOODCLIFF DR.		FAIRPORT	NY	14450	0.40%
MARSICO 21ST CENTURYFUND	235 WEST GALENA STREET		MILWAUKEE	WI	53212	0.40%
MARSICO GLOBAL FUND	235 WEST GALENA STREET		MILWAUKEE	WI	53212	0.40%
MATTHEW 25	PO BOX 2479		JENKINTOWN	PA	19046	0.40%
MATTHEW ASIA CREDIT OPPORT CL INV	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS ASIA DIVIDEND FUND	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS ASIA GROWTH FUND INV	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS ASIAN GROWTH & INCOME FUND	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS ASIAN INNOVATORS FD INVST	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS CHINA DIV FUND INV CLASS	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%

Schedule C, Line 2(h) Formula Descriptions

Pfizer Savings Plan
EIN: 13-5315170, PN: 002
Plan Year Ending: December 31, 2021

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
MATTHEWS CHINA FUND	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS CHINA SMALL COMPANIES INV	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS INDIA FUND	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS JAPAN FUND	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS KOREA FUND	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS PACIFIC TIGER FUND	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MERGER FUND	100 SUMMIT LAKE DRIVE	#201	VALHALLA	NY	10595	0.40%
METROPOLITAN WEST HY BOND CL M	865 SOUTH FIGUEROA STREET	#1400	LOS ANGELES	CA	90017	0.40%
METROPOLITAN WEST LOW DURATION M	865 SOUTH FIGUEROA STREET	#1400	LOS ANGELES	CA	90017	0.35%
METROPOLITAN WEST TOT RET BOND CL M	865 SOUTH FIGUEROA STREET	#1400	LOS ANGELES	CA	90017	0.35%
METROPOLITAN WEST TOTAL RET CLASS I	865 SOUTH FIGUEROA STREET	#1400	LOS ANGELES	CA	90017	0.10%
METWEST UNCONSTRAINED BOND M	865 SOUTH FIGUEROA STREET	#1400	LOS ANGELES	CA	90017	0.40%
MFS GROWTH FUND CLASS A	111 HUNTINGTON AVE.		BOSTON	MA	02199-7632	0.40%
MFS INTERNATIONAL DIVERS FD A	111 HUNTINGTON AVE.		BOSTON	MA	02199-7632	0.40%
MFS MID CAP GROWTH CLASS A	111 HUNTINGTON AVE.		BOSTON	MA	02199-7632	0.40%
MFS MID CAP VALUE CLASS A	111 HUNTINGTON AVE.		BOSTON	MA	02199-7632	0.40%
MFS NEW DISCOVERY CLASS A	111 HUNTINGTON AVE.		BOSTON	MA	02199-7632	0.40%
MFS RESEARCH INTL CLASS A	111 HUNTINGTON AVE.		BOSTON	MA	02199-7632	0.40%
MFS STRATEGIC INCOMECLASS A	111 HUNTINGTON AVE.		BOSTON	MA	02199-7632	0.40%
MFS VALUE CLASS A	111 HUNTINGTON AVE.		BOSTON	MA	02199-7632	0.40%
MID CAP VALUE PRO FUND INVESTOR	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
MILLER INCOME FUND CL I	100 SALEM STREET		SMITHFIELD	RI	02917	0.12%
MORGAN STA INST INC SM CO GROWTH I	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.15%
MORGAN STAN CORE PLUS FIXED INC A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STAN INST INC INCEPTION CL A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY EUROPEAN OPPORT CL A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY EUROPEAN OPPORT CL I	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.10%
MORGAN STANLEY GLOBAL ADVANTAGE A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY GLOBAL OPPORTUNITY A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY GLOBAL OPPORTUNITY I	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.15%
MORGAN STANLEY GROWTH PORTFOLIO A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY GROWTH PORTFOLIO I	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.15%
MORGAN STANLEY INSTL INTL OPP CL A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY INTL ADVANTAGE CL A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY INTL ADVANTAGE CL I	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.15%
MORGAN STANLEY MID CAP GRWTH CL I	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.15%
MORGAN STANLEY MIDCAP GROWTH CL A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY MULTI CAP GR TRUST I	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.15%
MORGAN STANLEY MULTICAP GROWTH TR	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MSIF ASIA OPPORTUNITY CL A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MSIF US CORE CL A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
NEEDHAM AGGRESSIVE GROWTH	445 PARK AVE.	15TH FLOOR	NEW YORK	NY	10022	0.40%
NEEDHAM AGGRESSIVE GROWTH FUND CL I	445 PARK AVE.	15TH FLOOR	NEW YORK	NY	10022	$16.00
NEEDHAM GROWTH FUND	445 PARK AVE.	15TH FLOOR	NEW YORK	NY	10022	0.40%
NEEDHAM SMALL CAP GROWTH	445 PARK AVE.	15TH FLOOR	NEW YORK	NY	10022	0.40%
NEUBERGER BERMAN MIDCAP INTRNSC VAL	1290 AVENUE OF THE AMERICAS	22ND FLOOR	NEW YORK	NY	10104-0002	0.40%
NEUBERGER BERMAN REAL ESTATE TRUST	1290 AVENUE OF THE AMERICAS	22ND FLOOR	NEW YORK	NY	10104-0002	0.40%
NEUBERGER BERMAN STRATEGIC INC TR	1290 AVENUE OF THE AMERICAS	22ND FLOOR	NEW YORK	NY	10104-002	0.40%
NEW ALTERNATIVES FD	150 BROADHOLLOW ROAD		MELVILLE	NY	11747	$12.00
NORTH SQUARE TACTICAL GROWTH CL I	10 SOUTH LASALLE STREET	SUITE 1925	CHICAGO	IL	60603	0.40%
NORTHEAST INVESTORS TRUST	125 HIGH STREET	SUITE 1802	BOSTON	MA	02110	0.12%
NORTHERN INTL EQUITY FUND	801 SOUTH CANAL	C-5S	CHICAGO	IL	60675	0.40%
NORTHERN LARGE CAP CORE FUND	801 SOUTH CANAL	C-5S	CHICAGO	IL	60675	0.10%
NORTHERN MULTI MAN GLOBAL RE	801 SOUTH CANAL	C-5S	CHICAGO	IL	60675	0.40%
NORTHERN SMALL CAP VALUE	801 SOUTH CANAL	C-5S	CHICAGO	IL	60675	0.40%
NUANCE MID CAP VALUEFUND INSTL	4900 MAIN STREET	SUITE 220	KANSAS CITY	MO	64112	0.10%
NUVEEN PREFERRED SECS AND INC CL A	333 W. WACKER DR.		CHICAGO	IL	60606	0.40%
NUVEEN PREFERRED SECS AND INC CL I	333 W. WACKER DR.		CHICAGO	IL	60606	0.07%
NUVEEN SANTA BARBARA DIV GRWTH CL A	333 W. WACKER DR.		CHICAGO	IL	60606	0.40%
OAKMARK EQUITY & INCOME INVESTOR CL	111 S. WACKER DR.		CHICAGO	IL	60606	0.35%
OAKMARK FUND INVESTOR CLASS	111 S. WACKER DR.		CHICAGO	IL	60606	0.35%
OAKMARK GLOBAL FUND INVESTOR CLASS	111 S. WACKER DR.		CHICAGO	IL	60606	0.35%
OAKMARK GLOBAL SELECT FD INVESTOR	111 S. WACKER DR.		CHICAGO	IL	60606	0.35%
OAKMARK INTERNATL SMALL CAP INV	111 S. WACKER DR.		CHICAGO	IL	60606	0.35%
OAKMARK INTL INVESTOR CL	111 S. WACKER DR.		CHICAGO	IL	60606	0.35%
OAKMARK SELECT INVESTOR CL	111 S. WACKER DR.		CHICAGO	IL	60606	0.35%
OBERWEIS GLOBAL OPPORTUNITIES INV	3333 WARRENVILLE ROAD	SUITE 500	LISLE	IL	60532	0.40%
OBERWEIS INTL OPPORTUNITIES FUND	3333 WARRENVILLE ROAD	SUITE 500	LISLE	IL	60532	0.40%
OBERWEIS MICRO CAP FUND	3333 WARRENVILLE ROAD	SUITE 500	LISLE	IL	60532	0.40%
OBERWEIS SMALL-CAP OPPORTUNITIES	3333 WARRENVILLE ROAD	SUITE 500	LISLE	IL	60532	0.40%
OCM GOLD FUND ADVISOR CLASS SHARES	235 WEST GALENA STREET		MILWAUKEE	WI	53212	0.40%
OIL & GAS ULTRA SECTPRO FDS INV	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
OIL EQUIPMENT & SVC ULTRA PROFD INV	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
PARADIGM MICRO CAP FUND	9 ELK STREET		ALBANY	NY	12207	0.40%
PARAMETRIC COMMODITY STRA INST CL	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	$16.00
PARAMETRIC COMMODITY STRAT INV CL	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	0.40%
PARNASSUS CORE EQUITY INSTL	ONE MARKET STREET	STEUART TOWER, SUITE 1600	SAN FRANCISCO	CA	94105	0.10%
PARNASSUS CORE EQUITY INVESTOR	ONE MARKET STREET	STEUART TOWER, SUITE 1600	SAN FRANCISCO	CA	94105	0.40%
PARNASSUS ENDEAVOR FUND	ONE MARKET STREET	STEUART TOWER, SUITE 1600	SAN FRANCISCO	CA	94105	0.40%

Schedule C, Line 2(h) Formula Descriptions

Pfizer Savings Plan
EIN: 13-5315170, PN: 002
Plan Year Ending: December 31, 2021

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
PARNASSUS ENDEAVOR INSTITUTIONAL FD	ONE MARKET STREET	STEUART TOWER, SUITE 1600	SAN FRANCISCO	CA	94105	0.10%
PARNASSUS FUND	ONE MARKET STREET	STEUART TOWER, SUITE 1600	SAN FRANCISCO	CA	94105	0.40%
PARNASSUS MID CAP	ONE MARKET STREET	STEUART TOWER, SUITE 1600	SAN FRANCISCO	CA	94105	0.40%
PARNASSUS MID CAP FD INSTITUTIONAL	ONE MARKET STREET	STEUART TOWER, SUITE 1600	SAN FRANCISCO	CA	94105	0.10%
PEAR TREE POLARIS FRGN VAL SM CAP	55 OLD BEDFORD ROAD		LINCOLN	MA	01773	0.40%
PEAR TREE POLARIS FRGN VALUE ORD	55 OLD BEDFORD ROAD		LINCOLN	MA	01773	0.40%
PERFORMANCE TRUST STRATEGIC BOND FD	500 WEST MADISON	SUITE 470	CHICAGO	IL	60661	0.40%
PERKINS DISCOVERY	8730 STONY POINT PARKWAY	SUITE 205	RICHMOND	VA	23235	0.08%
PERMANENT AGGRESSIVE GROWTH PORT	600 MONTGOMERY ST.	SUITE 4100	SAN FRANCISCO	CA	94111-2702	0.40%
PERMANENT PORTFOLIO	600 MONTGOMERY ST.	SUITE 4100	SAN FRANCISCO	CA	94111-2702	0.38%
PERMANENT VERSATILE BOND PORTFOLIO	600 MONTGOMERY ST.	SUITE 4100	SAN FRANCISCO	CA	94111-2702	0.40%
PFG AMERICAN FDS CONS INC STRT CL R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG AMERICAN FUNDS GROWTH STRT CL R	777 108TH AVE. NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PGIM GLOBAL REAL ESTATE CL Z	655 BROAD STREET		NEWARK	NJ	07102	0.10%
PGIM HIGH YIELD CL A	655 BROAD STREET		NEWARK	NJ	07102	0.40%
PGIM HIGH YIELD CL Z	655 BROAD STREET		NEWARK	NJ	07102	0.15%
PGIM JEN INTL OPPORTUNITIES CL Z	655 BROAD STREET		NEWARK	NJ	07102	0.10%
PGIM TOTAL RETURN BOND CL A	655 BROAD STREET		NEWARK	NJ	07102	0.40%
PGIM TOTAL RETURN BOND CL C	655 BROAD STREET		NEWARK	NJ	07102	0.10%
PGIM TOTAL RETURN BOND CL Z	655 BROAD STREET		NEWARK	NJ	07102	0.15%
PHAEACIAN ACCENT INTL VALUE INV	801 S. CANAL STREET		CHICAGO	IL	60603	0.15%
PIMCO ALL ASSET FUND CLASS A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO COMMODITY REAL RETURN STRAT A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO CREDIT OPPOR BOND FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO EMERGING LOCAL BOND FUND CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO EMERGING MARKETS BOND FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO INCOME CL I3	1633 BROADWAY		NEW YORK	NY	10019	0.15%
PIMCO INCOME FUND CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO INTL BD FD US DOLLAR HEDGED	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO INTL BD US DOLLAR HEDGED I-3	1633 BROADWAY		NEW YORK	NY	10019	0.15%
PIMCO INTL BOND FUND UNHEDGED A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO INVMT GR CREDIT BD FD ADMIN	1633 BROADWAY		NEW YORK	NY	10019	0.25%
PIMCO INVST GR CREDIT BOND FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO LOW DURATION CLASS A	1633 BROADWAY		NEW YORK	NY	10019	0.38%
PIMCO PREFERRED&CAPITAL SECS CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO RAE PLUS FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO RAE PLUS INTL FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO RAE WORLDWIDE LONG SHORT	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO REAL ESTATE REAL RTRN STRAT A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO REAL RETURN CLASS A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO STOCKSPLUS SHORT FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO STOCKSPLUS SMALL FD I3	1633 BROADWAY		NEW YORK	NY	10019	0.10%
PIMCO STOCKSPLUS SMALL FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO TOTAL RETURN CLASS A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIN OAK EQUITY FUND	225 PICTORIA DRIVE	SUITE 450	CINCINNATI	OH	45246	0.40%
PIONEER FUNDAMENTAL GROWTH FD CL A	60 STATE STREET	17TH FLOOR	BOSTON	MA	02109	0.40%
PIONEER MULTI-ASSET INCOME CLASS A	60 STATE STREET	17TH FLOOR	BOSTON	MA	02109	0.40%
POLEN GLOBAL GROWTH FUND RETAIL SHS	1825 NW CORPORATE BLVD.	SUITE 300	BOCA RATON	FL	33431	0.40%
POLEN GROWTH FUND INST'L SHARES	1825 NW CORPORATE BLVD.	SUITE 300	BOCA RATON	FL	33431	0.12%
POLEN GROWTH FUND RETAIL SHARES	1825 NW CORPORATE BLVD.	SUITE 300	BOCA RATON	FL	33431	0.40%
PRAXIS SMALL CAP INDEX FUND CL I	1110 N. MAIN STREET		GOSHEN	IN	46527	0.10%
PRECIOUS METALS ULTRA SEC PRO INVST	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
PRIMECAP ODYSSEY AGGR GROWTH FD	2020 E. FINANCIAL WAY	SUITE 100	GLENDORA	CA	91741	0.10%
PRIMECAP ODYSSEY GROWTH FUND	2020 E. FINANCIAL WAY	SUITE 100	GLENDORA	CA	91741	0.10%
PRIMECAP ODYSSEY STOCK FUND	2020 E. FINANCIAL WAY	SUITE 100	GLENDORA	CA	91741	0.10%
PRINCIPAL BLUE CHIP FUND CL A	620 COOLIDGE DRIVE	SUITE 300	FOLSOM	CA	95630	0.40%
PRINCIPAL GLOBAL DIVERSINCOME A	620 COOLIDGE DRIVE	SUITE 300	FOLSOM	CA	95630	0.40%
PRINCIPAL GLOBAL REAL ESTATE CL A	620 COOLIDGE DRIVE	SUITE 300	FOLSOM	CA	95630	0.40%
PRINCIPAL PREF SECURITIES FD CL A	620 COOLIDGE DRIVE	SUITE 300	FOLSOM	CA	95630	0.40%
PUTNAM EQUITY INCOME CLASS A	ONE POST OFFICE SQUARE	MAILZONE G3C	BOSTON	MA	02109	0.40%
PUTNAM GLOBAL EQUITYCLASS A	ONE POST OFFICE SQUARE	MAILZONE G3C	BOSTON	MA	02109	0.40%
PUTNAM GLOBAL INDUSTRIALS FD A	ONE POST OFFICE SQUARE	MAILZONE G3C	BOSTON	MA	02109	0.40%
PUTNAM GLOBAL TECHNOLOGY FUND CL A	ONE POST OFFICE SQUARE	MAILZONE G3C	BOSTON	MA	02109	0.40%
PUTNAM GROWTH OPPORTUNITIES CL A	ONE POST OFFICE SQUARE	MAILZONE G3C	BOSTON	MA	02109	0.40%
PUTNAM MORTGAGE SECURITIES CLASS A	ONE POST OFFICE SQUARE	MAILZONE G3C	BOSTON	MA	02109	0.40%
PUTNAM MULTICAP CORE FUND CL A	ONE POST OFFICE SQUARE	MAILZONE G3C	BOSTON	MA	02109	0.40%
QUEENS ROAD SMALL CAP VALUE FUND	1031 SOUTH CALDWELL ST.	SUITE 200	CHARLOTTE	NC	28203	0.40%
RED OAK TECHNOLOGY SELECT	225 PICTORIA DRIVE	SUITE 450	CINCINNATI	OH	45246	0.40%
REYNOLDS BLUE CHIP GROWTH	777 E. WISCONSIN AVE.		MILWAUKEE	WI	53202	0.40%
RISING RATES OPPTY PRO FUND INV	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
RIVERNORTH DOUBLE LINE STRAT INC I	325 NORTH LASALLE ST.	SUITE 645	CHICAGO	IL	60654	0.15%
RIVERNORTH DOUBLE LINE STRAT INC R	325 NORTH LASALLE ST.	SUITE 645	CHICAGO	IL	60654	0.40%
RIVERPARK LARGE GROWTH RETAIL	ONE FREEDOM VALLEY DRIVE		OAKS	PA	19456	0.40%
RIVERPARK LONG SHORT OPP RET	ONE FREEDOM VALLEY DRIVE		OAKS	PA	19456	0.40%
RIVERPARK STRATEGIC INCOME FUND	ONE FREEDOM VALLEY DRIVE		OAKS	PA	19456	0.40%
RMB MENDON FIN SERVICES CL I	1251 AVENUE OF THE AMERICAS	8TH FLOOR, SUITE A	NEW YORK	NY	10020	0.10%
RONDURE NEW WORLD FUND INVESTORS	1290 BROADWAY	SUITE 1100	DENVER	CO	80203	0.40%
ROYCE INTERNATIONAL PREMIER SVC CL	745 FIFTH AVENUE	SUITE 2400	NEW YORK	NY	10151	0.40%
ROYCE SMALL CAP VALUE SERVICE CL	745 FIFTH AVENUE	SUITE 2400	NEW YORK	NY	10151	0.40%

Schedule C, Line 2(h) Formula Descriptions

Pfizer Savings Plan
EIN: 13-5315170, PN: 002
Plan Year Ending: December 31, 2021

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
ROYCE SPECIAL EQUITYINVESTMENT CL	745 FIFTH AVENUE	SUITE 2400	NEW YORK	NY	10151	0.15%
ROYCE TOTAL RETURN FD SVCS CL SH	745 FIFTH AVENUE	SUITE 2400	NEW YORK	NY	10151	0.40%
RYDEX BASIC MATERIALS INV CLASS	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX BIOTECHNOLOGY FD CL A	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX BIOTECHNOLOGY INV CLASS	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX CONSUMER PRODUCTS INVESTOR CL	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX DOW 2X STRATEGY CL A	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX ENERGY INVESTOR CLASS	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX FINANCIAL SERVICES INV CL	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX GOVT LONG BOND1.2X STRATEGY INV CL	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX INVERSE GOV LONG BD STRAT INV	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX INVERSE NASDAQ 100 2X CL A	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX INVERSE NASDAQ 1002X CL H	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX INVERSE S&P 500 2X STRAT CL H	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX INVERSE S&P 500 STRAT CLASS H	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX INVERSE S&P 500 STRAT INV CL	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX MONTHLY REBAL NASDAQ 1002X	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX NASDAQ 100 2X STRATEGY CL A	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX NASDAQ 100 2X STRATEGY CL H	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX NASDAQ 100 FUND CLASS H	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX NASDAQ 100 INV CLASS	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX PRECIOUS METALS INVESTOR CL	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX RUSSELL2000 1.5X STRAT CL H	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX S&P 500 2X STRATEGY CL A	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX S&P MIDCAP 400PURE GROWTH CLASS A	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX S&P MIDCAP 400PURE GROWTH CLASS H	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX TRANSPORTATION INVESTOR CLASS	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX TRANSPORTATIONFD CL A	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
SEAFARER OVERSEAS GROWTH&INC INSTL	1290 BROADWAY	SUITE 1100	DENVER	CO	80203	0.10%
SEGALL BRYANT HAMILL PLUS BOND FD	370 17TH STREET	SUITE 4930	DENVER	CO	80202	0.30%
SEGALL BRYANT HAMILL SM CAP GR INST	370 17TH STREET	SUITE 4930	DENVER	CO	80202	0.12%
SEMICONDUCTOR ULTRA SECTOR PRO FD	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
SEMPER MBS TOTAL RETURN INSTL	52 VANDERBILT AVE.	SUITE 401	NEW YORK	NY	10017	0.10%
SEMPER MBS TOTAL RETURN INVESTOR	52 VANDERBILT AVE.	SUITE 401	NEW YORK	NY	10017	0.40%
SEQUOIA FD INC	9 WEST 57TH STREET	SUITE 5000	NEW YORK	NY	10019	0.10%
SHELTON GREEN ALPHA FUND S CLASS	1050 17TH STREET		DENVER	CO	80265	0.40%
SHELTON NASDAQ 100 INDEX	1050 17TH STREET		DENVER	CO	80265	0.12%
SIT BALANCED FUND	80 SOUTH 8TH STREET		MINNEAPOLIS	MN	55402	0.40%
SMI DYNAMIC ALLOCATION FUND	9700 PARK PLAZA AVE.	#203	LOUISVILLE	KY	40241-2287	0.10%
SPROTT GOLD EQUITY FUND INSTL	200 BAY STREET	SUITE 2600	TORONTO	CA	M5J 2J1	0.12%
SPROTT GOLD EQUITY FUND INVESTOR	200 BAY STREET	SUITE 2600	TORONTO	CA	M5J 2J1	0.40%
SPYGLASS GROWTH FUND INSTL	ONE LETTERMAN DRIVE		SAN FRANCISCO	CA	94129	0.10%
STATE STREET SM-MID CAP EQ INDEX	ONE LINCOLN ST.		BOSTON	MA	02111-2900	0.40%
T ROWE PRICE BLUE CHIP GROWTH INC	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE CAP APPRECIATION	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE CAP OPPORTUNITY	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE COMM & TECH INVESTOR	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE DIVERSD MID CAP GROWTH	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE DIVIDEND GROWTH	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE EMERG MARKETS BOND FD	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE EMERG MKTS DIS STK INV	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE EMERGING MKTS STOCK	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE EMG MRKTS CORP BD INV	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE EQUITY INCOME	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE EQUITY INDEX 500 FUND	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE EUROPEAN STOCK	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE EXTEND EQ MKT IDX FUND	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE FINANCIAL SERVICES	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE FLOATING RATE INVEST	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLBL ALLOCATION INV	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLBL MULTISECTOR BD FD	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLOBAL CONSUMER FD INV	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLOBAL INDUSTRIALS INV	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLOBAL LG CAP ST FUND	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLOBAL REAL ESTATE FD	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLOBAL STOCK	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLOBAL TECHNOLOGY	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GROWTH STOCK	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE HEALTH SCIENCES	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE INFLATION PROT BD FD	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE INTL VALUE EQUITY FD	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE LATIN AMERICA FUND	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE NEW AMERICA GROWTH	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE NEW ERA	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE OVERSEAS STOCK FUND	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE QM US SML CAP GRWTH EQ	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE REAL ESTATE FUND	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE RET 2030 FD	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE RET 2040 FD	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%

Schedule C, Line 2(h) Formula Descriptions

Pfizer Savings Plan
EIN: 13-5315170, PN: 002
Plan Year Ending: December 31, 2021

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
T ROWE PRICE RETIREMENT 2025 FD	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE RETIREMENT 2045 FD	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE SCIENCE& TECHNOLOGY	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE SMALL CAP VALUE FUND	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE SPECTRUM INTERNAT'L	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE ULTRA SHORT TERM BD	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE US TREA INTER IND IN	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE US TREASURY LONG TERM	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE VALUE	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T.ROWE PRICE INTRNL DISCIP EQ INV	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
TCW ARTIFICIAL INTELLIGENCE EQ I	865 SOUTH FIGUEROA STREET	22ND FLOOR	LOS ANGELES	CA	90017	0.10%
TCW ARTIFICIAL INTELLIGENCE EQ N	865 SOUTH FIGUEROA STREET	22ND FLOOR	LOS ANGELES	CA	90017	0.40%
TCW CORE FIXED INCOME CLASS N	865 SOUTH FIGUEROA STREET	22ND FLOOR	LOS ANGELES	CA	90017	0.35%
TCW EMERGING MARKETS INCOME CL N	865 SOUTH FIGUEROA STREET	22ND FLOOR	LOS ANGELES	CA	90017	0.40%
TCW HIGH YIELD BOND CLASS I	865 SOUTH FIGUEROA STREET	22ND FLOOR	LOS ANGELES	CA	90017	0.10%
TCW TOTAL RETURN BOND CLASS I	865 SOUTH FIGUEROA STREET	22ND FLOOR	LOS ANGELES	CA	90017	0.10%
TCW TOTAL RETURN BOND CLASS N	865 SOUTH FIGUEROA STREET	22ND FLOOR	LOS ANGELES	CA	90017	0.35%
TECHNOLOGY ULTRA SECTOR PRO FD	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
TEMPLETON GLOBAL BOND CLASS A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	$16.00
TETON WESTWOOD MIGHTY MITES FD AAA	401 THEODORE FREMD. AVE.		RYE	NY	10580	0.35%
THE DELAFIELD FUND	40 W 57TH STREET	19TH FLOOR	NEW YORK	NY	10019	$16.00
THE HARTFORD DIV AND GROWTH FD CL I	100 MATSONFORD RD.	SUITE 300	RADNOR	PA	19087	0.15%
THE INTERNET FUND	470 PARK AVENUE SOUTH		NEW YORK	NY	10016	0.40%
THE OSTERWEIS STRATEGIC INCOME FD	777 E. WISCONSIN AVE.	4TH FLOOR	MILWAUKEE	WI	53202	0.10%
THIRD AVENUE REAL ESTATE VALUE INV	622 THIRD AVENUE	32ND FLOOR	NEW YORK	NY	10017	0.40%
THIRD AVENUE VALUE INSTL	622 THIRD AVENUE	32ND FLOOR	NEW YORK	NY	10017	0.35%
THOMPSON BOND FUND	918 DEMING WAY	3RD FLOOR	MADISON	WI	53717	0.25%
THOMPSON MID CAP FUND	918 DEMING WAY	3RD FLOOR	MADISON	WI	53717	0.40%
THORNBURG GLOBAL OPPORTUNITIES FD A	2300 NORTH RIDGETOP RD.		SANTA FE	NM	87506	0.40%
THRIVENT MID CAP STOCK FUND CL S	4321 N. BALLARD ROAD		APPLETON	WI	54919-0001	0.15%
THRIVENT SMALL CAP GROWTH FUND S	4321 N. BALLARD ROAD		APPLETON	WI	54919-0001	0.12%
TIAA-CREF LARGE CAP GROWTH INDEX INSTL	730 THIRD AVENUE		NEW YORK	NY	10017	0.02%
TOUCHSTONE FOCUSED CLASS Y	303 BROADWAY	SUITE 1100	CINCINNATI	OH	45202-4203	0.25%
TOUCHSTONE LARGE CAP FOCUSED FUND	303 BROADWAY	SUITE 1100	CINCINNATI	OH	45202-4203	0.08%
TOUCHSTONE SANDS CAP EM MRKTS GR	303 BROADWAY	SUITE 1100	CINCINNATI	OH	45202-4203	0.07%
TOUCHSTONE SANDS CAP SEL GR CL Z	303 BROADWAY	SUITE 1100	CINCINNATI	OH	45202-4203	0.40%
TOUCHSTONE SANDS CAP SELECT GROWTH I	303 BROADWAY	SUITE 1100	CINCINNATI	OH	45202-4203	0.07%
TRANSAMERICA CAPITAL GROWTH CL A	4333 EDGEWOOD RD. NE		CEDAR RAPIDS	IA	52499	0.40%
TWEEDY BROWNE GLOBAL VALUE FUND	ONE STATION PLACE	5TH FLOOR	STAMFORD	CT	06902	$25.00
ULTRA BULL PRO FUND INV SHARES	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
ULTRA CHINA PRO FUND INVESTOR CLASS	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
ULTRA NASDAQ-100 PRO FUND INV CL	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
ULTRA SHORT NASDAQ 100 PROFUND INV	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
ULTRA SHORT SMALL CAP PRO FDS	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
USA MUTUALS VICE FD INVESTOR	615 EAST MICHIGAN STREET		MILWAUKEE	WI	53202	0.40%
USAA GROWTH & TAX STRATEGY RETAIL	9800 FREDERICKSBURG RD.		SAN ANTONIO	TX	78288	0.10%
USAA NASDAQ 100 INDEX RETAIL	9800 FREDERICKSBURG RD.		SAN ANTONIO	TX	78288	0.10%
USAA PRECIOUS METALS AND MINS RET	9800 FREDERICKSBURG RD.		SAN ANTONIO	TX	78288	0.10%
USAA PRECIOUS METALS& MINERALS CL A	4900 TIEDEMAN RD.	4TH FLOOR	BROOKLYN	OH	44114	0.40%
USAA SCIENCE & TECHNOLOGY CL A	4900 TIEDEMAN RD.	4TH FLOOR	BROOKLYN	OH	44114	0.40%
VALUE LINE ASSET ALLOCATION INV	7 TIMES SQUARE	21ST FLOOR	NEW YORK	NY	10036	0.40%
VALUE LINE CAPITAL APPRECIATION INV	7 TIMES SQUARE	21ST FLOOR	NEW YORK	NY	10036	0.40%
VAN ECK INTL INVESTORS GOLD CL A	666 3RD AVENUE	9TH FLOOR	NEW YORK	NY	10017	0.38%
VAUGHAN NELSON SELECT FUND CL A	399 BOYLSTON STREET	8TH FLOOR	BOSTON	MA	02116	0.40%
VICTORY GLOBAL NATURAL RESOURCES A	127 PUBLIC SQUARE		CLEVELAND	OH	44114	0.40%
VICTORY GLOBAL NATURAL RESOURCES Y	127 PUBLIC SQUARE		CLEVELAND	OH	44114	0.15%
VICTORY INTEGRITY SMALL CAP VALUE A	127 PUBLIC SQUARE		CLEVELAND	OH	44114	0.40%
VICTORY RS SCIENCE AND TECH CL A	127 PUBLIC SQUARE		CLEVELAND	OH	44114	0.40%
VICTORY RS SM CAP GROWTH FUND CL A	127 PUBLIC SQUARE		CLEVELAND	OH	44114	0.40%
VICTORY RS VALUE FUND CL A	127 PUBLIC SQUARE		CLEVELAND	OH	44114	0.40%
VICTORY SYCAMORE ESTABLISHED VAL	127 PUBLIC SQUARE		CLEVELAND	OH	44114	0.10%
VIRTIS ALLIANGI FOCUSED GROWTH A	101 MUNSON ST.	SUITE 3	GREENFIELD	MA	01301	0.40%
VIRTUS ALLIANGI INCOME & GROWTH A	101 MUNSON ST.	SUITE 3	GREENFIELD	MA	01301	0.40%
VIRTUS ALLIANGI INCOME & GROWTH I	101 MUNSON ST.	SUITE 3	GREENFIELD	MA	01301	0.10%
VIRTUS ALLIANZGI CONVERTIBLE A	101 MUNSON ST.	SUITE 3	GREENFIELD	MA	01301	0.40%
VIRTUS ALLIANZGI CONVERTIBLE I	101 MUNSON ST.	SUITE 3	GREENFIELD	MA	01301	0.10%
VIRTUS ALLIANZGI HEALTH SCIENCES A	101 MUNSON ST.	SUITE 3	GREENFIELD	MA	01301	0.40%
VIRTUS ALLIANZGI SHT DUR HIGH INC A	101 MUNSON ST.	SUITE 3	GREENFIELD	MA	01301	0.40%
VIRTUS ALLIANZGI TECHNOLOGY A	101 MUNSON ST.	SUITE 3	GREENFIELD	MA	01301	0.40%
VIRTUS ALLIANZGI WATER A	101 MUNSON ST.	SUITE 3	GREENFIELD	MA	01301	0.40%
VIRTUS KAR EMERG MKTS SMALL CAP A	101 MUNSON ST.	SUITE 3	GREENFIELD	MA	01301	0.40%
VIRTUS KAR MID CAP GROWTH FUND CL A	101 MUNSON ST.	SUITE 3	GREENFIELD	MA	01301	0.40%
VIRTUS KAR MID CAP GROWTH FUND CL I	101 MUNSON ST.	SUITE 3	GREENFIELD	MA	01301	0.10%
VIRTUS KAR SMALL CAP GROWTH CL A	101 MUNSON ST.	SUITE 3	GREENFIELD	MA	01301	0.40%
VIRTUS NEWFLEET SR FLOATING RATE	101 MUNSON ST.	SUITE 3	GREENFIELD	MA	01301	0.40%
VIRTUS NFJ DIVIDEND VALUE A	101 MUNSON ST.	SUITE 3	GREENFIELD	MA	01301	0.40%
VIRTUS TACTICAL ALLOCATION FD CL C	101 MUNSON ST.	SUITE 3	GREENFIELD	MA	01301	0.10%
VIRTUS ZEVENBERGEN INNOVATIVE GR	101 MUNSON ST.	SUITE 3	GREENFIELD	MA	01301	0.40%
VOYA MULTI MANAGER INTL SMALL CAP A	7337 E. DOUBLETREE RANCH RD.		SCOTTSDALE	AZ	85258	0.40%

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Pfizer Savings Plan
EIN: 13-5315170, PN: 002
Plan Year Ending: December 31, 2021

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
WASATCH CORE GROWTH	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH EMERGING INDIA FUND	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH EMERGING MARKETS SEL FUND	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH EMERGING MARKETS SM CAP FD	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH GLOBAL OPPORTUNITIES RETAIL	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH GLOBAL VALUE FUND	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH MICROCAP	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH MICROCAP VALUE FUND	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH SMALL CAP GROWTH	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH ULTRA GROWTH	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
WCM FOCUSED EMERGING MARKETS INV	2220 E. ROUTE 66	SUITE 226	GLENDORA	CA	91740	0.40%
WCM FOCUSED GLOBAL GR FUND INSTL	2220 E. ROUTE 66	SUITE 226	GLENDORA	CA	91740	0.12%
WCM FOCUSED INTL GROWTH FUND INSTL	2220 E. ROUTE 66	SUITE 226	GLENDORA	CA	91740	0.40%
WCM FOCUSED INTL GROWTH FUND INV	2220 E. ROUTE 66	SUITE 226	GLENDORA	CA	91740	0.40%
WEDGEWOOD RETAIL	ONE FREEDOM VALLEY DRIVE		OAKS	PA	19456	0.40%
WEITZ VALUE	1125 SOUTH 103RD STREET		OMAHA	NE	68124	0.40%
WELLS FARGO DIVERS CAP BUILDER CL A	525 MARKET ST.	MAC #A0103-122	SAN FRANCISCO	CA	94105	0.40%
WELLS FARGO DIVERS INC BUILDER CL A	525 MARKET ST.	MAC #A0103-122	SAN FRANCISCO	CA	94105	0.40%
WELLS FARGO GROWTH CLASS A	525 MARKET ST.	MAC #A0103-122	SAN FRANCISCO	CA	94105	0.40%
WELLS FARGO SPECIAL MID CAP CL A	525 MARKET ST.	MAC #A0103-122	SAN FRANCISCO	CA	94105	0.40%
WELLS FARGO UTILITY & TELECOM FD	525 MARKET ST.	MAC #A0103-122	SAN FRANCISCO	CA	94105	0.40%
WHITE OAK SELECT GROWTH FUND	225 PICTORIA DRIVE	SUITE 450	CINCINNATI	OH	45246	0.40%
WILLIAM BLAIR BOND FUND CL N	222 WEST ADAMS STREET	12TH FLOOR	CHICAGO	IL	60606	0.35%
WILLIAM BLAIR EM GRTH FD CL N	222 WEST ADAMS STREET	12TH FLOOR	CHICAGO	IL	60606	0.40%
WILLIAM BLAIR LARGE CAP GROWTH CL I	222 WEST ADAMS STREET	12TH FLOOR	CHICAGO	IL	60606	0.10%
WILLIAM BLAIR LARGE CAP GROWTH FD N	222 WEST ADAMS STREET	12TH FLOOR	CHICAGO	IL	60606	0.40%
WILLIAM BLAIR MACRO ALLOC FUND CL N	222 WEST ADAMS STREET	12TH FLOOR	CHICAGO	IL	60606	0.40%
WILLIAM BLAIR SMALL CAP GR CLASS N	222 WEST ADAMS STREET	12TH FLOOR	CHICAGO	IL	60606	0.40%
WILLIAM BLAIR SMALL MID CAP GR CL N	222 WEST ADAMS STREET	12TH FLOOR	CHICAGO	IL	60606	0.40%
WISE CAPITAL FUND	8000 TOWN CENTRE DR.	SUITE 400	BROADVIEW HEIGHTS	OH	44147-4031	0.40%
WORLD PRECIOUS MINERALS FUND	3 CANAL PLAZA	SUITE 600	PORTLAND	ME	04101	0.40%

PFIZER SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2021
(THOUSANDS OF DOLLARS)

	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Rate of Interest	Maturity Date	Cost****	Current Value
*	Pfizer Inc. Common Stock	Common stock				$ 2,551,800
*	NTGI Collective Government Short-Term Investment Fund	Collective trust fund				72,360
*	NTGI – Russell 2000 Small Cap Index Fund	Collective trust fund				436,133
*	NTGI – S&P 500 Index Fund	Collective trust fund				2,961,062
	BlackRock MidCap Equity Index Fund	Collective trust fund				721,389
	BlackRock International Equity Index Fund	Collective trust fund				147,806
*	Fidelity Large Cap Growth Fund	Collective trust fund				3,104,667
	Oppenheimer Developing Markets Fund	Collective trust fund				202,723
	Boston Partners Large Cap Value Fund	Collective trust fund				646,168
	Wellington International Research Equity ex Emerging Markets Fund	Collective trust fund				569,294
	Vanguard Target Retirement Income Trust Select	Collective trust fund				365,244
	Vanguard Target Retirement 2015 Trust Select	Collective trust fund				97,967
	Vanguard Target Retirement 2020 Trust Select	Collective trust fund				625,875
	Vanguard Target Retirement 2025 Trust Select	Collective trust fund				834,735
	Vanguard Target Retirement 2030 Trust Select	Collective trust fund				1,447,715
	Vanguard Target Retirement 2035 Trust Select	Collective trust fund				898,737
	Vanguard Target Retirement 2040 Trust Select	Collective trust fund				1,092,170
	Vanguard Target Retirement 2045 Trust Select	Collective trust fund				559,594
	Vanguard Target Retirement 2050 Trust Select	Collective trust fund				308,752
	Vanguard Target Retirement 2055 Trust Select	Collective trust fund				196,000
	Vanguard Target Retirement 2060 Trust Select	Collective trust fund				84,381
	Total common/collective trust funds					15,372,770
	T. Rowe Price Small Cap Stock Fund	Mutual fund				640,883
	Diversified Bond Fund – Core	Mutual fund				654,587
	Diversified Bond Fund – High Yield	Mutual fund				36,331
	Diversified Bond Fund - Emerging Markets	Mutual fund				36,415
	Total mutual funds					1,368,216
	Self-Directed Brokerage Account	Self-directed brokerage account				343,878

PFIZER SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2021
(THOUSANDS OF DOLLARS)
(continued)

	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment	Rate of Interest	Maturity Date	Cost****	Current Value
	T. Rowe Price Stable Value Fund –					
***	American General Life Insurance Company Contract #GA-IM-266-1658155	Synthetic investment contract	2.06%	**		163,000
***	JPMorgan Securities, LLC Contract #ATRPPFIZER 01	Synthetic investment contract	2.11%	**		153,058
***	New York Life Insurance Company GIC Contract #GA-29302	Synthetic investment contract	1.88%	**		176,165
***	The Prudential Insurance Company of America Contract #GA-63191	Synthetic investment contract	2.13%	**		218,333
***	Royal Bank of Canada Contract #TRPPFIZER01	Synthetic investment contract	2.07%	**		131,121
***	State Street Bank and Trust Company Contract #96028	Synthetic investment contract	2.17%	**		254,357
***	Massachusetts Mutual Life Insurance Company Contract #30011	Synthetic investment contract	1.80%	**		175,540
***	Metropolitan Life Insurance Company Contract #38127	Synthetic investment contract	2.23%	**		224,231
***	Pacific Life Insurance Company Contract #G-27852.01.001	Synthetic investment contract	1.97%	**		141,598
	Total T. Rowe Price Stable Value Fund					1,637,406
	Total investments					21,274,070
*	Notes receivable from participants	Interest Rates: 3.25% - 10.50% Maturity Dates: 2022 - 2037				96,764
	Total					$ 21,370,834

* Party-in-interest as defined by ERISA

** Open-ended maturity

*** Current value represents contract value

**** Cost information omitted as all investments are fully participant-directed. This information is not required by ERISA or the Department of Labor to be reported for participant-directed investments.

Amounts may not add due to rounding.

See accompanying Report of Independent Registered Public Accounting Firm.