

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
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
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 ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
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 <u>WELLINGTON RETIREMENT AND PENSION PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>003</u>
1c	Effective date of plan <u>10/30/1979</u>
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) <u>WELLINGTON MANAGEMENT COMPANY LLP</u> <u>280 CONGRESS STREET</u> <u>BOSTON, MA 02210</u>
2b	Employer Identification Number (EIN) <u>30-0835489</u>
2c	Plan Sponsor's telephone number <u>617-951-5000</u>
2d	Business code (see instructions) <u>523900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	WALE MAJAKODUNMI
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 3739
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) 2076
a(2) Total number of active participants at the end of the plan year		6a(2) 2200
b Retired or separated participants receiving benefits.....		6b 19
c Other retired or separated participants entitled to future benefits		6c 1584
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 3803
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 24
f Total. Add lines 6d and 6e		6f 3827
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 3796
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
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 2G 2J 2S 2T 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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 WELLINGTON RETIREMENT AND PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 WELLINGTON MANAGEMENT COMPANY LLP	D Employer Identification Number (EIN) 30-0835489	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP, INC.
23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HARTFORD
45-4276111

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
STATE STREET GLOBAL ADVISORS
90-0337987

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

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

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 64	RECORDKEEPER	62236	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET BANK & TRUST COMPANY

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	CUSTODIAN	53369	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE VANGUARD GROUP, INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 19 37 52	NONE	27610	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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.
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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 <u>WELLINGTON RETIREMENT AND PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WELLINGTON MANAGEMENT COMPANY LLP</u>	D Employer Identification Number (EIN) <u>30-0835489</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF BALANCE REAL ASSET</u>			
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>			
c EIN-PN <u>04-2767481-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10599095</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF BIOTECHNOLOGY</u>			
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>			
c EIN-PN <u>04-2767481-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>101393891</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF CHINA OPPORTUNITIES</u>			
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>			
c EIN-PN <u>04-2767481-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>81778911</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF CORE BOND PLUS</u>			
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>			
c EIN-PN <u>04-2767481-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12250048</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF EMERGING MARKETS</u>			
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>			
c EIN-PN <u>04-2767481-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>70602623</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF ENDURING ASSETS</u>			
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>			
c EIN-PN <u>04-2767481-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>86013846</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF GLOBAL CONTRARIAN EQUITY</u>			
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>			
c EIN-PN <u>04-2767481-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>45159913</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF GLOBAL HEALTH CARE		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2767481-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 139045187
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF GLOBAL LOW VOLATILITY		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2767481-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9355647
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF GLOBAL RESEARCH EQUITY		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2767481-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43785409
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF GROWTH		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2767481-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89994420
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF INTERNATIONAL CONTRARIAN VA		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2767481-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53637344
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF INTERNATIONAL OPPORTUNITIES		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2767481-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31283242
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF INTERNATIONAL RESEARCH EQTY		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2767481-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34976106
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF MICRO-CAP EQUITY		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2767481-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101635364
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF MID-CAP OPPORTUNITIES		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2767481-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59871546
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF OPPORTUNISTIC EMERGING MARK		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2767481-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22957163

a Name of MTIA, CCT, PSA, or 103-12 IE: **WTC-CIF QUALITY VALUE**

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

c EIN-PN 04-2767481-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26632791
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WTC-CIF REAL ESTATE SECURITIES**

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

c EIN-PN 04-2767481-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45595306
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WTC-CIF RESEARCH ENERGY**

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

c EIN-PN 04-2767481-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27063651
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WTC-CIF RESEARCH EQUITY**

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

c EIN-PN 04-2767481-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 98836798
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WTC-CIF RESEARCH VALUE**

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

c EIN-PN 04-2767481-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16026536
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WTC-CIF SMALL CAP 2000**

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

c EIN-PN 04-2767481-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50019118
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WTC-CIF SMALL CAP VALUE**

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

c EIN-PN 04-2767481-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51285985
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WTC-CIF US TREAS INFL PROTECTED SEC**

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

c EIN-PN 04-2767481-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35663379
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WTC-CIF WORLD BOND**

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

c EIN-PN 04-2767481-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7893371
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TARGET RETIREMENT 2020 NL SF CL W**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 90-0337987-464	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54907380
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TARGET RETIREMENT 2025 NL SF CL W**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 90-0337987-465	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94607006
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TARGET RETIREMENT 2030 NL SF CL W**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 90-0337987-466	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 133645682
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TARGET RETIREMENT 2035 NL SF CL W**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 90-0337987-467	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 167469103
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TARGET RETIREMENT 2040 NL SF CL W**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 90-0337987-468	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 104200709
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TARGET RETIREMENT 2045 NL SF CL W**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 90-0337987-469	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61607816
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TARGET RETIREMENT 2050 NL SF CL W**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 90-0337987-470	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40953954
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TARGET RETIREMENT 2055 NL SF CL W**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 90-0337987-471	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18109818
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TARGET RETIREMENT 2060 NL SF CL W**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 90-0337987-472	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4687893
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TARGET RETIREMENT 2065 NL SF CL W**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 32-6528132-031	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2158903
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TARGET RETIREMENT INCOME NL SF CL W**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 90-0337987-473	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38350104
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VFTC RETIREMENT SAVINGS TRUST III**

b Name of sponsor of entity listed in (a): **VANGUARD FIDUCIARY TRUST CO.**

c EIN-PN 38-7041744-024	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45705208
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VFTC RETIREMENT SAVINGS TRUST**

b Name of sponsor of entity listed in (a): **VANGUARD FIDUCIARY TRUST CO.**

c EIN-PN 45-5436422-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WTC-CIF LATIN AMERICA EQUITY**

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

c EIN-PN 04-2767481-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>WELLINGTON RETIREMENT AND PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WELLINGTON MANAGEMENT COMPANY LLP</u>	D Employer Identification Number (EIN) <u>30-0835489</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1581531	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	157795272	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	6555260	6173536
(9) Value of interest in common/collective trusts	1c(9)	1946721018	2119760266
(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)	577115393	816737787
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	86	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(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	2689768560 2942671589
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2689768560 2942671589

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	47234692
	(B) Participants	2a(1)(B)	28526736
	(C) Others (including rollovers).....	2a(1)(C)	25019948
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	100781376
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)	284211
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	284211
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	66862075
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	66862075
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		220071106
c Other income.....	2c		1031950
d Total income. Add all income amounts in column (b) and enter total.....	2d		389030718
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	135763811	
(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)		135763811
f Corrective distributions (see instructions).....	2f		3607
g Certain deemed distributions of participant loans (see instructions).....	2g		310732
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)	49539	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		49539
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		136127689
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		252903029
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

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:

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.).....

	Yes	No	Amount
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?	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?		X	
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.)	X		
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.)	X		
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.	X		
4n	X		
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.
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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 WELLINGTON RETIREMENT AND PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 WELLINGTON MANAGEMENT COMPANY LLP	D Employer Identification Number (EIN) 30-0835489

Part I	Distributions
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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
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): 23-2186884 42-1558009	
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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase ☐ Decrease ☐ Both ☐ No
--	--

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

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 _____



Report of Independent Auditors

To the Administrator of Wellington Retirement and Pension Plan

Opinion

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

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date 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 US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US 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 Schedule Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. Schedule H, Part IV, line 4i, Form 5500 - Schedule of Assets (Held at End of Year) as of December 31, 2021 ("supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit 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 US 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 supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

PricewaterhouseCoopers LLP

Boston, MA
October 14, 2022

Wellington Retirement and Pension Plan

Financial Statements and Supplemental Schedule
December 31, 2021 and 2020

Wellington Retirement and Pension Plan

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December 31, 2021 and 2020

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* Other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Report of Independent Auditors

To the Administrator of Wellington Retirement and Pension Plan

Opinion

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

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date 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 US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US 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 Schedule Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. Schedule H, Part IV, line 4i, Form 5500 - Schedule of Assets (Held at End of Year) as of December 31, 2021 ("supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit 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 US 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 supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

PricewaterhouseCoopers LLP

Boston, MA
October 14, 2022

Wellington Retirement and Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	December 31,	
	2021	2020
Assets		
Investments, at fair value	\$ 2,936,498,053	\$2,681,182,641
Short term investment fund, at fair value	0	449,042
Investment interest receivable	0	86
Notes and interest receivable from participants	6,907,114	6,978,106
Receivable for dividends	0	1,581,531
Net assets available for benefits	<u>\$2,943,405,167</u>	<u>\$2,690,191,406</u>

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

Wellington Retirement and Pension Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2021

Additions to net assets attributed to

Contributions

From Partnership	\$ 47,234,692
From participants	28,526,736
Rollovers	8,344,383
Rollovers from Wellington Management Company LLP Defined Benefit Plan	16,675,565
Total contributions	<u>100,781,376</u>

Interest and dividends	66,862,075
Interest earned on notes receivable from participants	284,211
Net appreciation in fair value of investments	220,071,106
Other income	1,031,950
Total investment income	<u>288,249,342</u>
Total additions to net assets	<u>389,030,718</u>

Deductions from net assets attributed to

Distributions to participants	(135,767,418)
Administrative expenses	(49,539)
Total deductions to net assets	<u>(135,816,957)</u>
Net increase in net assets during the year	<u>253,213,761</u>

Net assets available for benefits

Beginning of year	2,690,191,406
End of year	<u>\$2,943,405,167</u>

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

Wellington Retirement and Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

1. Description of Plan

The Wellington Retirement and Pension Plan (the “Plan”) is a single defined contribution plan featuring a profit sharing plan component, rollover component, deferral contribution component, and a money Purchase Pension Plan component covering all eligible partners and employees of Wellington Management Group LLP (“WMG” or the “Partnership”) and affiliated companies including Wellington Management Company LLP (“WMC”), Wellington Funds Services LLC, Wellington Management Funds (US) LLC and Wellington Trust Company, NA (“Participating Companies”). The money purchase pension plan is a component of the Plan. The Plan was originally effective October 30, 1979 and subsequently amended and restated at various dates. The Plan is administered by a group comprised of partners of WMG and employees of WMC (“Plan Administrators”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), and the Internal Revenue Code of 1986, as amended (the “Code”). Participants should refer to the plan agreement for a more complete description of the Plan’s provisions.

Alight Solutions was the Plan’s recordkeeper and State Street Bank was the Plan’s custodian until August 31, 2021. Vanguard became the new recordkeeper and custodian effective September 1, 2021.

Contributions from the WMC Participating Companies are made to the profit-sharing plan component at the rate of up to 15% of participant eligible compensation, based on the approval of senior management, and subject to certain limitations. Newly eligible participants are automatically enrolled in the Plan at 3% pre-tax contribution rate 30 days from hire or as administratively feasible unless otherwise directed. Participant deferrals are invested in the Plan’s default option, which is the SSGA Target Series pooled fund that corresponds to the participant’s retirement date, based upon their date of birth, a retirement age of 62, and their proximity to retirement. The 90-day opt-out provision is available. Participants may make voluntary pre-tax and post-tax Roth contributions into investment vehicles through salary deductions, subject to certain IRS limitations. Each year, auto-enrolled participants’ contribution rates are automatically increased at a 1% pre-tax contribution rate up to a maximum of 10%. A participant who is eligible to make deferral contributions and who is projected to attain age 50 before the close of the plan year shall be eligible to make catch-up contributions in accordance with the Code. ERISA minimum funding requirements were met for the year ended December 31, 2021. The Plan Trustee is Wellington Trust Company, NA (“Wellington Trust”) (the “Trustee”).

The contributions to the Plan are allocated to the accounts of the participants and are invested at the direction of each participant in the offered investment options, which include Vanguard Group of Investment Companies, Hartford Mutual Funds, State Street Global Advisors (“SSGA”) and Wellington Trust Company Pooled Funds (“WTC Pooled Funds”).

Each participant’s account is credited with the participant’s contributions and allocations of Plan earnings based on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account. Participants are immediately vested in all contributions from the Participating Companies, salary deferral contributions, and rollover contributions.

Subject to certain restrictions, the Plan allows the lending of funds to participants. These promissory notes bear interest at commercial rates equivalent to those charged for similar types of loans for the month in which the notes are executed. Notes receivable from participants

Wellington Retirement and Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

are measured at their unpaid principal balance plus any accrued but unpaid interest. The term of these promissory notes shall not exceed five years, except for loans used to purchase a principal residence of the participant. A participant assigns his or her individual account balance in the Plan plus such other collateral as required under the Code as collateral security for repayment of the note. The rates of interest on the outstanding loans ranged from 3.4% to 7.92% and 2.86% to 9.75% at December 31, 2021 and 2020, respectively.

Rollover Contributions

Participants may be eligible to transfer or “roll over” benefits from an IRA, rollovers from the Wellington Management Company LLP Defined Benefit Plan, another employer’s qualified plan, including a 403(a) or 403(b) arrangement and certain 457 plans. In addition, the Plan accepts rollovers of Roth deferral contributions.

Eligibility

Employees of the certain Participating Companies of WMG are eligible to participate in the Plan immediately upon hire. Employees not eligible to participate in the Plan include: employees of an affiliated company that is not a Participating Company, nonresident aliens, seasonal employees, interns, “leased employees”, irregular (or temporary) employees, contractors and independent contractors.

Forfeiture

Forfeitures are not expected to arise pursuant to the money Purchase Pension Plan, but if any forfeitures should occur, such forfeitures shall not be applied to increase benefits under the Pension Plan but shall, instead, be applied to reduce Plan expenses or Employer Contributions pursuant to the Pension Plan.

Upon termination of service due to death, disability, retirement or severance, a participant may elect to receive either a lump-sum amount equal to the value of the participant’s vested interest in his or her account, or annual installments over a certain number of years (not exceeding the nonrecalculated life expectancy of the participant or the nonrecalculated joint life expectancy of the participant and the beneficiary). A participant’s account balance may remain in the Plan subject to required minimum balances and distribution time frames set by the Plan and minimum distribution rules of the tax law.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (“US GAAP”). Any references to particular accounting topics in US GAAP in the accompanying financial statements are referring to the corresponding accounting topics in the Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”), which may include guidance that is specifically applicable to nonpublic entities.

Use of Estimates

The preparation of the financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and notes to the financial statements. Actual results could differ from those estimates.

Wellington Retirement and Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

Fair Value

Fair value is determined based on the price the Plan would receive on a sale of an asset or pay to transfer a liability in an orderly transaction between market participants at the measurement date. When applying fair value measurements, market participants utilize inputs to price an asset or liability, including risk assumptions. Assets and liabilities measured and reported at fair value are classified and disclosed in one of the following categories:

- Level 1 Inputs - Quoted prices for identical assets or liabilities in active markets; Level 1 assets include listed mutual funds;
- Level 2 Inputs - Quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets in inactive markets; or inputs other than quoted prices that are observable, such as models or other valuation methodologies; and
- Level 3 Inputs - Unobservable inputs for where there is little, if any, market activity.

The Plan determined that the fair value of its holdings in registered investment companies ("RICs"), including Vanguard Group of Investment Companies and Hartford Mutual Funds, is based on the net asset value ("NAV") per share of those holdings. The Plan considers the published NAVs of its investments in RICs to be the readily determinable fair value in accordance with US GAAP. The executed trade date for any redemption by the Plan from its investments in the RICs detailed above will be the same day for redemption requests received in good order by the RICs on a business day before the close of trading on the New York Stock Exchange ("NYSE") (generally 4:00 PM Eastern time). If the redemption request is received after the close of regular trading on the NYSE, or a nonbusiness day, the executed trade date will be the next business day. The Plan's redemptions from the RICs will be priced at the trade date NAV.

The Plan, as a practical expedient, measures the fair value of its investments in the WTC Pooled Funds and State Street Global Advisor Funds, on the basis of NAV, unless it is probable at the measurement date that the Plan will sell a pooled investment vehicle at an amount different than the calculated NAV. ASC 820, Fair Value Measurement, requires the NAVs be calculated in a manner consistent with the measurement principles of ASC 946, Financial Services-Investment Companies, including measurement of all or substantially all of the underlying investments in the WTC Pooled Funds and State Street Global Advisors Funds in accordance with ASC 820.

In accordance with the terms of the Plan and Declaration of Trust, the NAVs of the WTC Pooled Funds are determined as of the end of each day the NYSE is open for trading. Admissions to and withdrawals from the WTC Pooled Funds can generally be made in cash, or in Wellington Trust's discretion by securities-in-kind transfer and are based on the NAV per unit as determined on the relevant valuation date. SSGA Funds are traded daily, and the NAVs are determined as of the end of each day the NYSE is open for trading.

The Plan offers daily traded collective investment trust funds.

Wellington Retirement and Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

Generally, the Plan may withdraw its assets from any of the WTC Pooled Funds as of any valuation date upon notice to the Trustee one day for daily priced funds, or such other period as determined by the Trustee for a particular fund. Wellington Trust, in its capacity as Trustee, reserves the right to require a longer notice period or delay withdrawal request payments, in certain circumstances.

The Plan's investment in the Vanguard Retirement Savings Trust (the "Vanguard Savings Trust") is presented at the Vanguard Savings Trust's NAV of \$1 per unit. The Vanguard Savings Trust transacts with the Plan at its NAV, which is based on the unit value of the Vanguard Retirement Savings Master Trust (the "Vanguard Master Trust"). As reported by the Vanguard Master Trust, the fair value may be either greater than or less than the contractual value. The Plan values its indirect investment in the Vanguard Master Trust at the transaction NAV, which approximated fair value. The Vanguard Savings Trust is a daily collective investment trust fund, which invests all of its assets in the Vanguard Master Trust. The Vanguard Master Trust's unit value is based on contractual value detailed under the specialized guidance on fully benefit-responsive investment contracts in ASC 962, Plan Accounting for Defined Contribution Plans.

The executed trade date for any redemption by the Plan from its investment in the Vanguard Savings Trust will be on the valuation date for redemption requests received in good order as of the close of trading on the NYSE (generally 4:00 PM Eastern time). The Plan's redemptions will be priced at the valuation date NAV.

The methods described above 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.

Security Transactions

Security transactions are accounted for on a trade date basis. Dividend income is recorded on the ex-dividend date. Interest income is accounted for on the accrual basis.

Expenses

Under the provisions of the Plan, WMC bears administrative and maintenance expenses for active participants. All other expenses of the Plan, such as administrative fees for terminated participants paid to recordkeeper, are borne by the participants and are deemed party-in-interest transactions.

Distributions to Participants

Distributions to participants are recorded when paid.

Risks and Uncertainties

The Plan provides for various investment options in RICs and other investment securities. These investment securities are exposed to various risks, such as interest rate, market, and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in valuation in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits. Participants should refer to the financial statements of the underlying funds for related risk.

Wellington Retirement and Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

From time to time, countries have experienced outbreaks of infectious illnesses. Any spread of an infectious illness, public health threat or similar issue could reduce consumer demand or economic output, or result in market closures, travel restrictions or quarantines. These infectious spreads could have a significant impact on a particular country's economy, which in turn could adversely affect the Plan's investments.

3. Investments

The following tables summarize the valuation of the Plan's investments as of December 31, 2021 and 2020, respectively, based on their placement in the fair value hierarchy:

	Assets at Fair Value as of December 31, 2021				
	Quoted in Active Market for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Investments Measured at Net Asset Value (NAV) ⁽²⁾	Total
Mutual Funds	\$816,737,787	\$-	\$ -	\$ -	\$816,737,787
Collective Investment Trust Funds ⁽¹⁾	-	-	-	2,119,760,266	2,119,760,266
	\$816,737,787	-	--	2,119,760,266	\$2,936,498,053

	Assets at Fair Value as of December 31, 2020				
	Quoted in Active Market for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Investments Measured at Net Asset Value (NAV)) ⁽²⁾	Total
Mutual Funds	\$734,461,623	\$-	\$-	\$ -	\$734,461,623
Collective Investment Trust Funds ⁽¹⁾	-	-	-	1,946,721,018	1,946,721,018
Short Term Investment				449,042	449,042
	\$734,461,623	-	-	\$1,947,170,060	\$2,681,631,683

⁽¹⁾Includes WTC Pooled Funds, SSGA Funds, and Vanguard Retirement Savings Trust

⁽²⁾Amounts are comprised of certain investments measured at fair value using NAVs as a practical expedient. These investments have not been classified in the fair value hierarchy.

Fair value measurements of the investments in certain entities that calculate net asset value per share are summarized below:

December 31, 2021					
Assets	Fair Value	Unfunded Commitments	Redemption Frequency	Trade to Settlement Terms	Redemption Notice Period
Wellington Pool Funds	\$ 1,353,356,690	-	Daily	T+1	Zero
SSGA Target Series Pooled Funds	720,698,368	-	Daily	T+1	Zero*
Vanguard Retirement Savings Trust Fund	45,705,208	-	Daily	1 to 3	Zero

*In accordance with the Declaration of Trust for the Series Funds, SSGA requests emailed notice 15 days in advance of Trade Date for all plan-directed contributions or redemptions that are of significant size, as determined by SSGA in its sole discretion.

Wellington Retirement and Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

4. Related Party-and Party-in-Interest Transactions

At December 31, 2021 and 2020, a substantial portion of Plan assets is invested in certain investments of Vanguard Group of Investment Companies, Hartford Mutual Funds, and WTC Pooled Funds, for which WMC acts as investment advisor or sub-advisor. Notes receivable from participants are also considered to be related party-in-interest transactions. In addition, Alight and Vanguard are a party-in-interest.

Certain staff employed by WMC performs financial reporting and administrative tasks at no charge to the Plan.

Rollovers of \$16,675,565 were received from the Wellington Management Company LLP Defined Benefit Plan for the year ended December 31, 2021.

5. Tax Status of the Plan

The Plan obtained its latest determination letter on March 27, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan Administrators continue to believe that the Plan is designed and operates in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan is subject to potential examinations by certain taxing authorities for all open tax years (2017 to 2021) and the ongoing interpretation of laws by taxing authorities. The tax treatment of the Plan's investments may change over time based on factors including, but not limited to, new tax laws, regulations and interpretations thereof. The latest Plan Amendment is effective as of August 31, 2021. The Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

6. Plan Termination

WMG anticipates and believes that the Plan will continue without interruption but reserves the right to discontinue contributions to the Plan or terminate the Plan entirely. In the event that a discontinuance results in the termination of the Plan, the Plan agreement provides that the assets of the Plan will become fully vested and will be allocated based upon the individual account balances of the participants or beneficiaries of the Plan.

Wellington Retirement and Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

7. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Form 5500 at December 31, 2021 and 2020:

	December 31,	
	2021	2020
Net assets available for benefits per the financial statements	2,943,405,167	2,690,191,406
Deemed distributions not reported on the financial statements	(733,578)	(422,846)
Net assets available for benefits per the Form 5500	2,942,671,589	2,689,768,560

The reconciling items noted above are due to the difference in the method of accounting used in preparing the Form 5500 as compared with the Plan's financial statements. Government reporting rules were used in preparing the Form 5500, whereas the Plan's financial statements have been prepared on the accrual basis of accounting as required by U.S. GAAP. The Code requires participant loans that are in default to be recorded as deemed distributions on the Form 5500, although the Plan still holds the participant loans as a note receivable.

8. Subsequent Events

Events or transactions occurring after the period end through the date the financial statements were issued October 14, 2022, have been evaluated in the preparation of the financial statements.

Supplemental Schedule

Wellington Retirement and Pension Plan
Schedule of Assets (Held at End of Year)
(Schedule H, Part IV, Line 4i, Form 5500)
December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Shares	Current Value
	Vanguard Group of Investment Companies			
	*Vanguard Group of Investment Companies	Dividend Growth	2,128,389	\$83,603,117
	*Vanguard Group of Investment Companies	Explorer	292,231	34,792,979
	*Vanguard Group of Investment Companies	Federal Money Market	138,541,337	138,541,337
	*Vanguard Group of Investment Companies	GNMA	1,112,288	11,723,520
	*Vanguard Group of Investment Companies	High Yield Corporate	3,315,397	19,726,613
	*Vanguard Group of Investment Companies	Institutional Index	414,585	168,234,605
	*Vanguard Group of Investment Companies	Long-Term Investment-Grade	968,140	10,572,086
	*Vanguard Group of Investment Companies	Long-Term U.S. Treasury	676,694	8,648,154
	*Vanguard Group of Investment Companies	Retirement Savings Trust ⁽¹⁾	45,705,208	45,705,208
	*Vanguard Group of Investment Companies	Short-Term Corporate	3,439,986	37,048,649
	*Vanguard Group of Investment Companies	Total Bond Market Index	1,475,808	16,514,286
	*Vanguard Group of Investment Companies	US Growth	388,810	65,498,971
	*Vanguard Group of Investment Companies	Wellesley Income	619,741	43,462,438
	*Vanguard Group of Investment Companies	Wellington	1,509,979	126,536,230
	*Vanguard Group of Investment Companies	Windsor	533,371	43,496,445
				<u>\$854,104,638</u>

Wellington Retirement and Pension Plan
Schedule of Assets (Held at End of Year)
(Schedule H, Part IV, Line 4i, Form 5500)
December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Shares	Current Value
	Wellington Trust Company Pooled Funds			
	*Wellington Trust Company Pooled Funds	Balance Real Asset	934,664	\$10,599,095
	*Wellington Trust Company Pooled Funds	Biotechnology	7,310,302	101,393,891
	*Wellington Trust Company Pooled Funds	China Opportunities	4,349,942	81,778,911
	*Wellington Trust Company Pooled Funds	Core Bond Plus	919,673	12,250,048
	*Wellington Trust Company Pooled Funds	Emerging Markets	4,371,181	70,602,623
	*Wellington Trust Company Pooled Funds	Enduring Assets	4,599,671	86,013,846
	*Wellington Trust Company Pooled Funds	Energy	3,125,133	27,063,651
	*Wellington Trust Company Pooled Funds	Global Contrarian Equity	2,470,455	45,159,913
	*Wellington Trust Company Pooled Funds	Global Health Care	7,295,130	139,045,187
	*Wellington Trust Company Pooled Funds	Global Low Volatility	519,758	9,355,647
	*Wellington Trust Company Pooled Funds	Global Research Equity	2,497,742	43,785,409
	*Wellington Trust Company Pooled Funds	Growth	3,042,408	89,994,420
	*Wellington Trust Company Pooled Funds	International Contrarian Value	3,296,702	53,637,344
	*Wellington Trust Company Pooled Funds	International Opportunities	1,969,977	31,283,242
	*Wellington Trust Company Pooled Funds	International Research Equity	2,518,078	34,976,106
	*Wellington Trust Company Pooled Funds	Micro-Cap Equity	4,086,665	101,635,364
	*Wellington Trust Company Pooled Funds	Mid-Cap Opportunities	2,363,662	59,871,546
	*Wellington Trust Company Pooled Funds	Opportunistic Emerging Markets	2,141,526	22,957,163
	*Wellington Trust Company Pooled Funds	Quality Value	958,359	26,632,791
	*Wellington Trust Company Pooled Funds	Real Estate Securities	2,368,587	45,595,306
	*Wellington Trust Company Pooled Funds	Research Equity	3,465,526	98,836,798
	*Wellington Trust Company Pooled Funds	Research Value	905,966	16,026,536
	*Wellington Trust Company Pooled Funds	Small Cap 2000	2,047,446	50,019,118
	*Wellington Trust Company Pooled Funds	Small Cap Value	3,112,014	51,285,985
	*Wellington Trust Company Pooled Funds	World Bond	756,070	7,893,371
	*Wellington Trust Company Pooled Funds	US Treasury Inflation Protected Securities	2,952,266	35,663,379
				<u>\$1,353,356,690</u>

Wellington Retirement and Pension Plan
Schedule of Assets (Held at End of Year)
(Schedule H, Part IV, Line 4i, Form 5500)
December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Shares	Current Value
	State Street Global Advisor Funds			
	State Street Global Advisor Funds	Target Retirement Income	2,641,374	\$38,350,104
	State Street Global Advisor Funds	Target Retirement 2020	3,404,475	54,907,380
	State Street Global Advisor Funds	Target Retirement 2025	5,336,286	94,607,006
	State Street Global Advisor Funds	Target Retirement 2030	7,143,772	133,645,682
	State Street Global Advisor Funds	Target Retirement 2035	8,632,873	167,469,103
	State Street Global Advisor Funds	Target Retirement 2040	5,211,860	104,200,709
	State Street Global Advisor Funds	Target Retirement 2045	3,007,313	61,607,816
	State Street Global Advisor Funds	Target Retirement 2050	1,983,050	40,953,954
	State Street Global Advisor Funds	Target Retirement 2055	876,946	18,109,818
	State Street Global Advisor Funds	Target Retirement 2060	227,028	4,687,893
	State Street Global Advisor Funds	Target Retirement 2065	161,643	2,158,903
				<u>\$720,698,368</u>

Wellington Retirement and Pension Plan
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December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Shares	Current Value
	Hartford Mutual Funds			
	*Hartford Mutual Funds	Floating Rate	658,483	5,465,406
	*Hartford Mutual Funds	Multi Asset Income and Growth	134,691	2,872,950
				<u>\$8,338,356</u>
		Notes Receivable from Participants		
		Notes Receivable from Participants, 3.4% - 7.92%		
		Maturities ranging from 12/31/21 to 10/23/51		\$6,907,114
				<u>\$2,943,405,167</u>

* Party-in-interest investments.
(1) Collective investment trust administered by the Vanguard Fiduciary Trust Company.
Cost column (d) has been omitted for participant-directed investments.

Wellington Retirement and Pension Plan
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