

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II	Basic Plan Information —enter all requested information
1a Name of plan DOVER CORPORATION RETIREMENT SAVINGS PLAN	1b Three-digit plan number (PN) ▶ 030
	1c Effective date of plan 10/01/1983
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) DOVER CORPORATION 3005 HIGHLAND PARK SUITE 200 DOWNERS GROVE, IL 60515	2b Employer Identification Number (EIN) 53-0257888 2c Plan Sponsor's telephone number 630-541-1540 2d Business code (see instructions) 333310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2023	DANIEL CURCIO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2023	DANIEL CURCIO
	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 (2022)
v. 220413

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 18965
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) 12697
a(2) Total number of active participants at the end of the plan year		6a(2) 13212
b Retired or separated participants receiving benefits		6b 516
c Other retired or separated participants entitled to future benefits.....		6c 5866
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 19594
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 137
f Total. Add lines 6d and 6e		6f 19731
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 18856
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 440
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 2I 2J 2K 2O 2S 2T 3H 3I		
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) ☒ 10 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan DOVER CORPORATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 030
C Plan sponsor's name as shown on line 2a of Form 5500 DOVER CORPORATION	D Employer Identification Number (EIN) 53-0257888

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

(a) Name of insurance carrier AMERICAN GENERAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-3389410	60488	21008	19731	05/27/2022	12/31/2022

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	12242907

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	0
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c	Additions: (1) Contributions deposited during the year	7c(1)	13000000
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	111503
	(4) Transferred from separate account.....	7c(4)	0
	(5) Other (specify below)	7c(5)	0

(6) Total additions.....	7c(6)	13111503
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	13111503
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
(2) Administration charge made by carrier.....	7e(2)	0
(3) Transferred to separate account.....	7e(3)	0
(4) Other (specify below)	7e(4)	0

(5) Total deductions.....	7e(5)	0
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	13111503
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan DOVER CORPORATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 030
C Plan sponsor's name as shown on line 2a of Form 5500 DOVER CORPORATION	D Employer Identification Number (EIN) 53-0257888

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

(a) Name of insurance carrier AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	S00034	19731	05/27/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	12907635

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	0
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c	Additions: (1) Contributions deposited during the year	7c(1)	13697047
	(2) Dividends and credits	7c(2)	0
	(3) Interest credited during the year	7c(3)	93858
	(4) Transferred from separate account	7c(4)	0
	(5) Other (specify below)	7c(5)	0

(6) Total additions	7c(6)	13790905
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	13790905
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
(2) Administration charge made by carrier	7e(2)	0
(3) Transferred to separate account	7e(3)	0
(4) Other (specify below)	7e(4)	0

(5) Total deductions	7e(5)	0
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	13790905
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan DOVER CORPORATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 030
C Plan sponsor's name as shown on line 2a of Form 5500 DOVER CORPORATION	D Employer Identification Number (EIN) 53-0257888

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

(a) Name of insurance carrier LINCOLN NATIONAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-1140070	65676	BVW0103A	19731	05/27/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	14291516

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	0
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c	Additions: (1) Contributions deposited during the year	7c(1)	15000000
	(2) Dividends and credits	7c(2)	0
	(3) Interest credited during the year	7c(3)	172803
	(4) Transferred from separate account	7c(4)	0
	(5) Other (specify below)	7c(5)	0

(6) Total additions	7c(6)	15172803
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d Total of balance and additions (add lines 7b and 7c(6))	7d	15172803
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
(2) Administration charge made by carrier	7e(2)	0
(3) Transferred to separate account	7e(3)	0
(4) Other (specify below)	7e(4)	0

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	15172803
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan DOVER CORPORATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 030
C Plan sponsor's name as shown on line 2a of Form 5500 DOVER CORPORATION	D Employer Identification Number (EIN) 53-0257888

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

(a) Name of insurance carrier NATIONWIDE LIFE INSURANCE COMPANY
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	AMP_DOV_IP_0522	19731	05/27/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	14050468

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	0
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c	Additions: (1) Contributions deposited during the year	7c(1)	15000000
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	111064
	(4) Transferred from separate account.....	7c(4)	0
	(5) Other (specify below)	7c(5)	0

(6) Total additions.....	7c(6)	15111064
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	15111064
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
(2) Administration charge made by carrier.....	7e(2)	0
(3) Transferred to separate account.....	7e(3)	0
(4) Other (specify below)	7e(4)	0

(5) Total deductions.....	7e(5)	0
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	15111064
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan DOVER CORPORATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 030
C Plan sponsor's name as shown on line 2a of Form 5500 DOVER CORPORATION	D Employer Identification Number (EIN) 53-0257888

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

(a) Name of insurance carrier
PACIFIC LIFE INSURANCE POLICY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-1079000	67466	G-027863.01.000	19731	05/27/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	14168733

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	0
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c	Additions: (1) Contributions deposited during the year	7c(1)	15000000
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	155176
	(4) Transferred from separate account.....	7c(4)	0
	(5) Other (specify below)	7c(5)	0

(6) Total additions.....	7c(6)	15155176
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	15155176
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
(2) Administration charge made by carrier.....	7e(2)	0
(3) Transferred to separate account.....	7e(3)	0
(4) Other (specify below)	7e(4)	0

(5) Total deductions.....	7e(5)	0
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	15155176
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan DOVER CORPORATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 030
C Plan sponsor's name as shown on line 2a of Form 5500 DOVER CORPORATION	D Employer Identification Number (EIN) 53-0257888

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

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	728113	19731	05/27/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	1218011

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	0
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c	Additions: (1) Contributions deposited during the year	7c(1)	0
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	24195
	(4) Transferred from separate account.....	7c(4)	0
	(5) Other (specify below)	7c(5)	1194000

▶ TRANSFER DEPOSIT

(6) Total additions.....	7c(6)	1218195
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	1218195
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
(2) Administration charge made by carrier.....	7e(2)	0
(3) Transferred to separate account.....	7e(3)	0
(4) Other (specify below)	7e(4)	0

▶

(5) Total deductions.....	7e(5)	0
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1218195
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan DOVER CORPORATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	030
C Plan sponsor's name as shown on line 2a of Form 5500 DOVER CORPORATION	D Employer Identification Number (EIN) 53-0257888	

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

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1121167	68241	064341	19731	05/27/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	14064249

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	0
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c	Additions: (1) Contributions deposited during the year	7c(1)	15000000
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	121859
	(4) Transferred from separate account.....	7c(4)	0
	(5) Other (specify below)	7c(5)	0

(6) Total additions.....	7c(6)	15121859
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	15121859
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
(2) Administration charge made by carrier.....	7e(2)	0
(3) Transferred to separate account.....	7e(3)	0
(4) Other (specify below)	7e(4)	0

(5) Total deductions.....	7e(5)	0
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	15121859
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan DOVER CORPORATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	030
C Plan sponsor's name as shown on line 2a of Form 5500 DOVER CORPORATION	D Employer Identification Number (EIN) 53-0257888	

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

(a) Name of insurance carrier RGA REINSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-1235868	93572	RGA00110	19731	05/27/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	14291514

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.....**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)****a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

0

c Additions: (1) Contributions deposited during the year**7c(1)**

15000000

(2) Dividends and credits.....

7c(2)

0

(3) Interest credited during the year.....

7c(3)

156461

(4) Transferred from separate account.....

7c(4)

0

(5) Other (specify below)

7c(5)

0

▶

(6) Total additions.....

7c(6)

15156461

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

15156461

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

0

(2) Administration charge made by carrier.....

7e(2)

0

(3) Transferred to separate account.....

7e(3)

0

(4) Other (specify below)

7e(4)

0

▶

(5) Total deductions.....

7e(5)

0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

15156461

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan DOVER CORPORATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	030
C Plan sponsor's name as shown on line 2a of Form 5500 DOVER CORPORATION	D Employer Identification Number (EIN) 53-0257888	

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

(a) Name of insurance carrier UNITED OF OMAHA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
47-0322111	69868	SDGA-30527	19731	05/27/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	3083557

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	0
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c	Additions: (1) Contributions deposited during the year	7c(1)	0
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	62419
	(4) Transferred from separate account.....	7c(4)	0
	(5) Other (specify below)	7c(5)	3016185

▶ **TRANSFER DEPOSIT**

(6) Total additions.....	7c(6)	3078604
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	3078604
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
(2) Administration charge made by carrier.....	7e(2)	1500
(3) Transferred to separate account.....	7e(3)	0
(4) Other (specify below)	7e(4)	0

(5) Total deductions.....	7e(5)	1500
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3077104
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan DOVER CORPORATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 030
C Plan sponsor's name as shown on line 2a of Form 5500 DOVER CORPORATION	D Employer Identification Number (EIN) 53-0257888

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

(a) Name of insurance carrier VOYA FINANCIAL SERVICES
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	060519	19731	05/27/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	14182318

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	0
----------	---	-----------	---

c	Additions: (1) Contributions deposited during the year	7c(1)	15000000
	(2) Dividends and credits	7c(2)	0
	(3) Interest credited during the year	7c(3)	151910
	(4) Transferred from separate account	7c(4)	0
	(5) Other (specify below)	7c(5)	0

(6) Total additions	7c(6)	15151910
---------------------------	--------------	----------

d	Total of balance and additions (add lines 7b and 7c(6))	7d	15151910
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
(2) Administration charge made by carrier	7e(2)	0
(3) Transferred to separate account	7e(3)	0
(4) Other (specify below)	7e(4)	0

(5) Total deductions	7e(5)	0
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	15151910
----------	--	-----------	----------

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE C (Form 5500) 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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan DOVER CORPORATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	030
C Plan sponsor's name as shown on line 2a of Form 5500 DOVER CORPORATION	D Employer Identification Number (EIN) 53-0257888	

Part I	Service Provider Information (see instructions)
--------	---

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(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 60 62 71 72	RECORDKEEPER	969362	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

WILLIS TOWERS WATSON US LLC

53-0181291

(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?
70	CONSULTANT	225046	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INSERO & CO

47-5324570

(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?
10 70	ACCOUNTANT	42030	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 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan DOVER CORPORATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	030
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 DOVER CORPORATION	D Employer Identification Number (EIN) 53-0257888	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE US STRUCTRD RSCH			
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY			
c EIN-PN 52-1309931-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 134807897	
a Name of MTIA, CCT, PSA, or 103-12 IE: ARISTOTLE SMID CAP EQUITY CLASS B			
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY			
c EIN-PN 82-3397846-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17595368	
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA TRUST STABLE INCOME FUND A			
b Name of sponsor of entity listed in (a): AMERIPRISE TRUST COMPANY			
c EIN-PN 41-0007957-060	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIAM BLAIR SMALL MID CAP GROWTH			
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY			
c EIN-PN 27-6331814-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31728816	
a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS INTERNATIONAL EQUITY C			
b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY			
c EIN-PN 82-6253445-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27300277	
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL CORE PLUS BOND 6			
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST			
c EIN-PN 23-6994310-165	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30124677	
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INSTITUTIONAL EXTENDED MAR			
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY			
c EIN-PN 81-6324211-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25591975	

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INSTITUTIONAL INDEX 500 TR		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 81-6327546-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136818207

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2015 TRU		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083969-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2020 TRU		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083983-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33321554

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2025 TRU		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083981-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59597085

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2030 TRU		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083979-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112640365

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2035 TRU		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083977-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54035624

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2040 TRU		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083975-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82084808

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2045 TRU		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083973-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32754605

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2050 TRU		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083969-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27923996

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2055 TRU		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 27-6715074-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21311310

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2060 TRU

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

c EIN-PN 45-3799212-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12149668
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2065 TRU

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

c EIN-PN 82-6190443-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3903036
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT INCOME T

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

c EIN-PN 90-6083968-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26207843
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOTAL BOND MARKET INDEX FU

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

c EIN-PN 81-6321044-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36181553
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOTAL INSTL TOTAL INTL STO

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

c EIN-PN 81-6317280-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33756174
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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)
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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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>DOVER CORPORATION RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>030</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DOVER CORPORATION</u>	D Employer Identification Number (EIN) <u>53-0257888</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	16788669
(2) Participant contributions.....		1b(2)	9460
(3) Other.....		1b(3)	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	1045836
(2) U.S. Government securities		1c(2)	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	0
(B) All other		1c(3)(B)	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	0
(B) Common.....		1c(4)(B)	0
(5) Partnership/joint venture interests		1c(5)	0
(6) Real estate (other than employer real property)		1c(6)	0
(7) Loans (other than to participants).....		1c(7)	0
(8) Participant loans.....		1c(8)	24825042
(9) Value of interest in common/collective trusts.....		1c(9)	1006561861
(10) Value of interest in pooled separate accounts		1c(10)	0
(11) Value of interest in master trust investment accounts.....		1c(11)	0
(12) Value of interest in 103-12 investment entities		1c(12)	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	370198050
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other		1c(15)	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	416599397	318836736
(2) Employer real property	1d(2)		0
e Buildings and other property used in plan operation	1e		0
f Total assets (add all amounts in lines 1a through 1e)	1f	1836028315	1468437574

Liabilities

g Benefit claims payable	1g		0
h Operating payables	1h		0
i Acquisition indebtedness	1i		0
j Other liabilities	1j		3181238
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	3181238

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1836028315	1465256336
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Part II Income and Expense Statement

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

Income

a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	42181464	
(B) Participants.....	2a(1)(B)	70121280	
(C) Others (including rollovers).....	2a(1)(C)	9942370	
(2) Noncash contributions.....	2a(2)	0	122245114
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	14937	
(B) U.S. Government securities.....	2b(1)(B)	58900	
(C) Corporate debt instruments.....	2b(1)(C)	468174	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	875648	
(F) Other.....	2b(1)(F)	611744	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2029403
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	7270404
(B) Common stock.....	2b(2)(B)	4433865	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2836539	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	73755627	14384134
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	59371493	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	-123525850
(B) Other.....	2b(5)(B)	-123525850	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-156942003
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-56197662
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		-190736460
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	186970143	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	-114081	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		186856062
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	1236438	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1236438
j Total expenses. Add all expense amounts in column (b) and enter total	2j		188092500
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-378828960
l Transfers of assets:			
(1) To this plan	2l(1)		8056981
(2) From this plan	2l(2)		0

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: **INSERO & CO**

(2) EIN: **47-5324570**

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.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		15000000
4e	X		15000000
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?		X	
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?		X	
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan DOVER CORPORATION RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ► 030
C Plan sponsor's name as shown on line 2a of Form 5500 DOVER CORPORATION		D Employer Identification Number (EIN) 53-0257888
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 94-1687665		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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
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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 _____

DOVER CORPORATION RETIREMENT SAVINGS PLAN

FINANCIAL REPORT

**For the Year Ended
December 31, 2022**



Dover Corporation Retirement Savings Plan
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December 31, 2022 and 2021

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Supplemental Schedule:	
<u>Schedule H, line 4i - Schedule of Assets (Held at End of Year) at December 31, 2022</u>	<u>13-24</u>

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



INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Plan Participants of the
Dover Corporation Retirement Savings Plan

Opinion

We have audited the financial statements of the Dover Corporation Retirement Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the year ended December 31, 2022, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) at December 31, 2022 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 (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Respectfully submitted,



Insero & Co. CPAs, LLP
Certified Public Accountants

Rochester, New York
June 21, 2023

Dover Corporation Retirement Savings Plan
Statements of Net Assets Available for Benefits
(in thousands)

	December 31,	
	2022	2021
Assets:		
Investments:		
Investments at fair value	\$ 1,320,035	\$ 1,794,405
Investments at contract value	122,067	—
Total investments	<u>1,442,102</u>	<u>1,794,405</u>
Receivables:		
Participant contributions receivable	84	9
Employer contributions receivable	12,691	16,789
Notes receivable from participants	<u>21,838</u>	<u>24,825</u>
Total receivables	<u>34,613</u>	<u>41,623</u>
Total Assets	1,476,715	1,836,028
Liabilities:		
Pending securities settlements	<u>3,181</u>	<u>—</u>
Net assets available for benefits	<u>\$ 1,473,534</u>	<u>\$ 1,836,028</u>

See Notes to Financial Statements

Dover Corporation Retirement Savings Plan
Statement of Changes in Net Assets Available for Benefits
(in thousands)

	For the Year Ended December 31, 2022
Additions:	
Investment loss:	
Dividends and interest	\$ 8,424
Net depreciation in investments	(314,003)
Total investment loss	(305,579)
Interest income on notes receivable from participants	876
Contributions:	
Participant	70,121
Employer	42,181
Rollovers	9,942
Total contributions	122,244
Total additions	(182,459)
Deductions:	
Distributions	(186,856)
Administrative expenses	(1,236)
Total deductions	(188,092)
Decrease in net assets available for benefits prior to transfers	(370,551)
Plan transfers	8,057
Decrease in net assets available for benefits after transfers	(362,494)
Net assets available for benefits:	
Beginning of year	1,836,028
End of year	\$ 1,473,534

See Notes to Financial Statements

Dover Corporation Retirement Savings Plan
Notes to Financial Statements
(Amounts in thousands except where otherwise indicated)

1. Description of the Plan

The following description of the Dover Corporation Retirement Savings Plan (the "Plan") provides only general plan-related information. This description reflects the governing terms and conditions which are contained in the written Plan document. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established to encourage and facilitate retirement savings and investment by eligible employees of Dover Corporation and its subsidiaries ("Dover"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The assets of the Plan that are invested in Dover common stock are held in a separate fund ("Dover Stock Fund") which constitutes an Employee Stock Ownership Plan (an "ESOP") as described under certain sections of the Internal Revenue Code ("IRC"), as amended. The Plan gives participants the option to receive cash dividends attributable to the portion of respective account balances held in the Dover Stock Fund. This allows Dover to deduct, for Federal income tax purposes, the dividends paid with respect to the Dover common stock in the Dover Stock Fund, regardless of whether participants actually receive the dividends in cash.

Bank of America, N.A. is the trustee for the Plan and has served in that capacity since September 1, 2020. The trustee has authority from Dover's Benefits Committee (the "Plan Administrator") to purchase and sell securities.

Eligibility

Eligible employees of Dover who have elected to participate in the Plan may make pre-tax deferrals or Roth 401(k) contributions to the Plan. Subsidiaries of Dover that participate in the Plan (each, a "Participating Employer") make matching contributions and may make discretionary profit-sharing contributions and automatic base contributions to the Plan. Generally, all employees of such participating companies who have reached age 18 are immediately eligible to participate in the Plan.

Automatic Enrollment and Escalation

The Plan has an automatic enrollment feature for all employees. Eligible employees are enrolled automatically in the Plan at a 3% pre-tax contribution rate unless they formally elect to opt-out of the Plan or affirmatively elect to contribute at an alternative rate within thirty days starting at the date of hire. Participants who are automatically enrolled in the Plan will have their deferral amounts automatically increased by 1% annually (up to a maximum of 6%), unless they otherwise elect to opt-out of the automatic increase feature. Pre-tax contributions of participants who are automatically enrolled in the Plan will be invested in the appropriate Vanguard Target Retirement Funds based on the participant's date of birth unless the participant elects to have contributions invested within any of the other investments permitted under the Plan.

Contributions

Participant

Participant pre-tax deferrals and Roth 401(k) contributions from eligible compensation to the Plan are voluntary. Eligible compensation generally includes salary and wages, commissions and certain bonuses. Generally, participants may elect to defer between 1% to 50% (in whole percentages) of their eligible compensation ("Participant Contribution") to their accounts in the Plan. Participants who have attained the age of 50 by the end of the Plan Year are eligible to make catch-up contributions. The pre-tax deferrals promote retirement savings while lowering current taxable income to participants. Roth 401(k) contributions promote retirement savings by allowing participation on an after-tax basis with tax free distribution of qualified withdrawals. The total amounts of participant pre-tax deferrals, Roth 401(k) contributions and catch-up contributions that participants are allowed to make to the Plan on an annual basis are subject to applicable IRC limits. Each participant also has the right to roll over certain distributions into the Plan from other tax-qualified plans or appropriate individual retirement accounts.

Dover Corporation Retirement Savings Plan
Notes to Financial Statements
(Amounts in thousands except where otherwise indicated)

Employer

The Plan allows for a fixed per-payroll matching contribution ("Basic Employer Matching Contribution"). The Basic Employer Matching Contribution is generally 100% on the first 1% and 50% on the next 5% of pre-tax deferrals or Roth 401(k) contributions to the Plan. The Basic Employer Matching Contribution formula for employees covered under a collective bargaining agreement may, however, vary between Participating Employers. Basic Employer Matching Contributions may be made in the form of cash or Dover stock.

Generally, in any Plan Year in which a participant does not receive the maximum Basic Employer Matching Contribution to which he or she is entitled (due to periodic payroll-based limitations or changes to individual deferral rates during the Plan Year), the Participating Employers will make an annual true-up matching contribution at the end of the year which allows eligible participants to receive the maximum allowable Basic Employer Matching Contribution to which they are entitled.

In addition to the Basic Employer Matching Contribution, Participating Employers make an annual automatic base contribution equal to the greater of 1% of pay or 750 dollars to employees who are actively employed on the last day of the Plan Year. In general, the annual automatic base contribution is available to participants who are not eligible to participate in the Dover Corporation Pension Plan. A Participating Employer may also elect to make a profit sharing contribution based on a stated formula or a combination of both profit sharing and automatic base contributions.

Vesting

All participants are fully vested immediately with respect to their own pre-tax deferrals, Roth 401(k) contributions, catch-up contributions and Basic Employer Matching Contributions. Generally, the automatic base contributions vest immediately for employees of Participating Employers.

Except for those Participating Employers whose employees' profit-sharing contribution accounts are immediately vested, a participant's profit-sharing account generally becomes fully vested after five years of service at a rate of 20% per year. A participant's profit-sharing account may also become fully vested upon the participant's attainment of age 65 while he or she is a Dover employee, in the event of his or her death or permanent disability while a Dover employee, or if the Plan is terminated.

Distributions and Forfeitures

A participant's vested account balance in the Plan is distributable following the participant's retirement, death, or other termination of employment. Unvested amounts are forfeited and used to offset future employer contributions. At December 31, 2022 and 2021, accumulated forfeited unvested amounts totaled \$1,163 and \$298, respectively.

Hardship withdrawals are permitted for any participants who are actively employed and demonstrate a financial hardship which meets IRC regulations to be considered an "immediate and heavy financial need." The hardship withdrawal amount is limited to the amount "necessary" to satisfy the financial need, but may be increased to cover income taxes that the participant is expected to incur on the amount of the withdrawal. In addition to federal tax withholding, hardship withdrawals are generally subject to a 10% excise tax.

Distributions from the Plan are generally made in the form of single lump sum payments, although the Plan allows installment distribution payments in the case of fully vested terminated participants who have reached age 55. Distributions may be made payable directly to participants with income taxes withheld, or may be rolled over to another qualified retirement plan or individual retirement account. For distributions that include Dover stock, the participant may elect to receive whole shares of Dover stock "in-kind" and the remaining fractional share in cash.

Notes Receivable from Participants

A participant may borrow from his or her vested interest in the Plan, subject to applicable IRC regulations and certain restrictions imposed by the Plan. The minimum amount that can be borrowed is \$1 for each loan. The maximum amount that can be borrowed is the lesser of (i) 50% of the eligible vested account balance, (ii) \$50, reduced by the highest outstanding balance of Plan loans during the previous 12 months or (iii) the combined value of the participant's salary reduction account and rollover account. The notes receivable are secured by the balances in the participant's vested accounts and participants repay the notes receivable in full or via payroll deduction. Each note receivable carries a reasonable rate of interest determined by the

Dover Corporation Retirement Savings Plan
Notes to Financial Statements
(Amounts in thousands except where otherwise indicated)

Plan Administrator to be commensurate with the prevailing interest rate charged on similar commercial loans made within the same locale and time period. Notes receivable outstanding as of December 31, 2022 bear interest at rates between 3.25% and 9.50%. A participant may have up to two outstanding notes receivable at one time and only one of which can be a primary residence loan. The loan repayment period is limited to 59 months for a general purpose loan and 359 months for a loan used to purchase or build a principal residence and repayments must be made in substantially level installments.

Allocation Provisions

Subject to the Plan's excessive trading restrictions, each participant has the right to direct the entire amount of his or her Plan account to be invested in one or more of the available investment funds in multiples of one percent. Each participant has the right during any business day to transfer all or any portion of the amount in his or her account among the investment funds. Participants who are considered Dover "insiders" may only complete transfers involving Dover stock during designated window periods.

Participants are entitled to vote with respect to any Dover shares in their Plan account in the same manner as other Dover stockholders. The trustee represents those participants who did not exercise voting rights by casting votes on their behalf in the same proportion as the shares of Dover stock in the Plan for which it received voting instructions.

Administrative Expenses

Certain administrative expenses of the Plan related to the trustee, recordkeeping, legal and audit fees are paid by the trust. Fees or commissions associated with each of the investment options and certain other administrative expenses of the Plan are paid primarily by participants on a quarterly basis as a deduction from the amount invested or as an offset to investment earnings.

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements were prepared on the accrual basis of accounting in conformity with generally accepted accounting principles in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts and disclosures of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Risks and Uncertainties

The Plan utilizes various investment securities which are exposed to various risks, including, but not limited to, interest rate, market volatility, liquidity and credit risks. 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 risks in the near term could materially affect participants' account balances and the amounts reported in the financial statements.

At December 31, 2022 and 2021, 21.6% and 22.7%, respectively, of the Plan's assets were invested in Dover common stock.

Investment Valuation

The Plan's investments are reported at fair value (see Note 4 — Fair Value Measurements), except for fully benefit-responsive investment contracts, which are reported at contract value (see Note 3 — Investments).

Investment Transactions and Income Recognition

Purchases and sales of investment securities are reflected on a trade-date basis. Due to timing of settlements, there may be pending transactions as of the financial statement date that result in a receivable or payable to the Plan. Gains and losses on sales of investment securities are determined on the average cost method. Funds temporarily awaiting investment are placed in

Dover Corporation Retirement Savings Plan
Notes to Financial Statements
(Amounts in thousands except where otherwise indicated)

a short-term investment fund of the trustee where they earn the prevailing market rate of interest. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

The Plan presents in the statement of changes in net assets available for benefits the net appreciation or depreciation in its investments which consists of the realized gains or losses and the unrealized appreciation or depreciation on those investments bought and sold as well as held during the year.

Fair Value of Other Financial Instruments

The carrying amount of the contribution receivables and interest-bearing cash approximates fair value due to their short-term maturities.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest with no allowance for credit losses, as repayments of principal and interest are received through payroll deduction and the notes are collateralized by the participants' vested account balances. Interest income is recorded as earned.

Distributions to Participants

Distributions to participants are recorded in the Plan's financial statements when paid.

Excess Contributions

Refunds of excess participant pre-tax deferral, Roth 401(k) and catch-up contributions may be required to satisfy the relevant nondiscrimination and compliance provisions of the Plan. Such refunds are accrued as a liability and reduction in contributions in the Plan year in which the excess deferral was made to the Plan.

Plan Termination

Although it has not expressed any intent to do so, Dover retains the right under the Plan to discontinue all contributions at any time and to terminate the Plan, subject to the provisions of the Plan, ERISA and the IRC. In the event of Plan termination, participants will become 100% vested in their Plan accounts.

Recently Adopted Accounting Pronouncements

There were no recently adopted accounting pronouncements during either Plan year presented.

Subsequent Events

Plan management has evaluated subsequent events for recognition and disclosure through June 21, 2023, which is the date the financial statements were available to be issued.

3. Investments

The Plan Administrator periodically reviews the investment options available in the Plan to ensure that they continue to help participants reach retirement savings goals.

The Plan offered the following investment fund types during 2022 and 2021:

Dover Stock Fund:

The Dover Stock Fund invests in Dover common stock and contains a nominal balance in money market instruments for liquidity purposes. This account holds shares of Dover common stock purchased through employee and employer contributions.

Dover Corporation Retirement Savings Plan
Notes to Financial Statements
(Amounts in thousands except where otherwise indicated)

Mutual funds:

The mutual funds are traded in an active market valued by obtaining quoted prices from nationally recognized securities exchanges. The Plan offers various types of mutual funds with varying levels of risk. Such funds invest in domestic common stock, international stock and bonds.

Collective funds:

The collective funds are valued at their respective Net Asset Value ("NAV") as reported by such trust. The NAV is used as a practical expedient to estimate fair value based on the underlying assets of the trust. The fair value of the underlying assets is obtained by the Plan's trustee from information provided by each fund manager using their respective audited financial statements of the collective trusts at year end. Generally there are no restrictions on redemption of these investments, however, some investments may require an advance written notice to the trustee prior to redemption of trust units.

Dover Stable Value fund:

The Plan's investment options include a Stable Value Fund, which invests in a diversified portfolio of fully benefit-responsive guaranteed investment contracts ("GICs"), including traditional and constant duration synthetic GICs, mortgage-backed securities and a money market fund. The money market fund and mortgaged-backed securities are held at fair value. The money market fund is included in interest-bearing cash. See Note 4 — Fair Value Measurements. The Dover Stable Value fund was established in 2022 using funds from the Columbia Trust Stable Income Fund which was an investment closed during 2022.

The traditional GICs held by the Plan are guaranteed investment contracts where the contract issuer is contractually obligated to repay the principal on a specified date and interest at a specified interest rate. The crediting rate for traditional GICs is based on a competitive quote by the contract issuer and is fixed until maturity. The constant duration synthetic GICs are wrapper contracts paired with underlying investments which are owned by the Plan. The crediting rate for the constant duration synthetic GICs is based on a formula established by the contract issuer and is variable through maturity. The GICs allow participant-directed transactions to be made at contract value, which represents contributions plus interest earned, less benefits paid and transfers to other funds.

For both traditional and constant duration synthetic GICs, withdrawals and transfers resulting from certain events may limit the ability of the Plan to transact at contract value with the issuer of fully benefit-responsive investment contracts. These events include but are not limited to the following: (1) employer-initiated events which would have a material number of participants leave the Plan; (2) employer communications designed to induce participants to transfer from the fund; (3) a legal regulatory event such as an adverse ruling by a regulatory agency; and (4) changes of qualification status of the employer or the Plan. In such circumstances, fair market value would likely be used to determine payouts to participants. In general, the Plan may terminate the contract and settle at other than contract value due to breach of material obligations under the contract and misrepresentation by the contract holder, failure of the underlying portfolio to conform to the pre-established investment guidelines, or a request by the Plan sponsor to terminate or partially terminate the contract at fair market value. At this time, the Plan does not believe that an event limiting the Plan's ability to transact with participants at contract value is probable.

The following table reflects the contract value for each type of fully benefit-responsive investment contract. There were no investments held at contract value as of December 31, 2021.

	December 31, 2022
Traditional GICs	\$ 4,295
Constant duration synthetic GICs	117,772
Total	\$ 122,067

4. Fair Value Measurements

ASC 820, *Fair Value Measurements and Disclosures*, defines fair value as the price at which an orderly transaction to sell the asset or to transfer the liability would take place between market participants at the measurement date. When determining the fair value measurements for assets and liabilities required to be recorded at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions and risk of nonperformance.

ASC 820 also establishes a fair value hierarchy that requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. A financial instrument's categorization within the fair value hierarchy

Dover Corporation Retirement Savings Plan
Notes to Financial Statements
(Amounts in thousands except where otherwise indicated)

is based upon the lowest level of input that is significant to the fair value measurement. ASC 820 establishes three levels of inputs that may be used to measure fair value:

Level 1: quoted prices in active markets for identical assets or liabilities.

Mutual funds and Dover Stock Fund: These investments are public investment securities valued by obtaining quoted prices from nationally recognized securities exchanges.

Interest-bearing cash: Stated at cost, which approximates fair value.

Level 2: inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Mortgage-backed securities: These investments are valued using the market approach, in which a security's value is determined through reference to prices and information from market transactions for similar or identical assets.

Level 3: unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities or significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

There were no Level 3 investments held as of December 31, 2022 or 2021 or during the year ended December 31, 2022.

Below are the Plan's financial instruments carried at fair value on a recurring basis by their ASC 820 fair value hierarchy level as of December 31, 2022 and 2021:

As of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Investments:				
Dover Stock Fund	\$ 318,837	\$ —	\$ —	\$ 318,837
Mutual fund	51,739	—	—	51,739
Interest-bearing cash	6,443	—	—	6,443
Mortgage-backed securities	—	3,181	—	3,181
Total investments in the fair value hierarchy	377,019	3,181	—	380,200
Investments measured at net asset value*				
Collective funds	—	—	—	939,835
Total investments at fair value	\$ 377,019	\$ 3,181	\$ —	\$ 1,320,035

Dover Corporation Retirement Savings Plan
Notes to Financial Statements
(Amounts in thousands except where otherwise indicated)

As of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Investments:				
Dover Stock Fund	\$ 416,599	\$ —	\$ —	\$ 416,599
Mutual funds	370,198	—	—	370,198
Interest-bearing cash	1,046	—	—	1,046
Total investments in the fair value hierarchy	787,843	—	—	787,843
Investments measured at net asset value*				
Collective funds	—	—	—	1,006,562
Total investments at fair value	\$ 787,843	\$ —	\$ —	\$ 1,794,405

* In accordance with Subtopic 820-10, certain investments that are measured using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

5. Related Party and Party-in-Interest Transactions

Certain Plan assets are invested in common stock of Dover. As the Plan sponsor, Dover is also a related party in accordance with Section 3.14 of ERISA. Certain Plan investments are interest-bearing cash managed by the trustee or companies owned by the trustee that qualify as party-in-interest transactions. Notes receivable from participants held by the Plan are also considered party-in-interest transactions.

Certain administrative functions are performed by employees of Dover and no such employee receives compensation from the Plan. Other expenses relating to the Plan, including certain legal and consulting services, are paid directly by Dover. Fees or commissions associated with each of the investment options and certain administrative expenses of the Plan are paid primarily by participants as a deduction from the amount invested, or as an offset to investment earnings.

At December 31, 2022 and 2021, the Plan held 2,240 and 2,182 shares of Dover stock, respectively. Dividends received by the Plan on these shares totaled \$4,434 for the year ended December 31, 2022. These transactions also qualify as party-in-interest transactions.

6. Income Tax Status

The Plan obtained its latest determination letter on April 28, 2015, in which the Internal Revenue Service stated that the Plan and related trust, as adopted, was designed in accordance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. Dover believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC in all material respects. Therefore, Dover believes that the Plan was qualified and the related Trust was tax-exempt as of the financial statement dates.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2019.

7. Plan Transfers

On February 1, 2022, assets amounting to \$7,120 were transferred into the Plan as a result of the legal plan merger of the Innovative Control Systems 401(k) Plan. On February 3, 2022, assets amounting to \$742 were transferred into the Plan as a result of the legal plan merger of the Blue Bite, LLC Retirement Saving Plan. On February 9, 2022, assets amounting to \$195 were transferred into the Plan as a result of the legal plan merger of the CDS Visual Inc. 401(k) Profit Sharing Plan & Trust. Employees of all plans began participating in the Plan effective January 1, 2022.

Dover Corporation Retirement Savings Plan
Notes to Financial Statements
(Amounts in thousands except where otherwise indicated)

8. Reconciliation of Financial Statements to Form 5500

The following are reconciliations of net assets available for benefits and changes in net assets available for benefits as presented in these financial statements to the balances per Form 5500:

	As of December 31, 2022
Net assets available for plan benefits per the financial statements	\$ 1,473,534
Adjustment from contract value to fair value for fully benefit-responsive GICs	(8,278)
Net assets available for plan benefits per the Form 5500	<u>\$ 1,465,256</u>
	For the Year Ended December 31, 2022
Decrease in net assets available for benefits prior to transfers per the financial statements	\$ (370,551)
Adjustment from contract value to fair value for fully benefit-responsive GICs	(8,278)
Decrease in net assets available for benefits per the Form 5500	<u>\$ (378,829)</u>

There were no investments held at contract value as of December 31, 2021.

9. Subsequent Events

On January 3, 2023, assets were transferred into the Plan from the legal plan mergers of the Engineered Controls International, LLC Retirement Plan, the Acme Cryogenics, Inc. Employees 401(k) Plan and the Malema Engineering Corporation 401(k) Plan. Plan assets transferred were \$37,419, \$14,155 and \$2,062 respectively. Employees of these plans began participating in the Plan effective January 1, 2023.

Dover Corporation Retirement Savings Plan
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
At December 31, 2022
(in thousands)

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value
Interest-bearing cash:			
*	Merrill Lynch Bank	Deposit program	\$ 1,180
	Columbia	Money market funds	5,263
		Total interest-bearing cash	6,443
Stock fund:			
*	Dover Corporation	Dover Stock Fund	318,837
Mutual fund:			
	Vanguard	Small Cap Index Fund Institutional	51,739
Collective funds:			
	Aristotle	Small-Mid Cap Equity Collective Trust B	17,595
	GQG	GQG Partners Intl Eqty CL C	27,300
	T. Rowe	Structured Research Common Trust Fund Class C	134,808
	Vanguard	Target Retirement Income Trust I	26,208
	Vanguard	Target Retirement 2020 Trust I	33,322
	Vanguard	Target Retirement 2025 Trust I	59,597
	Vanguard	Target Retirement 2030 Trust I	112,640
	Vanguard	Target Retirement 2035 Trust I	54,036
	Vanguard	Target Retirement 2040 Trust I	82,085
	Vanguard	Target Retirement 2045 Trust I	32,755
	Vanguard	Target Retirement 2050 Trust I	27,924
	Vanguard	Target Retirement 2055 Trust I	21,311
	Vanguard	Target Retirement 2060 Trust I	12,150
	Vanguard	Target Retirement 2065 Trust I	3,902
	Vanguard	Vanguard Institutional Index 500	136,818
	Vanguard	Vanguard Institutional Extended Market Index	25,592
	Vanguard	Vanguard Total Bond Market Index	36,182
	Vanguard	Vanguard Total Institutional Stock Market Index	33,756
	Prudential	Prudential Core Plus Bond 6	30,125
	William Blair	Small-Mid Cap Growth CIT	31,729
		Total collective funds	939,835
Dover stable value fund:			
Mortgage-backed securities:			
	UMBS 15YR TBA(REG B)	2.50% - 01/17/2038 - 350	320
	UMBS 15YR TBA(REG B)	4.00% - 01/17/2038 - 2,375	2,315
	UMBS 15YR TBA(REG B)	4.50% - 01/17/2038 - 550	546
		Total mortgage-backed securities	3,181
Fully benefit-responsive investment contracts:			
**	Principal Life	Traditional guaranteed investment contract	1,218
**	United of Omaha	Traditional guaranteed investment contract	638
**	United of Omaha	Traditional guaranteed investment contract	1,219

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value
**	United of Omaha	Traditional guaranteed investment contract	1,220
	AT&T INC	4.35% - 03/01/2029 - 400	381
	ABBVIE INC	3.60% - 05/14/2025 - 400	388
	ACE INA HOLDINGS INC	3.35% - 05/03/2026 - 425	407
	AMERICAN EXPRESS COMPANY	5.85% - 11/05/2027 - 500	519
	AMERICAN INTERNATIONAL GR	3.90% - 04/01/2026 - 101	98
	AMERICAN TOWER CORPORATIO	3.55% - 07/15/2027 - 325	301
	AMCAR_21-3	0.76% - 08/18/2026 - 345	328
	COLUMBIA TR MM FUND ZERO	Money market	5,154
	AMGEN INC	4.05% - 08/18/2029 - 400	375
	AXIS_21-1A	0.75% - 11/20/2026 - 300	289
	ANHEUSER-BUSCH INBEV WORL	4.00% - 04/13/2028 - 300	286
	ANTHEM INC	1.50% - 03/15/2026 - 180	162
	APPLE INC	1.20% - 02/08/2028 - 500	425
	ASTRAZENECA FINANCE LLC	1.20% - 05/28/2026 - 310	276
	BAE SYSTEMS HOLDINGS INC	3.85% - 12/15/2025 - 205	198
*	BANK OF AMERICA CORP	4.95% - 07/22/2028 - 1,200	1,173
	BACM_16-UB10	3.02% - 07/15/2049 - 263	252
	BANK OF MONTREAL	4.70% - 09/14/2027 - 550	544
	BANK OF NEW YORK MELLON C	3.99% - 06/13/2028 - 575	550
	BANK OF NOVA SCOTIA	1.30% - 09/15/2026 - 625	547
	BECTON DICKINSON AND COMP	3.70% - 06/06/2027 - 340	322
	BMARK_19-B9	3.02% - 03/15/2052 - 12	12
	BERKSHIRE HATHAWAY ENERGY	3.50% - 02/01/2025 - 300	294
	BERKSHIRE HATHAWAY FINANC	2.30% - 03/15/2027 - 300	277
	BP CAPITAL MARKETS AMERIC	3.94% - 09/21/2028 - 500	478
	BRISTOL-MYERS SQUIBB CO	2.90% - 07/26/2024 - 70	68
	BRISTOL-MYERS SQUIBB CO	1.13% - 11/13/2027 - 450	385
	CCG_19-2	2.11% - 03/15/2027 - 3	3
	CCG_21-1	0.30% - 06/14/2027 - 73	70
	CCG_21-2	0.54% - 03/14/2029 - 95	91
	CFCRE_16-C4	3.09% - 05/10/2058 - 79	76
	CFCRE_17-C8	3.37% - 06/15/2050 - 56	54
	CIGNA CORP	3.40% - 03/01/2027 - 350	328
	CMS ENERGY CORPORATION	3.88% - 03/01/2024 - 275	269
	COMM_14-CR16	4.05% - 04/10/2047 - 925	896
	COMM_14-LC17	3.62% - 10/10/2047 - 97	95
	COMM_14-LC17	3.92% - 10/10/2047 - 785	761
	COMM_14-UBS6	3.39% - 12/10/2047 - 40	39
	COMM_15-CR22	3.31% - 03/10/2048 - 50	47
	COMM_16-COR1	2.97% - 10/10/2049 - 84	80
	COMM_18-COR3	4.18% - 05/10/2051 - 650	624
	CSAIL_19-C16	3.14% - 06/15/2052 - 55	50
	CNH_21-C	0.81% - 12/15/2026 - 445	422
	COMM_13-CR8	3.61% - 06/10/2046 - 366	363
	COMM_13-CR9	3.83% - 07/10/2045 - 25	25
	COMM_13-LC13	3.77% - 08/10/2046 - 40	40
	COMM_13-CR11	4.26% - 08/10/2050 - 1,010	994
	CSAIL_15-C1	3.35% - 04/15/2050 - 246	240
	COMM_13-CR13	3.71% - 11/10/2046 - 4	4
	COMM_14-CR14	3.15% - 02/10/2047 - 122	121

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value
	COMM_14-CR18	3.45% - 07/15/2047 - 11	11
	CSAIL_16-C7	3.31% - 11/15/2049 - 340	327
	CSX CORPORATION	3.80% - 03/01/2028 - 350	334
	CNH_21-B	0.44% - 08/17/2026 - 424	401
	CVS HEALTH CORP	1.30% - 08/21/2027 - 440	373
	CANADIAN IMPERIAL BANK OF	0.84% - 09/13/2023 - 450	450
	CARMX_21-1	0.34% - 12/15/2025 - 237	230
	CARMX_22-4	5.34% - 08/16/2027 - 550	555
	CARRIER GLOBAL CORP	2.49% - 02/15/2027 - 325	293
	CRVNA_20-P1	0.61% - 10/08/2026 - 490	454
	CRVNA_21-N1	0.70% - 01/10/2028 - 160	149
	CRVNA_21-N4	1.80% - 09/11/2028 - 525	476
	CRVNA_21-P4	1.31% - 01/11/2027 - 995	926
	CRVNA_22-P1	3.35% - 02/10/2027 - 330	317
	CATERPILLAR FINANCIAL SER	3.60% - 08/12/2027 - 450	430
	CNP_12-1	3.03% - 10/15/2025 - 254	248
	CGCMT_16-C1	3.00% - 05/10/2049 - 263	252
	CITIGROUP INC	4.60% - 03/09/2026 - 805	792
	CGCMT_14-GC25	3.64% - 10/10/2047 - 310	298
	CGCMT_16-P5	2.84% - 10/10/2049 - 147	140
	CITIGROUP INC	2.01% - 01/25/2026 - 175	162
	COMCAST CORPORATION	5.35% - 11/15/2027 - 475	486
	COREBRIDGE FINANCIAL INC	3.65% - 04/05/2027 - 400	373
	CAALT_20-3A	1.24% - 10/15/2029 - 232	227
	DLL_19-DA1	2.92% - 04/20/2027 - 141	140
	DLL_19-MT3	2.15% - 09/21/2026 - 4	4
	DLLAA_21-1A	0.36% - 05/17/2024 - 19	19
	DLLST_22-1A	3.40% - 01/21/2025 - 125	122
	DLLMT_21-1A	1.00% - 07/21/2025 - 630	597
	JOHN DEERE CAPITAL CORP	1.50% - 03/06/2028 - 500	428
	DEUTSCHE TELEKOM INTERNAT	2.49% - 09/19/2023 - 155	152
	DIAGEO CAPITAL PLC	5.30% - 10/24/2027 - 400	409
	WALT DISNEY COMPANY (THE)	1.75% - 01/13/2026 - 475	435
	DOMINION RESOURCES INC	3.90% - 10/01/2025 - 375	366
	DOW CHEMICAL COMPANY (THE)	4.80% - 11/30/2028 - 275	271
	DOWDUPONT INC	4.49% - 11/15/2025 - 275	271
	DUKE ENERGY CORP	4.30% - 03/15/2028 - 400	386
	ERAC USA FINANCE LLC	3.80% - 11/01/2025 - 290	277
	ENTERPRISE PRODUCTS OPERA	3.90% - 02/15/2024 - 180	177
	ENTERPRISE PRODUCTS OPERA	3.75% - 02/15/2025 - 70	68
	OSCAR_21-2A	0.86% - 09/10/2025 - 535	504
	EVERSOURCE ENERGY	3.30% - 01/15/2028 - 385	355
	EXELON CORPORATION	2.75% - 03/15/2027 - 410	377
	FGOLD 30YR	6.50% - 03/01/2032 - 7	7
	FGOLD 30YR GIANT	4.00% - 12/01/2042 - 18	17
	FGOLD 15YR GIANT	3.50% - 07/01/2026 - 5	5
	FGOLD 15YR GIANT	5.00% - 03/01/2025 - 9	10
	FGOLD 15YR GIANT	4.00% - 01/01/2025 - 0	0
	FGOLD 15YR GIANT	4.00% - 04/01/2026 - 1	1
	FGOLD 15YR GIANT	3.50% - 08/01/2029 - 16	16
	FGOLD 15YR GIANT	3.50% - 09/01/2029 - 5	5
	FGOLD 15YR GIANT	3.50% - 09/01/2026 - 3	3

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value
	FGOLD 15YR GIANT	4.00% - 07/01/2026 - 2	2
	FGOLD 15YR GIANT	4.00% - 06/01/2026 - 1	1
	FGOLD 15YR GIANT	4.00% - 10/01/2025 - 1	1
	FGOLD 15YR GIANT	3.50% - 05/01/2027 - 1	1
	FGOLD 15YR GIANT	3.50% - 07/01/2026 - 1	1
	FGOLD 15YR GIANT	4.00% - 05/01/2026 - 7	7
	FGOLD 15YR GIANT	4.00% - 07/01/2026 - 2	2
	FGOLD 15YR GIANT	3.50% - 01/01/2027 - 26	26
	FGOLD 15YR GIANT	3.50% - 09/01/2026 - 1	1
	FGOLD 15YR GIANT	3.50% - 01/01/2029 - 2	2
	FGOLD 15YR GIANT	3.50% - 11/01/2029 - 2	2
	FGOLD 15YR GIANT	3.50% - 08/01/2032 - 3	2
	FGOLD 30YR GIANT	3.50% - 03/01/2045 - 6	6
	FGOLD 30YR GIANT	4.00% - 03/01/2045 - 4	4
	FGOLD 30YR GIANT	4.00% - 02/01/2045 - 3	3
	FGOLD 30YR GIANT	3.50% - 09/01/2045 - 5	4
	FGOLD 30YR GIANT	3.50% - 06/01/2045 - 10	9
	FGOLD 30YR GIANT	3.50% - 12/01/2045 - 10	9
	FGOLD 30YR GIANT	3.50% - 06/01/2046 - 7	7
	FGOLD 30YR GIANT	3.50% - 08/01/2046 - 16	15
	FGOLD 15YR GIANT	4.00% - 07/01/2024 - 0	0
	FGOLD 15YR GIANT	4.00% - 06/01/2025 - 1	1
	FGOLD 15YR GIANT	4.00% - 03/01/2025 - 1	1
	FGOLD 15YR GIANT	3.50% - 03/01/2026 - 0	0
	FGOLD 15YR GIANT	3.50% - 11/01/2025 - 6	6
	FGOLD 15YR GIANT	3.50% - 06/01/2026 - 4	4
	FGOLD 15YR GIANT	3.50% - 07/01/2026 - 0	0
	FGOLD 15YR GIANT	3.50% - 08/01/2026 - 8	8
	FGOLD 15YR GIANT	3.50% - 09/01/2026 - 9	9
	FGOLD 15YR GIANT	3.50% - 04/01/2027 - 2	2
	FGOLD 15YR GIANT	3.50% - 03/01/2029 - 1	1
	FGOLD 15YR GIANT	3.50% - 10/01/2028 - 1	1
	FGOLD 15YR GIANT	3.50% - 08/01/2029 - 26	25
	FGOLD 15YR GIANT	3.50% - 11/01/2029 - 40	39
	FGOLD 15YR GIANT	3.50% - 04/01/2030 - 2	2
	FGOLD 15YR GIANT	3.00% - 05/01/2031 - 32	30
	FGOLD 15YR GIANT	3.50% - 08/01/2033 - 24	23
	FGOLD 15YR GIANT	3.00% - 09/01/2033 - 25	23
	FGOLD 15YR GIANT	3.50% - 12/01/2033 - 34	33
	FGOLD 15YR	4.00% - 07/01/2025 - 4	4
	FGOLD 15YR	4.00% - 07/01/2025 - 1	1
	FGOLD 15YR	4.00% - 03/01/2025 - 1	1
	FGOLD 15YR	4.00% - 02/01/2025 - 2	2
	FGOLD 15YR	4.00% - 04/01/2025 - 0	0
	FGOLD 15YR	4.00% - 06/01/2025 - 1	1
	FGOLD 15YR	3.50% - 11/01/2025 - 3	3
	FGOLD 15YR	3.50% - 11/01/2025 - 0	0
	FGOLD 15YR	3.50% - 12/01/2025 - 1	1
	FGOLD 15YR	3.50% - 08/01/2025 - 2	2
	FGOLD 15YR	3.50% - 10/01/2025 - 3	3
	FGOLD 15YR	3.50% - 10/01/2025 - 2	2
	FGOLD 15YR	3.50% - 10/01/2025 - 0	0

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value
	FGOLD 15YR	3.50% - 11/01/2025 - 2	2
	FGOLD 15YR	3.50% - 11/01/2025 - 1	1
	FGOLD 15YR	3.50% - 11/01/2025 - 1	1
	FGOLD 15YR	3.50% - 11/01/2025 - 2	2
	FGOLD 15YR	3.50% - 12/01/2025 - 2	2
	FGOLD 15YR	3.50% - 12/01/2025 - 1	1
	FGOLD 15YR	3.50% - 12/01/2025 - 3	3
	FGOLD 15YR	3.50% - 02/01/2026 - 6	6
	FGOLD 15YR	4.00% - 03/01/2026 - 3	3
	FGOLD 15YR	3.50% - 01/01/2026 - 2	2
	FGOLD 15YR	3.50% - 03/01/2026 - 3	3
	FGOLD 15YR	3.50% - 03/01/2026 - 5	5
	FGOLD 15YR	4.00% - 03/01/2026 - 2	2
	FGOLD 15YR	3.50% - 03/01/2026 - 3	3
	FGOLD 15YR	3.50% - 04/01/2026 - 1	1
	FGOLD 15YR	4.00% - 05/01/2026 - 1	1
	FGOLD 15YR	3.50% - 04/01/2026 - 1	1
	FGOLD 15YR	3.50% - 08/01/2026 - 3	3
	FGOLD 15YR	3.50% - 06/01/2026 - 4	3
	FGOLD 15YR	3.50% - 06/01/2026 - 1	1
	FGOLD 15YR	4.00% - 06/01/2026 - 18	17
	FGOLD 15YR	3.50% - 07/01/2026 - 0	0
	FGOLD 15YR	3.50% - 07/01/2026 - 1	1
	FGOLD 15YR	3.50% - 08/01/2026 - 1	1
	FGOLD 15YR	3.50% - 07/01/2026 - 4	4
	FGOLD 15YR	3.50% - 07/01/2026 - 3	3
	FGOLD 15YR	3.50% - 08/01/2026 - 3	3
	FGOLD 15YR	3.50% - 08/01/2026 - 0	0
	FGOLD 15YR	3.50% - 08/01/2026 - 4	4
	FGOLD 15YR	3.50% - 09/01/2026 - 8	7
	FGOLD 15YR	3.50% - 09/01/2026 - 1	1
	FGOLD 15YR	3.00% - 09/01/2026 - 1	1
	FGOLD 15YR	3.00% - 02/01/2027 - 1	1
	FGOLD 15YR	3.00% - 12/01/2026 - 0	0
	FGOLD 15YR	3.50% - 01/01/2027 - 0	0
	FGOLD 15YR	3.50% - 03/01/2027 - 8	8
	FGOLD 15YR	4.00% - 06/01/2025 - 1	1
	FGOLD 15YR	4.00% - 07/01/2025 - 1	1
	FGOLD 15YR	4.00% - 08/01/2025 - 2	2
	FGOLD 15YR	4.00% - 09/01/2025 - 0	0
	FGOLD 15YR	3.50% - 10/01/2025 - 14	14
	FGOLD 15YR	3.50% - 11/01/2025 - 4	4
	FGOLD 15YR	3.50% - 12/01/2025 - 4	3
	FGOLD 15YR	3.50% - 06/01/2026 - 4	4
	FGOLD 15YR	3.50% - 05/01/2026 - 16	16
	FGOLD 15YR	3.50% - 06/01/2026 - 2	2
	FGOLD 15YR	3.50% - 07/01/2026 - 7	7
	FGOLD 15YR	3.50% - 10/01/2026 - 2	2
	FGOLD 15YR	3.50% - 09/01/2026 - 6	6
	FGOLD 15YR	3.50% - 05/01/2032 - 10	10
	FGOLD 15YR	3.00% - 07/01/2032 - 5	4
	FGOLD 15YR	3.00% - 01/01/2033 - 92	88

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value
	FGOLD 15YR	3.00% - 03/01/2033 - 47	45
	FHLB	2.88% - 06/14/2024 - 2,500	2,430
	FHLB	3.00% - 03/12/2027 - 50	48
	FHLB	2.13% - 12/11/2026 - 300	277
	FHLB	3.13% - 09/12/2025 - 20	19
	FHLB	1.25% - 12/21/2026 - 1,780	1,589
	FHLMC 15YR UMBS MIRROR	3.00% - 03/01/2031 - 152	146
	FHLMC 15YR UMBS MIRROR	3.00% - 01/01/2033 - 120	114
	FHLMC 15YR UMBS MIRROR	2.50% - 04/01/2030 - 22	21
	FHLMC 15YR UMBS MIRROR	2.50% - 11/01/2032 - 144	135
	FHLMC 15YR UMBS MIRROR	2.50% - 07/01/2032 - 9	9
	FHLMC 15YR UMBS MIRROR	2.50% - 05/01/2033 - 143	132
	FHLMC 15YR UMBS MIRROR	3.00% - 04/01/2034 - 41	38
	FHLMC 15YR UMBS SUPER	3.00% - 01/01/2034 - 42	40
	FHLMC 15YR UMBS SUPER	3.00% - 08/01/2034 - 26	24
	FHLMC 15YR UMBS SUPER	2.50% - 08/01/2034 - 77	71
	FHLMC 15YR UMBS SUPER	2.50% - 10/01/2034 - 14	13
	FHLMC 15YR UMBS SUPER	2.00% - 06/01/2035 - 268	240
	FHLMC 15YR UMBS SUPER	2.00% - 09/01/2035 - 57	51
	FHLMC 15YR UMBS SUPER	2.00% - 10/01/2035 - 61	54
	FHLMC GOLD 30YR	3.50% - 03/01/2045 - 11	10
	FHLMC GOLD 30YR	3.50% - 05/01/2046 - 5	5
	FFCB	0.55% - 11/24/2023 - 720	692
	FHLMC 15YR UMBS	3.00% - 12/01/2034 - 44	41
	FHLMC 15YR UMBS	3.00% - 12/01/2034 - 34	32
	FHLMC 15YR UMBS	2.00% - 08/01/2035 - 54	48
	FHLMC 15YR UMBS	2.00% - 08/01/2035 - 81	73
	FNMA	2.88% - 09/12/2023 - 4,000	3,945
	FNMA 30YR	5.00% - 08/01/2034 - 10	10
	FHLMC_K030	3.25% - 04/25/2023 - 151	151
	FHLMC_K031	3.30% - 04/25/2023 - 473	470
	FHLMC_K032	3.31% - 05/25/2023 - 84	83
	FHLMC_K037	2.59% - 04/25/2023 - 2	2
	FHLMC_K038	3.39% - 03/25/2024 - 450	440
	FHLMC_K041	3.17% - 10/25/2024 - 55	53
	FHLMC_K047	3.33% - 05/25/2025 - 1,240	1,201
	FHLMC_K050	2.80% - 01/25/2025 - 55	53
	FHLMC_K052	3.15% - 11/25/2025 - 85	82
	FHLMC_K054	2.30% - 01/25/2025 - 9	9
	FHLMC_K060	3.30% - 10/25/2026 - 295	282
	FHLMC REFERENCE NOTE	1.50% - 02/12/2025 - 40	38
	FHLMC REFERENCE NOTE	0.25% - 08/24/2023 - 655	636
	FHMS_17-K066	2.80% - 12/25/2026 - 221	212
	FHLMC_K731	3.60% - 02/25/2025 - 99	96
	FHLMC_K736	1.90% - 06/25/2025 - 45	44
	FNMA 30YR	7.00% - 09/01/2031 - 1	1
	FNMA 15YR	3.50% - 01/01/2026 - 2	2
	FNMA 15YR	3.50% - 01/01/2026 - 5	4
	FNMA 15YR	3.50% - 02/01/2026 - 3	2
	FNMA 15YR	3.50% - 02/01/2026 - 16	16
	FNMA 15YR	3.50% - 02/01/2026 - 10	10
	FNMA 15YR	4.00% - 03/01/2026 - 2	2

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value
	FNMA 15YR	4.00% - 05/01/2026 - 0	0
	FNMA 15YR	3.50% - 09/01/2026 - 0	0
	FNMA 15YR	3.50% - 10/01/2026 - 2	2
	FNMA 15YR	4.50% - 06/01/2026 - 3	3
	FNMA 15YR	3.50% - 08/01/2026 - 8	8
	FNMA 15YR	3.50% - 08/01/2026 - 14	14
	FNMA 15YR	3.50% - 09/01/2026 - 3	3
	FNMA 15YR	3.50% - 10/01/2026 - 31	30
	FNMA 15YR	3.50% - 11/01/2026 - 1	1
	FNMA 30YR	4.00% - 12/01/2041 - 8	8
	FNMA 15YR	3.50% - 01/01/2027 - 23	23
	FNMA 15YR	4.00% - 11/01/2026 - 12	11
	FNMA 15YR	3.50% - 01/01/2027 - 23	23
	FNMA 15YR	5.00% - 09/01/2025 - 0	0
	FNMA 15YR	3.50% - 08/01/2027 - 10	10
	FNMA 15YR	3.50% - 11/01/2027 - 3	3
	FNMA 15YR	3.50% - 06/01/2027 - 12	12
	FNMA 30YR	4.50% - 10/01/2043 - 8	8
	FNMA 15YR	4.00% - 01/01/2029 - 8	8
	FNMA 15YR	4.00% - 01/01/2029 - 8	8
	FNMA 15YR	4.00% - 01/01/2029 - 8	8
	FNMA 15YR	4.00% - 01/01/2029 - 7	7
	FNMA 15YR	3.50% - 10/01/2029 - 9	9
	FNMA 15YR	3.50% - 04/01/2030 - 14	14
	FNMA 15YR	3.00% - 09/01/2031 - 4	4
	FNMA 15YR	3.00% - 11/01/2031 - 2	2
	FNMA 15YR	3.50% - 06/01/2030 - 63	62
	FNMA 15YR	3.50% - 02/01/2031 - 26	26
	FNMA 15YR	3.50% - 10/01/2028 - 51	49
	FNMA 15YR	3.50% - 11/01/2028 - 11	10
	FNMA 15YR	3.50% - 12/01/2028 - 3	3
	FNMA 15YR	3.50% - 06/01/2029 - 24	23
	FNMA 15YR	3.50% - 08/01/2029 - 3	3
	FNMA 30YR	4.00% - 08/01/2044 - 21	21
	FNMA 15YR	3.50% - 09/01/2029 - 6	6
	FNMA 30YR	4.00% - 10/01/2044 - 8	8
	FNMA 15YR	3.00% - 07/01/2030 - 7	7
	FNMA 30YR	3.50% - 06/01/2045 - 10	9
	FNMA 30YR	3.50% - 11/01/2045 - 27	25
	FNMA 15YR	3.00% - 10/01/2030 - 46	44
	FNMA 15YR	3.00% - 10/01/2030 - 2	2
	FNMA 30YR	4.00% - 10/01/2045 - 2	2
	FNMA 30YR	3.50% - 01/01/2046 - 9	8
	FNMA 15YR	3.00% - 02/01/2031 - 23	22
	FNMA 15YR	3.00% - 04/01/2031 - 30	28
	FNMA 15YR	2.00% - 02/01/2032 - 53	48
	FNMA 15YR	3.50% - 08/01/2026 - 5	5
	FNMA 15YR	3.50% - 01/01/2029 - 3	3
	FNMA 15YR	3.50% - 02/01/2029 - 24	23
	FNMA 15YR	3.00% - 07/01/2029 - 10	9
	FNMA 15YR	3.50% - 07/01/2029 - 32	31
	FNMA 15YR	3.50% - 01/01/2027 - 15	15

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value
	FNMA 15YR	3.50% - 08/01/2029 - 6	6
	FNMA 15YR	3.00% - 09/01/2029 - 51	49
	FNMA 15YR	3.00% - 02/01/2030 - 22	21
	FNMA 15YR	3.50% - 12/01/2029 - 7	7
	FNMA 15YR	3.00% - 09/01/2030 - 27	25
	FNMA 15YR	3.00% - 10/01/2030 - 8	7
	FNMA 30YR	5.50% - 10/01/2032 - 3	3
	FNMA 03-W11	4.72% - 06/25/2033 - 1	1
	FNMA 30YR	5.50% - 03/01/2033 - 16	16
	FNMA 30YR	5.50% - 03/01/2033 - 4	4
	FNMA 30YR	5.50% - 08/01/2033 - 1	1
	FNMA 10/1 HYBRID ARM	4.23% - 11/01/2033 - 4	4
	FNMA 30YR	5.00% - 03/01/2036 - 6	6
	FNMA 10/1 HYBRID ARM	4.07% - 12/01/2033 - 1	1
	FNMA 30YR	5.50% - 02/01/2029 - 6	6
	FNMA 10/1 HYBRID ARM	3.71% - 10/01/2034 - 3	3
	FNMA 15YR	3.00% - 11/01/2030 - 34	32
	FNMA 30YR	3.50% - 12/01/2045 - 8	7
	FNMA 15YR	3.00% - 03/01/2031 - 48	46
	FNMA 15YR	3.00% - 04/01/2031 - 41	39
	FNMA 30YR	3.50% - 03/01/2046 - 2	2
	FNMA 30YR	3.50% - 12/01/2045 - 3	2
	FNMA 30YR	3.50% - 03/01/2046 - 4	3
	FNMA 15YR	3.00% - 03/01/2031 - 43	41
	FNMA 30YR	4.00% - 03/01/2047 - 32	31
	FNMA 15YR	3.00% - 03/01/2032 - 5	4
	FNMA 15YR	3.00% - 04/01/2032 - 69	65
	FNMA 15YR	3.00% - 04/01/2032 - 37	35
	FNMA 15YR	3.00% - 06/01/2032 - 6	6
	FNMA 15YR	3.00% - 07/01/2032 - 56	53
	FNMA 15YR	3.00% - 09/01/2032 - 89	85
	FNMA 15YR	3.50% - 11/01/2032 - 44	43
	FNMA 15YR UMBS	2.50% - 12/01/2034 - 49	45
	FNMA 15YR UMBS	2.50% - 02/01/2035 - 125	115
	FNMA 15YR	3.50% - 02/01/2032 - 125	122
	FNMA 15YR	3.00% - 04/01/2032 - 124	119
	FNMA 15YR	3.00% - 12/01/2033 - 5	4
	FNMA 15YR	3.00% - 02/01/2034 - 32	30
	FNMA 15YR UMBS	2.50% - 08/01/2034 - 444	408
	FNMA 15YR UMBS SUPER	2.00% - 07/01/2035 - 42	38
	FNMA 15YR UMBS SUPER	2.00% - 08/01/2035 - 335	299
	FNMA 15YR UMBS SUPER	2.00% - 09/01/2035 - 153	136
	FNMA 15YR	5.00% - 07/01/2025 - 2	2
	FNMA 15YR	3.50% - 10/01/2025 - 9	9
	FNMA 15YR	3.50% - 10/01/2026 - 0	0
	FNMA 15YR	3.50% - 03/01/2026 - 5	5
	FNMA 15YR	3.00% - 02/01/2031 - 39	38
	FNMA 15YR	5.00% - 03/01/2024 - 0	0
	FNMA 15YR	4.50% - 02/01/2025 - 1	1
	FNMA 15YR	5.00% - 04/01/2023 - 0	0
	FNMA 15YR	5.00% - 06/01/2023 - 0	0
	FNMA 15YR	5.00% - 12/01/2023 - 1	1

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value
	FNMA 15YR	5.00% - 12/01/2023 - 0	0
	FNMA 15YR	5.00% - 02/01/2023 - 0	0
	FNMA 15YR	5.00% - 07/01/2023 - 0	0
	FNMA 15YR	5.00% - 06/01/2023 - 0	0
	FNMA 15YR	5.00% - 07/01/2023 - 0	0
	FNMA 15YR	5.00% - 12/01/2023 - 0	0
	FNMA 15YR	5.00% - 11/01/2023 - 0	0
	FNMA 15YR	4.50% - 03/01/2024 - 0	0
	FNMA 15YR	3.50% - 11/01/2025 - 1	1
	FNMA 15YR	3.50% - 11/01/2025 - 5	5
	FNMA 15YR	4.00% - 06/01/2025 - 0	0
	FNMA 15YR	4.00% - 07/01/2025 - 3	3
	FNMA 15YR	4.00% - 08/01/2025 - 1	1
	FNMA 15YR	3.50% - 01/01/2026 - 5	5
	FNMA 15YR	3.50% - 01/01/2026 - 1	1
	FNMA 15YR	3.50% - 02/01/2026 - 22	21
	FNMA 15YR	3.50% - 04/01/2026 - 3	3
	FNMA 15YR	3.50% - 08/01/2026 - 2	2
	FNMA 15YR	3.50% - 11/01/2026 - 1	1
	FNMA 15YR	5.00% - 08/01/2024 - 0	0
	FNMA 15YR	4.50% - 12/01/2024 - 1	1
	FNMA 15YR	4.50% - 02/01/2025 - 2	2
	FNMA 15YR	4.50% - 04/01/2025 - 2	2
	FNMA 15YR	3.00% - 05/01/2031 - 42	40
	FNMA 15YR	3.00% - 10/01/2033 - 36	34
	FNMA 15YR	3.00% - 01/01/2034 - 6	6
	FNMA 15YR	3.00% - 08/01/2031 - 49	47
	FNMA 15YR	3.00% - 11/01/2031 - 46	44
	FNMA 15YR	3.00% - 01/01/2032 - 40	38
	FNMA 30YR	4.00% - 08/01/2047 - 17	16
	FNMA 15YR	2.50% - 02/01/2033 - 157	146
	FNMA 15YR	3.00% - 09/01/2033 - 157	147
	FNMA 15YR	3.50% - 09/01/2033 - 19	19
	FNMA 30YR	3.50% - 04/01/2049 - 7	6
	FNMA 15YR	3.00% - 06/01/2034 - 22	21
	FNMA 15YR UMBS	3.00% - 08/01/2034 - 108	101
	FNMA 30YR UMBS	3.50% - 08/01/2049 - 28	26
	FNMA 15YR UMBS	2.50% - 09/01/2034 - 57	52
	FNMA 15YR UMBS	2.50% - 10/01/2034 - 63	58
	FNMA 15YR UMBS	2.50% - 12/01/2034 - 305	281
	FNMA 15YR UMBS	3.00% - 12/01/2034 - 25	24
	FNMA 15YR UMBS	2.00% - 06/01/2035 - 18	16
	FNMA 15YR UMBS	2.00% - 07/01/2035 - 150	133
	FNMA 15YR UMBS	2.50% - 07/01/2035 - 239	219
	FNMA 15YR UMBS	2.50% - 08/01/2035 - 118	108
	FNMA 15YR	4.00% - 04/01/2025 - 3	3
	FNMA 15YR	4.00% - 05/01/2025 - 1	1
	FNMA 15YR	4.00% - 06/01/2025 - 2	2
	FNMA 15YR	3.50% - 12/01/2025 - 1	1
	FNMA 15YR	3.50% - 08/01/2025 - 4	4
	FNMA 15YR	3.50% - 09/01/2025 - 1	1
	FNMA 15YR	3.50% - 10/01/2025 - 3	3

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value
	FNMA 15YR	3.50% - 11/01/2025 - 9	8
	FNMA 15YR	3.50% - 10/01/2025 - 7	7
	FNMA 15YR	3.50% - 11/01/2025 - 2	2
	FNMA 15YR	3.50% - 12/01/2025 - 12	12
	FORDO_22-A	1.29% - 06/15/2026 - 165	157
	FORDL_22-A	3.23% - 05/15/2025 - 120	118
	FORDF_19-4	2.44% - 09/15/2026 - 1,340	1,283
	FORDF_20-1	0.70% - 09/15/2025 - 1,095	1,060
	FORDF_20-2	1.06% - 09/15/2027 - 1,535	1,381
	FORDR_20-1	2.04% - 08/15/2031 - 400	377
	FORDR_19-1	3.52% - 07/15/2030 - 540	530
	GNMA2 30YR	3.50% - 04/20/2047 - 31	29
	GNMA2 30YR	3.50% - 07/20/2046 - 30	28
	GNMA2 30YR	3.50% - 01/20/2047 - 36	33
	GSMS_16-GS3	2.78% - 10/10/2049 - 246	234
	GSMS_17-GS7	3.20% - 08/10/2050 - 189	180
	GE HEALTHCARE HOLDING LLC	5.65% - 11/15/2027 - 380	386
	GENERAL DYNAMICS CORPORAT	3.75% - 05/15/2028 - 425	405
	GILEAD SCIENCES INC	1.20% - 10/01/2027 - 450	382
	GOLDMAN SACHS GROUP INC	4.48% - 08/23/2028 - 850	813
	GALC_21-1	0.34% - 08/15/2024 - 231	225
	GALC_21-2	0.67% - 07/15/2025 - 195	182
	HSBC HOLDINGS PLC	4.76% - 06/09/2028 - 450	426
	HPEFS_21-1A	0.32% - 03/20/2031 - 183	181
	HPEFS_21-2A	0.30% - 09/20/2028 - 14	14
	HAROT_20-3	0.46% - 04/19/2027 - 75	71
	HONEYWELL INTERNATIONAL I	4.95% - 02/15/2028 - 425	432
	HART_20-C	0.38% - 05/15/2025 - 102	100
	HART_22-A	2.22% - 10/15/2026 - 855	814
	HART_21-B	0.38% - 01/15/2026 - 990	947
	IBM CORP	1.70% - 05/15/2027 - 375	330
	JPMCC_16-JP2	2.71% - 08/15/2049 - 451	429
	JPMCC_13-C13	3.99% - 01/15/2046 - 760	751
	JPMCC_13-C13	3.41% - 01/15/2046 - 37	37
	JPMBB_13-C14	4.13% - 08/15/2046 - 219	217
	JPMCC_13-C16	3.67% - 12/15/2046 - 154	153
	JPMBB_14-C23	3.67% - 09/15/2047 - 189	182
	JPMBB_14-C23	3.93% - 09/15/2047 - 290	279
	JPMBB_14-C24	3.37% - 11/15/2047 - 575	552
	JPMBB_15-C28	3.04% - 10/15/2048 - 106	102
	JPMBB_15-C33	3.56% - 12/15/2048 - 154	149
	JPMBB_16-C1	3.58% - 03/17/2049 - 425	402
	JPMBB_16-C1	3.32% - 03/15/2049 - 94	91
	JPMCC_16-JP4	3.47% - 12/15/2049 - 88	85
	JPMORGAN CHASE & CO	4.85% - 07/25/2028 - 1,075	1,050
	JPMCC_17-JP5	3.55% - 03/15/2050 - 627	598
	JDOT_20-B	0.51% - 11/15/2024 - 89	88
	JDOT_21-B	0.52% - 03/16/2026 - 320	303
	KINDER MORGAN INC	1.75% - 11/15/2026 - 425	375
	KCOT_20-2	0.59% - 10/15/2024 - 125	122
	KCOT_21-1A	0.62% - 08/15/2025 - 240	229
	L3HARRIS TECHNOLOGIES INC	3.85% - 12/15/2026 - 325	311

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value
	LYB INTERNATIONAL FINANCE	1.25% - 10/01/2025 - 320	286
	LOEWS CORPORATION	3.75% - 04/01/2026 - 385	371
	LOWES COMPANIES INC	3.35% - 04/01/2027 - 400	376
	MAGALLANES INC	3.76% - 03/15/2027 - 425	384
	MBART_21-1	0.46% - 06/15/2026 - 340	323
	MERCK & CO INC	1.70% - 06/10/2027 - 400	355
	MET LIFE GLOB FUNDING I	4.40% - 06/30/2027 - 225	219
	MICROSOFT CORPORATION	2.88% - 02/06/2024 - 385	378
	MMAF_20-A	0.97% - 04/09/2027 - 340	315
	MONDELEZ INTERNATIONAL IN	2.63% - 03/17/2027 - 400	363
	MSBAM_14-C14	4.06% - 02/15/2047 - 282	277
	MSC_17-H1	3.09% - 06/15/2050 - 174	167
	MSC_17-H1	3.30% - 06/15/2050 - 157	150
	MORGAN STANLEY	6.30% - 10/18/2028 - 1,025	1,057
	MSBAM_14-C19	3.53% - 12/15/2047 - 575	549
	MSBAM_15-C25	3.38% - 10/15/2048 - 118	114
	MSBAM_15-C25	3.37% - 10/15/2048 - 155	147
	MSC_16-UBS9	3.59% - 03/15/2049 - 205	195
	MSBAM_17-C33	3.40% - 05/15/2050 - 393	377
	NEXTERA ENERGY CAPITAL HO	4.63% - 07/15/2027 - 375	370
	NFMOT_20-1A	1.55% - 02/18/2025 - 685	682
	NISOURCE INC	0.95% - 08/15/2025 - 425	383
	NAROT_20-A	1.38% - 12/16/2024 - 19	18
	NORTHROP GRUMMAN CORP	2.93% - 01/15/2025 - 350	336
	ONTARIO (PROVINCE OF)	2.30% - 06/15/2026 - 575	534
	ORACLE CORPORATION	2.95% - 05/15/2025 - 325	309
	OSCAR_22-1A	2.30% - 04/10/2026 - 505	477
	PNC FINANCIAL SERVICES GR	5.35% - 12/02/2028 - 550	554
	PPL CAPITAL FUNDING INC	3.10% - 05/15/2026 - 400	374
	PEPSICO INC	3.60% - 02/18/2028 - 350	336
	PFIZER INC	3.00% - 12/15/2026 - 390	370
	PFIZER INC	3.20% - 09/15/2023 - 90	89
	PHILLIPS 66	1.30% - 02/15/2026 - 400	358
	PRICOA GLOBAL FUNDING I	1.20% - 09/01/2026 - 190	167
	PRINCIPAL LIFE GLOBAL FUN	1.50% - 11/17/2026 - 180	157
	PROCTER & GAMBLE CO	1.90% - 02/01/2027 - 350	319
	RELX CAPITAL INC	3.50% - 03/16/2023 - 215	214
	ROYAL BANK OF CANADA	6.00% - 11/01/2027 - 550	573
	SCFET_22-1A	2.92% - 07/20/2029 - 100	94
	SCFET_20-1A	1.19% - 10/20/2027 - 113	110
	SDART_22-3	3.40% - 12/15/2026 - 270	265
	SDART_22-1	1.94% - 11/17/2025 - 200	197
	SDART_22-2	2.98% - 10/15/2026 - 250	244
	SRT_20-B	0.65% - 12/20/2024 - 30	29
	SRT_21-A	0.51% - 07/22/2024 - 670	653
	SHELL INTERNATIONAL FINAN	2.88% - 05/10/2026 - 450	424
	SIEMENS FINANCIERINGSMAAT	1.20% - 03/11/2026 - 350	311
	SOUTHERN CO	1.75% - 03/15/2028 - 450	379
	STATE STREET CORPORATION	2.20% - 02/07/2028 - 545	489
	T-MOBILE USA INC	4.75% - 02/01/2028 - 375	365
	TARGET CORPORATION	1.95% - 01/15/2027 - 450	409
	THOMSON REUTERS CORP	3.85% - 09/29/2024 - 30	29

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value
	TORONTO-DOMINION BANK/THE	4.69% - 09/15/2027 - 525	519
	TAOT 22-A	1.23% - 06/15/2026 - 215	204
	TRUIST FINANCIAL CORP	4.12% - 06/06/2028 - 500	479
	UBSBB 13-C5	3.18% - 03/10/2046 - 3	3
	UBSCM 17-C1	3.26% - 06/15/2050 - 77	74
	UBSCM 17-C3	3.22% - 08/15/2050 - 646	613
	UNION PACIFIC CORPORATION	3.25% - 08/15/2025 - 275	265
	US BANCORP	4.55% - 07/22/2028 - 535	524
	TREASURY NOTE	2.25% - 11/15/2025 - 3,775	3,573
	TREASURY NOTE	0.38% - 09/30/2027 - 7,450	6,282
	RAYTHEON TECHNOLOGIES COR	3.95% - 08/16/2025 - 325	318
	UNITEDHEALTH GROUP INC	2.95% - 10/15/2027 - 465	431
	VERIZON COMMUNICATIONS IN	2.10% - 03/22/2028 - 425	369
	VZOT 20-A	1.85% - 07/22/2024 - 91	91
	VWALT 20-A	0.45% - 07/21/2025 - 535	529
	WFRBS 13-C14	3.34% - 06/15/2046 - 320	312
	VOYA FINANCIAL INC	3.65% - 06/15/2026 - 460	436
	WFRBS 13-C13	2.65% - 05/15/2045 - 7	7
	WFRBS 14-C21	3.68% - 08/15/2047 - 260	251
	WFRBS 14-C23	3.92% - 10/15/2057 - 255	247
	WEC ENERGY GROUP INC	5.15% - 10/01/2027 - 400	405
	WFCM 15-C26	2.91% - 02/15/2048 - 47	44
	WFCM 15-NXS1	3.15% - 05/15/2048 - 1,225	1,162
	WFCM 15-NXS1	2.93% - 05/15/2048 - 75	74
	WFCM 15-C29	3.40% - 06/15/2048 - 14	13
	WFCM 15-C31	3.49% - 11/15/2048 - 58	56
	WFCM 16-LC25	3.49% - 12/15/2059 - 270	261
	WELLS FARGO & COMPANY	4.81% - 07/25/2028 - 950	926
	WFCM 17-C40	2.50% - 10/15/2050 - 323	309
	WFCM 18-C45	4.15% - 06/15/2051 - 305	294
	WFCM 18-C46	4.09% - 08/15/2051 - 350	337
	WFCM 19-C53	2.04% - 10/15/2052 - 72	70
	WFRBS 13-C18	3.68% - 12/15/2046 - 148	146
	WILLIAMS COMPANIES INC	4.00% - 09/15/2025 - 80	78
	WILLIAMS COMPANIES INC	3.75% - 06/15/2027 - 390	368
	WOSAT 20-A	0.55% - 07/15/2025 - 47	47
	WOART 22-A	1.69% - 05/17/2027 - 940	891
	XCEL ENERGY INC	0.50% - 10/15/2023 - 300	289
**	Adjustment from fair value to contract value for GICs		8,278
		Total fully benefit-responsive investment contracts	122,067
		Total investments	<u>\$ 1,442,102</u>
Notes receivable from participants:			
*	Plan participants	Interest rates from 3.25% - 9.50%	
		Maturities through 2052	\$ 21,838

Column (d) omitted as cost information is not required for participant-directed assets.

* Denotes party-in-interest to the Plan

** All investments are stated at fair value as of December 31, 2022 with the exception of the fully benefit-responsive investment contracts, which are stated at contract value.

Dover Corporation Retirement Savings Plan
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
At December 31, 2022
(in thousands)

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value	
Interest-bearing cash:			
*	Merrill Lynch Bank	Deposit program	\$ 1,180
	Columbia	Money market funds	5,263
		Total interest-bearing cash	6,443
Stock fund:			
*	Dover Corporation	Dover Stock Fund	318,837
Mutual fund:			
	Vanguard	Small Cap Index Fund Institutional	51,739
Collective funds:			
	Aristotle	Small-Mid Cap Equity Collective Trust B	17,595
	GQG	GQG Partners Intl Eqty CL C	27,300
	T. Rowe	Structured Research Common Trust Fund Class C	134,808
	Vanguard	Target Retirement Income Trust I	26,208
	Vanguard	Target Retirement 2020 Trust I	33,322
	Vanguard	Target Retirement 2025 Trust I	59,597
	Vanguard	Target Retirement 2030 Trust I	112,640
	Vanguard	Target Retirement 2035 Trust I	54,036
	Vanguard	Target Retirement 2040 Trust I	82,085
	Vanguard	Target Retirement 2045 Trust I	32,755
	Vanguard	Target Retirement 2050 Trust I	27,924
	Vanguard	Target Retirement 2055 Trust I	21,311
	Vanguard	Target Retirement 2060 Trust I	12,150
	Vanguard	Target Retirement 2065 Trust I	3,902
	Vanguard	Vanguard Institutional Index 500	136,818
	Vanguard	Vanguard Institutional Extended Market Index	25,592
	Vanguard	Vanguard Total Bond Market Index	36,182
	Vanguard	Vanguard Total Institutional Stock Market Index	33,756
	Prudential	Prudential Core Plus Bond 6	30,125
	William Blair	Small-Mid Cap Growth CIT	31,729
		Total collective funds	939,835
Dover stable value fund:			
Mortgage-backed securities:			
	UMBS 15YR TBA(REG B)	2.50% - 01/17/2038 - 350	320
	UMBS 15YR TBA(REG B)	4.00% - 01/17/2038 - 2,375	2,315
	UMBS 15YR TBA(REG B)	4.50% - 01/17/2038 - 550	546
		Total mortgage-backed securities	3,181
Fully benefit-responsive investment contracts:			
**	Principal Life	Traditional guaranteed investment contract	1,218
**	United of Omaha	Traditional guaranteed investment contract	638

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value
**	United of Omaha	Traditional guaranteed investment contract	1,219
**	United of Omaha	Traditional guaranteed investment contract	1,220
	AT&T INC	4.35% - 03/01/2029 - 400	381
	ABBVIE INC	3.60% - 05/14/2025 - 400	388
	ACE INA HOLDINGS INC	3.35% - 05/03/2026 - 425	407
	AMERICAN EXPRESS COMPANY	5.85% - 11/05/2027 - 500	519
	AMERICAN INTERNATIONAL GR	3.90% - 04/01/2026 - 101	98
	AMERICAN TOWER CORPORATIO	3.55% - 07/15/2027 - 325	301
	AMCAR_21-3	0.76% - 08/18/2026 - 345	328
	COLUMBIA TR MM FUND ZERO	Money market	5,154
	AMGEN INC	4.05% - 08/18/2029 - 400	375
	AXIS_21-1A	0.75% - 11/20/2026 - 300	289
	ANHEUSER-BUSCH INBEV WORL	4.00% - 04/13/2028 - 300	286
	ANTHEM INC	1.50% - 03/15/2026 - 180	162
	APPLE INC	1.20% - 02/08/2028 - 500	425
	ASTRAZENECA FINANCE LLC	1.20% - 05/28/2026 - 310	276
	BAE SYSTEMS HOLDINGS INC	3.85% - 12/15/2025 - 205	198
*	BANK OF AMERICA CORP	4.95% - 07/22/2028 - 1,200	1,173
	BACM_16-UB10	3.02% - 07/15/2049 - 263	252
	BANK OF MONTREAL	4.70% - 09/14/2027 - 550	544
	BANK OF NEW YORK MELLON C	3.99% - 06/13/2028 - 575	550
	BANK OF NOVA SCOTIA	1.30% - 09/15/2026 - 625	547
	BECTON DICKINSON AND COMP	3.70% - 06/06/2027 - 340	322
	BMARK_19-B9	3.02% - 03/15/2052 - 12	12
	BERKSHIRE HATHAWAY ENERGY	3.50% - 02/01/2025 - 300	294
	BERKSHIRE HATHAWAY FINANC	2.30% - 03/15/2027 - 300	277
	BP CAPITAL MARKETS AMERIC	3.94% - 09/21/2028 - 500	478
	BRISTOL-MYERS SQUIBB CO	2.90% - 07/26/2024 - 70	68
	BRISTOL-MYERS SQUIBB CO	1.13% - 11/13/2027 - 450	385
	CCG_19-2	2.11% - 03/15/2027 - 3	3
	CCG_21-1	0.30% - 06/14/2027 - 73	70
	CCG_21-2	0.54% - 03/14/2029 - 95	91
	CFCRE_16-C4	3.09% - 05/10/2058 - 79	76
	CFCRE_17-C8	3.37% - 06/15/2050 - 56	54
	CIGNA CORP	3.40% - 03/01/2027 - 350	328
	CMS ENERGY CORPORATION	3.88% - 03/01/2024 - 275	269
	COMM_14-CR16	4.05% - 04/10/2047 - 925	896
	COMM_14-LC17	3.62% - 10/10/2047 - 97	95
	COMM_14-LC17	3.92% - 10/10/2047 - 785	761
	COMM_14-UBS6	3.39% - 12/10/2047 - 40	39
	COMM_15-CR22	3.31% - 03/10/2048 - 50	47
	COMM_16-COR1	2.97% - 10/10/2049 - 84	80
	COMM_18-COR3	4.18% - 05/10/2051 - 650	624
	CSAIL_19-C16	3.14% - 06/15/2052 - 55	50
	CNH_21-C	0.81% - 12/15/2026 - 445	422
	COMM_13-CR8	3.61% - 06/10/2046 - 366	363
	COMM_13-CR9	3.83% - 07/10/2045 - 25	25
	COMM_13-LC13	3.77% - 08/10/2046 - 40	40
	COMM_13-CR11	4.26% - 08/10/2050 - 1,010	994
	CSAIL_15-C1	3.35% - 04/15/2050 - 246	240

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value	
COMM_13-CR13	3.71% - 11/10/2046 - 4	4	
COMM_14-CR14	3.15% - 02/10/2047 - 122	121	
COMM_14-CR18	3.45% - 07/15/2047 - 11	11	
CSAIL_16-C7	3.31% - 11/15/2049 - 340	327	
CSX CORPORATION	3.80% - 03/01/2028 - 350	334	
CNH_21-B	0.44% - 08/17/2026 - 424	401	
CVS HEALTH CORP	1.30% - 08/21/2027 - 440	373	
CANADIAN IMPERIAL BANK OF	0.84% - 09/13/2023 - 450	450	
CARMX_21-1	0.34% - 12/15/2025 - 237	230	
CARMX_22-4	5.34% - 08/16/2027 - 550	555	
CARRIER GLOBAL CORP	2.49% - 02/15/2027 - 325	293	
CRVNA_20-P1	0.61% - 10/08/2026 - 490	454	
CRVNA_21-N1	0.70% - 01/10/2028 - 160	149	
CRVNA_21-N4	1.80% - 09/11/2028 - 525	476	
CRVNA_21-P4	1.31% - 01/11/2027 - 995	926	
CRVNA_22-P1	3.35% - 02/10/2027 - 330	317	
CATERPILLAR FINANCIAL SER	3.60% - 08/12/2027 - 450	430	
CNP_12-1	3.03% - 10/15/2025 - 254	248	
CGCMT_16-C1	3.00% - 05/10/2049 - 263	252	
CITIGROUP INC	4.60% - 03/09/2026 - 805	792	
CGCMT_14-GC25	3.64% - 10/10/2047 - 310	298	
CGCMT_16-P5	2.84% - 10/10/2049 - 147	140	
CITIGROUP INC	2.01% - 01/25/2026 - 175	162	
COMCAST CORPORATION	5.35% - 11/15/2027 - 475	486	
COREBRIDGE FINANCIAL INC	3.65% - 04/05/2027 - 400	373	
CAALT_20-3A	1.24% - 10/15/2029 - 232	227	
DLL_19-DA1	2.92% - 04/20/2027 - 141	140	
DLL_19-MT3	2.15% - 09/21/2026 - 4	4	
DLLAA_21-1A	0.36% - 05/17/2024 - 19	19	
DLLST_22-1A	3.40% - 01/21/2025 - 125	122	
DLLMT_21-1A	1.00% - 07/21/2025 - 630	597	
JOHN DEERE CAPITAL CORP	1.50% - 03/06/2028 - 500	428	
DEUTSCHE TELEKOM INTERNAT	2.49% - 09/19/2023 - 155	152	
DIAGEO CAPITAL PLC	5.30% - 10/24/2027 - 400	409	
WALT DISNEY COMPANY (THE)	1.75% - 01/13/2026 - 475	435	
DOMINION RESOURCES INC	3.90% - 10/01/2025 - 375	366	
DOW CHEMICAL COMPANY (THE)	4.80% - 11/30/2028 - 275	271	
DOWDUPONT INC	4.49% - 11/15/2025 - 275	271	
DUKE ENERGY CORP	4.30% - 03/15/2028 - 400	386	
ERAC USA FINANCE LLC	3.80% - 11/01/2025 - 290	277	
ENTERPRISE PRODUCTS OPERA	3.90% - 02/15/2024 - 180	177	
ENTERPRISE PRODUCTS OPERA	3.75% - 02/15/2025 - 70	68	
OSCAR_21-2A	0.86% - 09/10/2025 - 535	504	
EVERSOURCE ENERGY	3.30% - 01/15/2028 - 385	355	
EXELON CORPORATION	2.75% - 03/15/2027 - 410	377	
FGOLD 30YR	6.50% - 03/01/2032 - 7	7	
FGOLD 30YR GIANT	4.00% - 12/01/2042 - 18	17	
FGOLD 15YR GIANT	3.50% - 07/01/2026 - 5	5	
FGOLD 15YR GIANT	5.00% - 03/01/2025 - 9	10	
FGOLD 15YR GIANT	4.00% - 01/01/2025 - 0	0	
FGOLD 15YR GIANT	4.00% - 04/01/2026 - 1	1	

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value
	FGOLD 15YR GIANT	3.50% - 08/01/2029 - 16	16
	FGOLD 15YR GIANT	3.50% - 09/01/2029 - 5	5
	FGOLD 15YR GIANT	3.50% - 09/01/2026 - 3	3
	FGOLD 15YR GIANT	4.00% - 07/01/2026 - 2	2
	FGOLD 15YR GIANT	4.00% - 06/01/2026 - 1	1
	FGOLD 15YR GIANT	4.00% - 10/01/2025 - 1	1
	FGOLD 15YR GIANT	3.50% - 05/01/2027 - 1	1
	FGOLD 15YR GIANT	3.50% - 07/01/2026 - 1	1
	FGOLD 15YR GIANT	4.00% - 05/01/2026 - 7	7
	FGOLD 15YR GIANT	4.00% - 07/01/2026 - 2	2
	FGOLD 15YR GIANT	3.50% - 01/01/2027 - 26	26
	FGOLD 15YR GIANT	3.50% - 09/01/2026 - 1	1
	FGOLD 15YR GIANT	3.50% - 01/01/2029 - 2	2
	FGOLD 15YR GIANT	3.50% - 11/01/2029 - 2	2
	FGOLD 15YR GIANT	3.50% - 08/01/2032 - 3	2
	FGOLD 30YR GIANT	3.50% - 03/01/2045 - 6	6
	FGOLD 30YR GIANT	4.00% - 03/01/2045 - 4	4
	FGOLD 30YR GIANT	4.00% - 02/01/2045 - 3	3
	FGOLD 30YR GIANT	3.50% - 09/01/2045 - 5	4
	FGOLD 30YR GIANT	3.50% - 06/01/2045 - 10	9
	FGOLD 30YR GIANT	3.50% - 12/01/2045 - 10	9
	FGOLD 30YR GIANT	3.50% - 06/01/2046 - 7	7
	FGOLD 30YR GIANT	3.50% - 08/01/2046 - 16	15
	FGOLD 15YR GIANT	4.00% - 07/01/2024 - 0	0
	FGOLD 15YR GIANT	4.00% - 06/01/2025 - 1	1
	FGOLD 15YR GIANT	4.00% - 03/01/2025 - 1	1
	FGOLD 15YR GIANT	3.50% - 03/01/2026 - 0	0
	FGOLD 15YR GIANT	3.50% - 11/01/2025 - 6	6
	FGOLD 15YR GIANT	3.50% - 06/01/2026 - 4	4
	FGOLD 15YR GIANT	3.50% - 07/01/2026 - 0	0
	FGOLD 15YR GIANT	3.50% - 08/01/2026 - 8	8
	FGOLD 15YR GIANT	3.50% - 09/01/2026 - 9	9
	FGOLD 15YR GIANT	3.50% - 04/01/2027 - 2	2
	FGOLD 15YR GIANT	3.50% - 03/01/2029 - 1	1
	FGOLD 15YR GIANT	3.50% - 10/01/2028 - 1	1
	FGOLD 15YR GIANT	3.50% - 08/01/2029 - 26	25
	FGOLD 15YR GIANT	3.50% - 11/01/2029 - 40	39
	FGOLD 15YR GIANT	3.50% - 04/01/2030 - 2	2
	FGOLD 15YR GIANT	3.00% - 05/01/2031 - 32	30
	FGOLD 15YR GIANT	3.50% - 08/01/2033 - 24	23
	FGOLD 15YR GIANT	3.00% - 09/01/2033 - 25	23
	FGOLD 15YR GIANT	3.50% - 12/01/2033 - 34	33
	FGOLD 15YR	4.00% - 07/01/2025 - 4	4
	FGOLD 15YR	4.00% - 07/01/2025 - 1	1
	FGOLD 15YR	4.00% - 03/01/2025 - 1	1
	FGOLD 15YR	4.00% - 02/01/2025 - 2	2
	FGOLD 15YR	4.00% - 04/01/2025 - 0	0
	FGOLD 15YR	4.00% - 06/01/2025 - 1	1
	FGOLD 15YR	3.50% - 11/01/2025 - 3	3
	FGOLD 15YR	3.50% - 11/01/2025 - 0	0
	FGOLD 15YR	3.50% - 12/01/2025 - 1	1

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value	
FGOLD 15YR	3.50% - 08/01/2025 - 2	2	
FGOLD 15YR	3.50% - 10/01/2025 - 3	3	
FGOLD 15YR	3.50% - 10/01/2025 - 2	2	
FGOLD 15YR	3.50% - 10/01/2025 - 0	0	
FGOLD 15YR	3.50% - 11/01/2025 - 2	2	
FGOLD 15YR	3.50% - 11/01/2025 - 1	1	
FGOLD 15YR	3.50% - 11/01/2025 - 1	1	
FGOLD 15YR	3.50% - 11/01/2025 - 2	2	
FGOLD 15YR	3.50% - 12/01/2025 - 2	2	
FGOLD 15YR	3.50% - 12/01/2025 - 1	1	
FGOLD 15YR	3.50% - 12/01/2025 - 3	3	
FGOLD 15YR	3.50% - 02/01/2026 - 6	6	
FGOLD 15YR	4.00% - 03/01/2026 - 3	3	
FGOLD 15YR	3.50% - 01/01/2026 - 2	2	
FGOLD 15YR	3.50% - 03/01/2026 - 3	3	
FGOLD 15YR	3.50% - 03/01/2026 - 5	5	
FGOLD 15YR	4.00% - 03/01/2026 - 2	2	
FGOLD 15YR	3.50% - 03/01/2026 - 3	3	
FGOLD 15YR	3.50% - 04/01/2026 - 1	1	
FGOLD 15YR	4.00% - 05/01/2026 - 1	1	
FGOLD 15YR	3.50% - 04/01/2026 - 1	1	
FGOLD 15YR	3.50% - 08/01/2026 - 3	3	
FGOLD 15YR	3.50% - 06/01/2026 - 4	3	
FGOLD 15YR	3.50% - 06/01/2026 - 1	1	
FGOLD 15YR	4.00% - 06/01/2026 - 18	17	
FGOLD 15YR	3.50% - 07/01/2026 - 0	0	
FGOLD 15YR	3.50% - 07/01/2026 - 1	1	
FGOLD 15YR	3.50% - 08/01/2026 - 1	1	
FGOLD 15YR	3.50% - 07/01/2026 - 4	4	
FGOLD 15YR	3.50% - 07/01/2026 - 3	3	
FGOLD 15YR	3.50% - 08/01/2026 - 3	3	
FGOLD 15YR	3.50% - 08/01/2026 - 0	0	
FGOLD 15YR	3.50% - 08/01/2026 - 4	4	
FGOLD 15YR	3.50% - 09/01/2026 - 8	7	
FGOLD 15YR	3.50% - 09/01/2026 - 1	1	
FGOLD 15YR	3.00% - 09/01/2026 - 1	1	
FGOLD 15YR	3.00% - 02/01/2027 - 1	1	
FGOLD 15YR	3.00% - 12/01/2026 - 0	0	
FGOLD 15YR	3.50% - 01/01/2027 - 0	0	
FGOLD 15YR	3.50% - 03/01/2027 - 8	8	
FGOLD 15YR	4.00% - 06/01/2025 - 1	1	
FGOLD 15YR	4.00% - 07/01/2025 - 1	1	
FGOLD 15YR	4.00% - 08/01/2025 - 2	2	
FGOLD 15YR	4.00% - 09/01/2025 - 0	0	
FGOLD 15YR	3.50% - 10/01/2025 - 14	14	
FGOLD 15YR	3.50% - 11/01/2025 - 4	4	
FGOLD 15YR	3.50% - 12/01/2025 - 4	3	
FGOLD 15YR	3.50% - 06/01/2026 - 4	4	
FGOLD 15YR	3.50% - 05/01/2026 - 16	16	
FGOLD 15YR	3.50% - 06/01/2026 - 2	2	
FGOLD 15YR	3.50% - 07/01/2026 - 7	7	

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value	
FGOLD 15YR	3.50% - 10/01/2026 - 2	2	
FGOLD 15YR	3.50% - 09/01/2026 - 6	6	
FGOLD 15YR	3.50% - 05/01/2032 - 10	10	
FGOLD 15YR	3.00% - 07/01/2032 - 5	4	
FGOLD 15YR	3.00% - 01/01/2033 - 92	88	
FGOLD 15YR	3.00% - 03/01/2033 - 47	45	
FHLB	2.88% - 06/14/2024 - 2,500	2,430	
FHLB	3.00% - 03/12/2027 - 50	48	
FHLB	2.13% - 12/11/2026 - 300	277	
FHLB	3.13% - 09/12/2025 - 20	19	
FHLB	1.25% - 12/21/2026 - 1,780	1,589	
FHLMC 15YR UMBS MIRROR	3.00% - 03/01/2031 - 152	146	
FHLMC 15YR UMBS MIRROR	3.00% - 01/01/2033 - 120	114	
FHLMC 15YR UMBS MIRROR	2.50% - 04/01/2030 - 22	21	
FHLMC 15YR UMBS MIRROR	2.50% - 11/01/2032 - 144	135	
FHLMC 15YR UMBS MIRROR	2.50% - 07/01/2032 - 9	9	
FHLMC 15YR UMBS MIRROR	2.50% - 05/01/2033 - 143	132	
FHLMC 15YR UMBS MIRROR	3.00% - 04/01/2034 - 41	38	
FHLMC 15YR UMBS SUPER	3.00% - 01/01/2034 - 42	40	
FHLMC 15YR UMBS SUPER	3.00% - 08/01/2034 - 26	24	
FHLMC 15YR UMBS SUPER	2.50% - 08/01/2034 - 77	71	
FHLMC 15YR UMBS SUPER	2.50% - 10/01/2034 - 14	13	
FHLMC 15YR UMBS SUPER	2.00% - 06/01/2035 - 268	240	
FHLMC 15YR UMBS SUPER	2.00% - 09/01/2035 - 57	51	
FHLMC 15YR UMBS SUPER	2.00% - 10/01/2035 - 61	54	
FHLMC GOLD 30YR	3.50% - 03/01/2045 - 11	10	
FHLMC GOLD 30YR	3.50% - 05/01/2046 - 5	5	
FFCB	0.55% - 11/24/2023 - 720	692	
FHLMC 15YR UMBS	3.00% - 12/01/2034 - 44	41	
FHLMC 15YR UMBS	3.00% - 12/01/2034 - 34	32	
FHLMC 15YR UMBS	2.00% - 08/01/2035 - 54	48	
FHLMC 15YR UMBS	2.00% - 08/01/2035 - 81	73	
FNMA	2.88% - 09/12/2023 - 4,000	3,945	
FNMA 30YR	5.00% - 08/01/2034 - 10	10	
FHLMC_K030	3.25% - 04/25/2023 - 151	151	
FHLMC_K031	3.30% - 04/25/2023 - 473	470	
FHLMC_K032	3.31% - 05/25/2023 - 84	83	
FHLMC_K037	2.59% - 04/25/2023 - 2	2	
FHLMC_K038	3.39% - 03/25/2024 - 450	440	
FHLMC_K041	3.17% - 10/25/2024 - 55	53	
FHLMC_K047	3.33% - 05/25/2025 - 1,240	1,201	
FHLMC_K050	2.80% - 01/25/2025 - 55	53	
FHLMC_K052	3.15% - 11/25/2025 - 85	82	
FHLMC_K054	2.30% - 01/25/2025 - 9	9	
FHLMC_K060	3.30% - 10/25/2026 - 295	282	
FHLMC REFERENCE NOTE	1.50% - 02/12/2025 - 40	38	
FHLMC REFERENCE NOTE	0.25% - 08/24/2023 - 655	636	
FHMS_17-K066	2.80% - 12/25/2026 - 221	212	
FHLMC_K731	3.60% - 02/25/2025 - 99	96	
FHLMC_K736	1.90% - 06/25/2025 - 45	44	
FNMA 30YR	7.00% - 09/01/2031 - 1	1	

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value	
FNMA 15YR	3.50% - 01/01/2026 - 2	2	
FNMA 15YR	3.50% - 01/01/2026 - 5	4	
FNMA 15YR	3.50% - 02/01/2026 - 3	2	
FNMA 15YR	3.50% - 02/01/2026 - 16	16	
FNMA 15YR	3.50% - 02/01/2026 - 10	10	
FNMA 15YR	4.00% - 03/01/2026 - 2	2	
FNMA 15YR	4.00% - 05/01/2026 - 0	0	
FNMA 15YR	3.50% - 09/01/2026 - 0	0	
FNMA 15YR	3.50% - 10/01/2026 - 2	2	
FNMA 15YR	4.50% - 06/01/2026 - 3	3	
FNMA 15YR	3.50% - 08/01/2026 - 8	8	
FNMA 15YR	3.50% - 08/01/2026 - 14	14	
FNMA 15YR	3.50% - 09/01/2026 - 3	3	
FNMA 15YR	3.50% - 10/01/2026 - 31	30	
FNMA 15YR	3.50% - 11/01/2026 - 1	1	
FNMA 30YR	4.00% - 12/01/2041 - 8	8	
FNMA 15YR	3.50% - 01/01/2027 - 23	23	
FNMA 15YR	4.00% - 11/01/2026 - 12	11	
FNMA 15YR	3.50% - 01/01/2027 - 23	23	
FNMA 15YR	5.00% - 09/01/2025 - 0	0	
FNMA 15YR	3.50% - 08/01/2027 - 10	10	
FNMA 15YR	3.50% - 11/01/2027 - 3	3	
FNMA 15YR	3.50% - 06/01/2027 - 12	12	
FNMA 30YR	4.50% - 10/01/2043 - 8	8	
FNMA 15YR	4.00% - 01/01/2029 - 8	8	
FNMA 15YR	4.00% - 01/01/2029 - 8	8	
FNMA 15YR	4.00% - 01/01/2029 - 8	8	
FNMA 15YR	4.00% - 01/01/2029 - 7	7	
FNMA 15YR	3.50% - 10/01/2029 - 9	9	
FNMA 15YR	3.50% - 04/01/2030 - 14	14	
FNMA 15YR	3.00% - 09/01/2031 - 4	4	
FNMA 15YR	3.00% - 11/01/2031 - 2	2	
FNMA 15YR	3.50% - 06/01/2030 - 63	62	
FNMA 15YR	3.50% - 02/01/2031 - 26	26	
FNMA 15YR	3.50% - 10/01/2028 - 51	49	
FNMA 15YR	3.50% - 11/01/2028 - 11	10	
FNMA 15YR	3.50% - 12/01/2028 - 3	3	
FNMA 15YR	3.50% - 06/01/2029 - 24	23	
FNMA 15YR	3.50% - 08/01/2029 - 3	3	
FNMA 30YR	4.00% - 08/01/2044 - 21	21	
FNMA 15YR	3.50% - 09/01/2029 - 6	6	
FNMA 30YR	4.00% - 10/01/2044 - 8	8	
FNMA 15YR	3.00% - 07/01/2030 - 7	7	
FNMA 30YR	3.50% - 06/01/2045 - 10	9	
FNMA 30YR	3.50% - 11/01/2045 - 27	25	
FNMA 15YR	3.00% - 10/01/2030 - 46	44	
FNMA 15YR	3.00% - 10/01/2030 - 2	2	
FNMA 30YR	4.00% - 10/01/2045 - 2	2	
FNMA 30YR	3.50% - 01/01/2046 - 9	8	
FNMA 15YR	3.00% - 02/01/2031 - 23	22	
FNMA 15YR	3.00% - 04/01/2031 - 30	28	

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value	
FNMA 15YR	2.00% - 02/01/2032 - 53	48	
FNMA 15YR	3.50% - 08/01/2026 - 5	5	
FNMA 15YR	3.50% - 01/01/2029 - 3	3	
FNMA 15YR	3.50% - 02/01/2029 - 24	23	
FNMA 15YR	3.00% - 07/01/2029 - 10	9	
FNMA 15YR	3.50% - 07/01/2029 - 32	31	
FNMA 15YR	3.50% - 01/01/2027 - 15	15	
FNMA 15YR	3.50% - 08/01/2029 - 6	6	
FNMA 15YR	3.00% - 09/01/2029 - 51	49	
FNMA 15YR	3.00% - 02/01/2030 - 22	21	
FNMA 15YR	3.50% - 12/01/2029 - 7	7	
FNMA 15YR	3.00% - 09/01/2030 - 27	25	
FNMA 15YR	3.00% - 10/01/2030 - 8	7	
FNMA 30YR	5.50% - 10/01/2032 - 3	3	
FNMA_03-W11	4.72% - 06/25/2033 - 1	1	
FNMA 30YR	5.50% - 03/01/2033 - 16	16	
FNMA 30YR	5.50% - 03/01/2033 - 4	4	
FNMA 30YR	5.50% - 08/01/2033 - 1	1	
FNMA 10/1 HYBRID ARM	4.23% - 11/01/2033 - 4	4	
FNMA 30YR	5.00% - 03/01/2036 - 6	6	
FNMA 10/1 HYBRID ARM	4.07% - 12/01/2033 - 1	1	
FNMA 30YR	5.50% - 02/01/2029 - 6	6	
FNMA 10/1 HYBRID ARM	3.71% - 10/01/2034 - 3	3	
FNMA 15YR	3.00% - 11/01/2030 - 34	32	
FNMA 30YR	3.50% - 12/01/2045 - 8	7	
FNMA 15YR	3.00% - 03/01/2031 - 48	46	
FNMA 15YR	3.00% - 04/01/2031 - 41	39	
FNMA 30YR	3.50% - 03/01/2046 - 2	2	
FNMA 30YR	3.50% - 12/01/2045 - 3	2	
FNMA 30YR	3.50% - 03/01/2046 - 4	3	
FNMA 15YR	3.00% - 03/01/2031 - 43	41	
FNMA 30YR	4.00% - 03/01/2047 - 32	31	
FNMA 15YR	3.00% - 03/01/2032 - 5	4	
FNMA 15YR	3.00% - 04/01/2032 - 69	65	
FNMA 15YR	3.00% - 04/01/2032 - 37	35	
FNMA 15YR	3.00% - 06/01/2032 - 6	6	
FNMA 15YR	3.00% - 07/01/2032 - 56	53	
FNMA 15YR	3.00% - 09/01/2032 - 89	85	
FNMA 15YR	3.50% - 11/01/2032 - 44	43	
FNMA 15YR UMBS	2.50% - 12/01/2034 - 49	45	
FNMA 15YR UMBS	2.50% - 02/01/2035 - 125	115	
FNMA 15YR	3.50% - 02/01/2032 - 125	122	
FNMA 15YR	3.00% - 04/01/2032 - 124	119	
FNMA 15YR	3.00% - 12/01/2033 - 5	4	
FNMA 15YR	3.00% - 02/01/2034 - 32	30	
FNMA 15YR UMBS	2.50% - 08/01/2034 - 444	408	
FNMA 15YR UMBS SUPER	2.00% - 07/01/2035 - 42	38	
FNMA 15YR UMBS SUPER	2.00% - 08/01/2035 - 335	299	
FNMA 15YR UMBS SUPER	2.00% - 09/01/2035 - 153	136	
FNMA 15YR	5.00% - 07/01/2025 - 2	2	
FNMA 15YR	3.50% - 10/01/2025 - 9	9	

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value	
FNMA 15YR	3.50% - 10/01/2026 - 0	0	
FNMA 15YR	3.50% - 03/01/2026 - 5	5	
FNMA 15YR	3.00% - 02/01/2031 - 39	38	
FNMA 15YR	5.00% - 03/01/2024 - 0	0	
FNMA 15YR	4.50% - 02/01/2025 - 1	1	
FNMA 15YR	5.00% - 04/01/2023 - 0	0	
FNMA 15YR	5.00% - 06/01/2023 - 0	0	
FNMA 15YR	5.00% - 12/01/2023 - 1	1	
FNMA 15YR	5.00% - 12/01/2023 - 0	0	
FNMA 15YR	5.00% - 02/01/2023 - 0	0	
FNMA 15YR	5.00% - 07/01/2023 - 0	0	
FNMA 15YR	5.00% - 06/01/2023 - 0	0	
FNMA 15YR	5.00% - 07/01/2023 - 0	0	
FNMA 15YR	5.00% - 12/01/2023 - 0	0	
FNMA 15YR	5.00% - 11/01/2023 - 0	0	
FNMA 15YR	4.50% - 03/01/2024 - 0	0	
FNMA 15YR	3.50% - 11/01/2025 - 1	1	
FNMA 15YR	3.50% - 11/01/2025 - 5	5	
FNMA 15YR	4.00% - 06/01/2025 - 0	0	
FNMA 15YR	4.00% - 07/01/2025 - 3	3	
FNMA 15YR	4.00% - 08/01/2025 - 1	1	
FNMA 15YR	3.50% - 01/01/2026 - 5	5	
FNMA 15YR	3.50% - 01/01/2026 - 1	1	
FNMA 15YR	3.50% - 02/01/2026 - 22	21	
FNMA 15YR	3.50% - 04/01/2026 - 3	3	
FNMA 15YR	3.50% - 08/01/2026 - 2	2	
FNMA 15YR	3.50% - 11/01/2026 - 1	1	
FNMA 15YR	5.00% - 08/01/2024 - 0	0	
FNMA 15YR	4.50% - 12/01/2024 - 1	1	
FNMA 15YR	4.50% - 02/01/2025 - 2	2	
FNMA 15YR	4.50% - 04/01/2025 - 2	2	
FNMA 15YR	3.00% - 05/01/2031 - 42	40	
FNMA 15YR	3.00% - 10/01/2033 - 36	34	
FNMA 15YR	3.00% - 01/01/2034 - 6	6	
FNMA 15YR	3.00% - 08/01/2031 - 49	47	
FNMA 15YR	3.00% - 11/01/2031 - 46	44	
FNMA 15YR	3.00% - 01/01/2032 - 40	38	
FNMA 30YR	4.00% - 08/01/2047 - 17	16	
FNMA 15YR	2.50% - 02/01/2033 - 157	146	
FNMA 15YR	3.00% - 09/01/2033 - 157	147	
FNMA 15YR	3.50% - 09/01/2033 - 19	19	
FNMA 30YR	3.50% - 04/01/2049 - 7	6	
FNMA 15YR	3.00% - 06/01/2034 - 22	21	
FNMA 15YR UMBS	3.00% - 08/01/2034 - 108	101	
FNMA 30YR UMBS	3.50% - 08/01/2049 - 28	26	
FNMA 15YR UMBS	2.50% - 09/01/2034 - 57	52	
FNMA 15YR UMBS	2.50% - 10/01/2034 - 63	58	
FNMA 15YR UMBS	2.50% - 12/01/2034 - 305	281	
FNMA 15YR UMBS	3.00% - 12/01/2034 - 25	24	
FNMA 15YR UMBS	2.00% - 06/01/2035 - 18	16	
FNMA 15YR UMBS	2.00% - 07/01/2035 - 150	133	

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value	
FNMA 15YR UMBS	2.50% - 07/01/2035 - 239	219	
FNMA 15YR UMBS	2.50% - 08/01/2035 - 118	108	
FNMA 15YR	4.00% - 04/01/2025 - 3	3	
FNMA 15YR	4.00% - 05/01/2025 - 1	1	
FNMA 15YR	4.00% - 06/01/2025 - 2	2	
FNMA 15YR	3.50% - 12/01/2025 - 1	1	
FNMA 15YR	3.50% - 08/01/2025 - 4	4	
FNMA 15YR	3.50% - 09/01/2025 - 1	1	
FNMA 15YR	3.50% - 10/01/2025 - 3	3	
FNMA 15YR	3.50% - 11/01/2025 - 9	8	
FNMA 15YR	3.50% - 10/01/2025 - 7	7	
FNMA 15YR	3.50% - 11/01/2025 - 2	2	
FNMA 15YR	3.50% - 12/01/2025 - 12	12	
FORDO_22-A	1.29% - 06/15/2026 - 165	157	
FORDL_22-A	3.23% - 05/15/2025 - 120	118	
FORDF_19-4	2.44% - 09/15/2026 - 1,340	1,283	
FORDF_20-1	0.70% - 09/15/2025 - 1,095	1,060	
FORDF_20-2	1.06% - 09/15/2027 - 1,535	1,381	
FORDR_20-1	2.04% - 08/15/2031 - 400	377	
FORDR_19-1	3.52% - 07/15/2030 - 540	530	
GNMA2 30YR	3.50% - 04/20/2047 - 31	29	
GNMA2 30YR	3.50% - 07/20/2046 - 30	28	
GNMA2 30YR	3.50% - 01/20/2047 - 36	33	
GSMS_16-GS3	2.78% - 10/10/2049 - 246	234	
GSMS_17-GS7	3.20% - 08/10/2050 - 189	180	
GE HEALTHCARE HOLDING LLC	5.65% - 11/15/2027 - 380	386	
GENERAL DYNAMICS CORPORAT	3.75% - 05/15/2028 - 425	405	
GILEAD SCIENCES INC	1.20% - 10/01/2027 - 450	382	
GOLDMAN SACHS GROUP INC	4.48% - 08/23/2028 - 850	813	
GALC_21-1	0.34% - 08/15/2024 - 231	225	
GALC_21-2	0.67% - 07/15/2025 - 195	182	
HSBC HOLDINGS PLC	4.76% - 06/09/2028 - 450	426	
HPEFS_21-1A	0.32% - 03/20/2031 - 183	181	
HPEFS_21-2A	0.30% - 09/20/2028 - 14	14	
HAROT_20-3	0.46% - 04/19/2027 - 75	71	
HONEYWELL INTERNATIONAL I	4.95% - 02/15/2028 - 425	432	
HART_20-C	0.38% - 05/15/2025 - 102	100	
HART_22-A	2.22% - 10/15/2026 - 855	814	
HART_21-B	0.38% - 01/15/2026 - 990	947	
IBM CORP	1.70% - 05/15/2027 - 375	330	
JPMCC_16-JP2	2.71% - 08/15/2049 - 451	429	
JPMCC_13-C13	3.99% - 01/15/2046 - 760	751	
JPMCC_13-C13	3.41% - 01/15/2046 - 37	37	
JPMBB_13-C14	4.13% - 08/15/2046 - 219	217	
JPMCC_13-C16	3.67% - 12/15/2046 - 154	153	
JPMBB_14-C23	3.67% - 09/15/2047 - 189	182	
JPMBB_14-C23	3.93% - 09/15/2047 - 290	279	
JPMBB_14-C24	3.37% - 11/15/2047 - 575	552	
JPMBB_15-C28	3.04% - 10/15/2048 - 106	102	
JPMBB_15-C33	3.56% - 12/15/2048 - 154	149	
JPMBB_16-C1	3.58% - 03/17/2049 - 425	402	

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value
	JPMBB_16-C1	3.32% - 03/15/2049 - 94	91
	JPMCC_16-JP4	3.47% - 12/15/2049 - 88	85
	JPMORGAN CHASE & CO	4.85% - 07/25/2028 - 1,075	1,050
	JPMCC_17-JP5	3.55% - 03/15/2050 - 627	598
	JDOT_20-B	0.51% - 11/15/2024 - 89	88
	JDOT_21-B	0.52% - 03/16/2026 - 320	303
	KINDER MORGAN INC	1.75% - 11/15/2026 - 425	375
	KCOT_20-2	0.59% - 10/15/2024 - 125	122
	KCOT_21-1A	0.62% - 08/15/2025 - 240	229
	L3HARRIS TECHNOLOGIES INC	3.85% - 12/15/2026 - 325	311
	LYB INTERNATIONAL FINANCE	1.25% - 10/01/2025 - 320	286
	LOEWS CORPORATION	3.75% - 04/01/2026 - 385	371
	LOWES COMPANIES INC	3.35% - 04/01/2027 - 400	376
	MAGALLANES INC	3.76% - 03/15/2027 - 425	384
	MBART_21-1	0.46% - 06/15/2026 - 340	323
	MERCK & CO INC	1.70% - 06/10/2027 - 400	355
	MET LIFE GLOB FUNDING I	4.40% - 06/30/2027 - 225	219
	MICROSOFT CORPORATION	2.88% - 02/06/2024 - 385	378
	MMAF_20-A	0.97% - 04/09/2027 - 340	315
	MONDELEZ INTERNATIONAL IN	2.63% - 03/17/2027 - 400	363
	MSBAM_14-C14	4.06% - 02/15/2047 - 282	277
	MSC_17-H1	3.09% - 06/15/2050 - 174	167
	MSC_17-H1	3.30% - 06/15/2050 - 157	150
	MORGAN STANLEY	6.30% - 10/18/2028 - 1,025	1,057
	MSBAM_14-C19	3.53% - 12/15/2047 - 575	549
	MSBAM_15-C25	3.38% - 10/15/2048 - 118	114
	MSBAM_15-C25	3.37% - 10/15/2048 - 155	147
	MSC_16-UBS9	3.59% - 03/15/2049 - 205	195
	MSBAM_17-C33	3.40% - 05/15/2050 - 393	377
	NEXTERA ENERGY CAPITAL HO	4.63% - 07/15/2027 - 375	370
	NFMOT_20-1A	1.55% - 02/18/2025 - 685	682
	NISOURCE INC	0.95% - 08/15/2025 - 425	383
	NAROT_20-A	1.38% - 12/16/2024 - 19	18
	NORTHROP GRUMMAN CORP	2.93% - 01/15/2025 - 350	336
	ONTARIO (PROVINCE OF)	2.30% - 06/15/2026 - 575	534
	ORACLE CORPORATION	2.95% - 05/15/2025 - 325	309
	OSCAR_22-1A	2.30% - 04/10/2026 - 505	477
	PNC FINANCIAL SERVICES GR	5.35% - 12/02/2028 - 550	554
	PPL CAPITAL FUNDING INC	3.10% - 05/15/2026 - 400	374
	PEPSICO INC	3.60% - 02/18/2028 - 350	336
	PFIZER INC	3.00% - 12/15/2026 - 390	370
	PFIZER INC	3.20% - 09/15/2023 - 90	89
	PHILLIPS 66	1.30% - 02/15/2026 - 400	358
	PRICOA GLOBAL FUNDING I	1.20% - 09/01/2026 - 190	167
	PRINCIPAL LIFE GLOBAL FUN	1.50% - 11/17/2026 - 180	157
	PROCTER & GAMBLE CO	1.90% - 02/01/2027 - 350	319
	RELX CAPITAL INC	3.50% - 03/16/2023 - 215	214
	ROYAL BANK OF CANADA	6.00% - 11/01/2027 - 550	573
	SCFET_22-1A	2.92% - 07/20/2029 - 100	94
	SCFET_20-1A	1.19% - 10/20/2027 - 113	110
	SDART_22-3	3.40% - 12/15/2026 - 270	265

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value
	SDART_22-1	1.94% - 11/17/2025 - 200	197
	SDART_22-2	2.98% - 10/15/2026 - 250	244
	SRT_20-B	0.65% - 12/20/2024 - 30	29
	SRT_21-A	0.51% - 07/22/2024 - 670	653
	SHELL INTERNATIONAL FINAN	2.88% - 05/10/2026 - 450	424
	SIEMENS FINANCIERINGSMAAT	1.20% - 03/11/2026 - 350	311
	SOUTHERN CO	1.75% - 03/15/2028 - 450	379
	STATE STREET CORPORATION	2.20% - 02/07/2028 - 545	489
	T-MOBILE USA INC	4.75% - 02/01/2028 - 375	365
	TARGET CORPORATION	1.95% - 01/15/2027 - 450	409
	THOMSON REUTERS CORP	3.85% - 09/29/2024 - 30	29
	TORONTO-DOMINION BANK/THE	4.69% - 09/15/2027 - 525	519
	TAOT_22-A	1.23% - 06/15/2026 - 215	204
	TRUIST FINANCIAL CORP	4.12% - 06/06/2028 - 500	479
	UBSBB_13-C5	3.18% - 03/10/2046 - 3	3
	UBSCM_17-C1	3.26% - 06/15/2050 - 77	74
	UBSCM_17-C3	3.22% - 08/15/2050 - 646	613
	UNION PACIFIC CORPORATION	3.25% - 08/15/2025 - 275	265
	US BANCORP	4.55% - 07/22/2028 - 535	524
	TREASURY NOTE	2.25% - 11/15/2025 - 3,775	3,573
	TREASURY NOTE	0.38% - 09/30/2027 - 7,450	6,282
	RAYTHEON TECHNOLOGIES COR	3.95% - 08/16/2025 - 325	318
	UNITEDHEALTH GROUP INC	2.95% - 10/15/2027 - 465	431
	VERIZON COMMUNICATIONS IN	2.10% - 03/22/2028 - 425	369
	VZOT_20-A	1.85% - 07/22/2024 - 91	91
	VWALT_20-A	0.45% - 07/21/2025 - 535	529
	WFRBS_13-C14	3.34% - 06/15/2046 - 320	312
	VOYA FINANCIAL INC	3.65% - 06/15/2026 - 460	436
	WFRBS_13-C13	2.65% - 05/15/2045 - 7	7
	WFRBS_14-C21	3.68% - 08/15/2047 - 260	251
	WFRBS_14-C23	3.92% - 10/15/2057 - 255	247
	WEC ENERGY GROUP INC	5.15% - 10/01/2027 - 400	405
	WFCM_15-C26	2.91% - 02/15/2048 - 47	44
	WFCM_15-NXS1	3.15% - 05/15/2048 - 1,225	1,162
	WFCM_15-NXS1	2.93% - 05/15/2048 - 75	74
	WFCM_15-C29	3.40% - 06/15/2048 - 14	13
	WFCM_15-C31	3.49% - 11/15/2048 - 58	56
	WFCM_16-LC25	3.49% - 12/15/2059 - 270	261
	WELLS FARGO & COMPANY	4.81% - 07/25/2028 - 950	926
	WFCM_17-C40	2.50% - 10/15/2050 - 323	309
	WFCM_18-C45	4.15% - 06/15/2051 - 305	294
	WFCM_18-C46	4.09% - 08/15/2051 - 350	337
	WFCM_19-C53	2.04% - 10/15/2052 - 72	70
	WFRBS_13-C18	3.68% - 12/15/2046 - 148	146
	WILLIAMS COMPANIES INC	4.00% - 09/15/2025 - 80	78
	WILLIAMS COMPANIES INC	3.75% - 06/15/2027 - 390	368
	WOSAT_20-A	0.55% - 07/15/2025 - 47	47
	WOART_22-A	1.69% - 05/17/2027 - 940	891
	XCEL ENERGY INC	0.50% - 10/15/2023 - 300	289
**	Adjustment from fair value to contract value for GICs		8,278

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value (\$)	Current Value
		Total fully benefit-responsive investment contracts	122,067
		Total investments	<u>\$ 1,442,102</u>
Notes receivable from participants:			
*	Plan participants	Interest rates from 3.25% - 9.50%	
		Maturities through 2052	\$ 21,838

Column (d) omitted as cost information is not required for participant-directed assets.

* Denotes party-in-interest to the Plan

** All investments are stated at fair value as of December 31, 2022 with the exception of the fully benefit-responsive investment contracts, which are stated at contract value.