

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2022</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>07/01/2022</u> and ending <u>06/30/2023</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input checked="" type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ <input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ <input type="checkbox"/>

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>RETIREMENT BENEFIT ACCUMULATION PLAN FOR EMPLOYEES OF PWC LLP</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1954</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>06/01/1954</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>06/01/1954</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PRICEWATERHOUSECOOPERS LLP</u> <u>C/O NATIONAL BENEFITS ADMINISTRATION</u> <u>4040 W. BOY SCOUT BLVD</u> <u>TAMPA, FL 33607</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">2b Employer Identification Number (EIN) <u>13-4008324</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>813-348-7000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541211</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>13-4008324</u>	2c Plan Sponsor's telephone number <u>813-348-7000</u>	2d Business code (see instructions) <u>541211</u>	
2b Employer Identification Number (EIN) <u>13-4008324</u>					
2c Plan Sponsor's telephone number <u>813-348-7000</u>					
2d Business code (see instructions) <u>541211</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2024	EPHRAIM SUDWERTS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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 17431
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 5861 6a(2) 5514 6b 312 6c 10914 6d 16740 6e 113 6f 16853 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1C 1I 3B 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> 0 A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>RETIREMENT BENEFIT ACCUMULATION PLAN FOR EMPLOYEES OF PWC LLP</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PRICEWATERHOUSECOOPERS LLP</u>		
D Employer Identification Number (EIN) <u>13-4008324</u>		
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a	<u>1889899792</u>	
b Actuarial value.....	2b	<u>1889899792</u>	
3 Funding target/participant count breakdown			
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>292</u>	<u>57572836</u>	<u>57572836</u>
b For terminated vested participants.....	<u>11278</u>	<u>998183709</u>	<u>998183709</u>
c For active participants.....	<u>5861</u>	<u>692084926</u>	<u>692087372</u>
d Total.....	<u>17431</u>	<u>1747841471</u>	<u>1747843917</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....			4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....			4b
5 Effective interest rate.....			5 <u>5.24 %</u>
6 Target normal cost.....			
a Present value of current plan year accruals.....			6a <u>0</u>
b Expected plan-related expenses.....			6b <u>1698928</u>
c Total (line 6a + line 6b).....			6c <u>1698928</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE			
	Signature of actuary	<u>04/04/2024</u>	Date
	<u>EPHRAIM SUDWERTS</u>	<u>23-06869</u>	Most recent enrollment number
	Type or print name of actuary	<u>973-919-9229</u>	Telephone number (including area code)
	<u>PWC US TAX LLP</u>		
	Firm name		
	<u>300 MADISON AVENUE NEW YORK, NY 10017</u>		
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	566597383	13364318
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	3397164	
9	Amount remaining (line 7 minus line 8)	563200219	13364318
10	Interest on line 9 using prior year's actual return of <u>-13.20</u> %	-74342429	-1764090
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year).....		115233260
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.39</u> %.....		6027966
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		-448426
c	Total available at beginning of current plan year to add to prefunding balance.....		120812800
d	Portion of (c) to be added to prefunding balance.....		
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	488857790	11600228

Part III		Funding Percentages	
14	Funding target attainment percentage	14	79.49 %
15	Adjusted funding target attainment percentage	15	108.12 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	105.29 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/14/2023	56385516	0			
03/12/2024	9000000	0			
			Totals ▶	18(b)	18(c)
				65385516	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years.....	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date.	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c 61958551
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	1698928
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 1698928

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	1698928		1698928

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 61958551

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	61958551
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	1698928

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan <u>RETIREMENT BENEFIT ACCUMULATION PLAN FOR EMPLOYEES OF PWC LLP</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PRICEWATERHOUSECOOPERS LLP</u>	D Employer Identification Number (EIN) <u>13-4008324</u>	

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

<u>CALVERT RESEARCH & MANAGEMENT</u>	<u>1825 CONNECTICUT AVE</u> <u>SUITE 400</u> <u>WASHINGTON, DC 20007</u>
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<u>FEDERATED INVESTORS FUNDS</u>	<u>4000 ERICKSON DR</u> <u>WARRENDALE, PA 15086</u>
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<u>WELLS FARGO TREASURY PLUS MONEY FD</u>	<u>39-1819240</u>
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<u>LUXOR CAPITAL GROUP</u>	<u>1114 AVE OF THE AMERICAS</u> <u>29TH FLOOR</u> <u>NEW YORK, NY 10036</u>
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PRINCIPAL GLOBAL INVESTORS

82-2725212

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

MORGAN STANLEY INVESTMENT FUNDS

36-3145972

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

NEUBERGER BERMAN MANAGEMENT

26-3663778

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

NORTHERN TRUST CORPORATION

36-2723087

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

ALLSPRING GLOBAL INVESTMENTS

525 MARKET STREET
12TH FLOOR
SAN FRANCISCO, CA 94105

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

UBS ASSET MANAGEMENT TRUST CO

36-3762086

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

VOYA INVESTMENT TRUST CO

ONE ORANGE WAY
WINDSOR, CT 06095

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

BAIRD FUNDS, INC.

C/O U.S. GLOBAL FUND SERVICES
P.O. BOX 701
MILWAUKEE, WI 53201-0701

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

EATON VANCE FUNDS

P.O. BOX 534439
PITTSBURG, PA 15253-4439

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

STATE STREET GLOBAL ADVISORS

32-6528132

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

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

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

CONDUENT HR SOLUTIONS, LLC

100 CAMPUS DRIVE
FLORHAM PARK, NJ 07932

(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?
13 50	NONE	122714	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEI INVESTMENTS

23-1707341

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	109901	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

THE BANK OF NEW YORK MELLON CORP

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 28 50 65	NONE	80275	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	70549	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DG3 NORTH AMERICA, INC.

100 BURMA ROAD
JERSEY CITY, NJ 07305

(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?
49 50	NONE	35663	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHERN TRUST INVESTMENTS

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	26649	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

AON INVESTMENTS USA INC

ONE LIBERTY PLAZA 165 BROADWAY
FLOORS 28 - 33
NEW YORK, NY 10006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	21074	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MORNINGSTAR, INC

22 WEST WASHINGTON STREET
CHICAGO, IL 60602

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	19238	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WEST PUBLISHING CORP

610 OPPERMAN DRIVE
EAGAN, MN 55123

(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?
49 50	NONE	9608	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

GRANT THORNTON LLP

36-6055558

(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 50	NONE	8500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

USI CONSULTING GROUP

GLASTONBURY BLVD
SUITE 102
GLASTONBURY, CT 06033-4417

(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?
13 50	NONE	8418	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023		
A Name of plan RETIREMENT BENEFIT ACCUMULATION PLAN FOR EMPLOYEES OF PWC LLP	B Three-digit plan number (PN) ▶	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PRICEWATERHOUSECOOPERS LLP	D Employer Identification Number (EIN) 13-4008324	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST EMERGING MARKETS	b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.	
c EIN-PN 45-6138589-230	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4404269
a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST S&P 500	b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.	
c EIN-PN 45-6138589-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 647787883
a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST SHORT TERM INV FUND	b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.	
c EIN-PN 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 203516323
a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST RUSSELL 2000 INDEX	b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.	
c EIN-PN 45-6138589-107	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112910541
a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST EAFE INDEX	b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.	
c EIN-PN 45-6138589-111	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102412517
a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST LONG TERM GOVT BOND	b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.	
c EIN-PN 45-6138589-060	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17823469
a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST AGGREGATE BOND	b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.	
c EIN-PN 45-6138589-088	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16965

a Name of MTIA, CCT, PSA, or 103-12 IE: UBS TRUMBULL DIV PROP FD		
b Name of sponsor of entity listed in (a): UBS (US) GROUP TRUST		
c EIN-PN 36-3762086-091	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1165669
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET REAL ASSET NON-LENDING		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 32-6528132-059	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10420189
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2020		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 32-6528132-021	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24297485
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2025		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 32-6528132-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19486926
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2030		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 32-6528132-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95768278
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2035		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 32-6528132-024	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28369724
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2040		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 32-6528132-025	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54321402
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2045		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 32-6528132-026	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9793470
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2050		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 32-6528132-027	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9115988
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2055		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 32-6528132-028	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 686714

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2060		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 32-6528132-029	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4394884
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2065		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 32-6528132-045	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16915
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT INCO		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 32-6528132-030	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13094594
a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST TIPS		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-091	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: VOYA CORE PLUS UNITS 1&2		
b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO		
c EIN-PN 02-0488491-001	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: MORNINGSTAR LIFETIME MOD 2025		
b Name of sponsor of entity listed in (a): UBS ASSET MANAGEMENT		
c EIN-PN 36-2762086-100	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: MORNINGSTAR LIFETIME MOD 2015		
b Name of sponsor of entity listed in (a): UBS ASSET MANAGEMENT		
c EIN-PN 36-3762086-120	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: MORNINGSTAR LIFETIME MOD 2035		
b Name of sponsor of entity listed in (a): UBS ASSET MANAGEMENT		
c EIN-PN 36-2762086-102	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: MORNINGSTAR LIFETIME MODERATE 2045		
b Name of sponsor of entity listed in (a): UBS ASSET MANAGEMENT		
c EIN-PN 36-2762086-104	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: MORNINGSTAR LIFETIME MOD 2020		
b Name of sponsor of entity listed in (a): UBS ASSET MANAGEMENT		
c EIN-PN 36-3762086-121	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: **MORNINGSTAR LIFETIME MOD 2030**

b Name of sponsor of entity listed in (a): **UBS ASSET MANAGEMENT**

c EIN-PN 36-3762086-123	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MORNINGSTAR LIFETIME MOD 2040**

b Name of sponsor of entity listed in (a): **UBS ASSET MANAGEMENT**

c EIN-PN 36-3762086-125	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MORNINGSTAR LIFETIME MOD 2050**

b Name of sponsor of entity listed in (a): **UBS ASSET MANAGEMENT**

c EIN-PN 36-3762086-127	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MORNINGSTAR LIFETIME MOD 2060**

b Name of sponsor of entity listed in (a): **UBS ASSET MANAGEMENT**

c EIN-PN 36-3762086-129	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MORNINGSTAR LIFETIME MOD 2055**

b Name of sponsor of entity listed in (a): **UBS ASSET MANAGEMENT**

c EIN-PN 36-2762086-128	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<p style="text-align: center;">SCHEDULE H (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Financial Information</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large; font-weight: bold;">2022</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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For calendar plan year 2022 or fiscal plan year beginning **07/01/2022** and ending **06/30/2023**

<p>A Name of plan RETIREMENT BENEFIT ACCUMULATION PLAN FOR EMPLOYEES OF PWC LLP</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PRICEWATERHOUSECOOPERS LLP</p>	<p>D Employer Identification Number (EIN) 13-4008324</p>	

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	20657866	9244189
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	12600000	0
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	127524	4550579
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests.....	1c(5)	95048	0
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	1311609520	1359804205
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	442452887	479169273
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	-2109068	-499695

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1898833777	1852268551

Liabilities

g Benefit claims payable.....	1g		
h Operating payables.....	1h	4446806	204242
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4446806	204242

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	1894386971	1852064309
---	----	------------	------------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	56385516	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		56385516
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	85292	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		85292
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	13797295	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		13797295
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	-10859479	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-10859479
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1993653	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		1993653

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		161283856
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		18041772
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		240727905
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	280985156	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		280985156
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	8500	
(2) Contract administrator fees.....	2i(2)	201681	
(3) Investment advisory and management fees	2i(3)	257137	
(4) Other	2i(4)	1598093	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2065411
j Total expenses. Add all expense amounts in column (b) and enter total	2j		283050567
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-42322662
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

- (1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

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

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

(1) Name: GRANT THORNTON, LLP

(2) EIN: 36-6055558

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

- (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes 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 497754.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan <u>RETIREMENT BENEFIT ACCUMULATION PLAN FOR EMPLOYEES OF PWC LLP</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PRICEWATERHOUSECOOPERS LLP</u>	D Employer Identification Number (EIN) <u>13-4008324</u>	

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): 13-4226747

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	528
---	-----

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 63.0 % Investment-Grade Debt: 19.0 % High-Yield Debt: 2.0 % Real Estate: 0.0 % Other: 16.0 %

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 _____

Financial Statements and Report of
Independent Certified Public
Accountants

**Retirement Benefit Accumulation Plan For
Employees Of PwC**

June 30, 2023 and 2022

Contents

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Participants and Administrative Committee of the
Retirement Benefit Accumulation Plan For Employees Of PwC

Opinion

We have audited the financial statements of Retirement Benefit Accumulation Plan For Employees Of PwC (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 June 30, 2023 and 2022 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for opinion

We conducted our audits of the financial statements in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the 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 for one year after the date the financial statements are available to be issued.

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

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

In performing an audit in accordance with US GAAS, we:

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

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

Supplemental schedules required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of June 30, 2023 and reportable transactions for the year ended June 30, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary 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. These additional procedures included comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.

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

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

Grant Thornton LLP

Philadelphia, Pennsylvania
April 11, 2024

Retirement Benefit Accumulation Plan For Employees Of PwC

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

June 30,

	2023	2022
ASSETS		
Cash	\$ 9,244,189	\$ 20,657,866
Investments, at fair value (Note 6)		
Registered investment companies	479,169,273	442,452,887
Collective trust funds	1,359,804,205	1,311,609,520
Partnership interests	-	95,048
Futures contracts	(499,695)	(2,109,068)
	<u>1,838,473,783</u>	<u>1,752,048,387</u>
Total investments		
Receivables		
Contributions receivable	-	126,000,000
Interest and dividends receivable and receivables for securities sold	4,550,579	127,524
	<u>4,550,579</u>	<u>126,127,524</u>
Total receivables		
	<u>1,852,268,551</u>	<u>1,898,833,777</u>
Total assets		
LIABILITIES		
Accrued expenses and payables for securities purchased	204,242	203,312
Due to other plan	-	4,243,494
	<u>204,242</u>	<u>4,446,806</u>
Total liabilities		
	<u>\$ 1,852,064,309</u>	<u>\$ 1,894,386,971</u>
NET ASSETS AVAILABLE FOR BENEFITS		

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

Retirement Benefit Accumulation Plan For Employees Of PwC

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended June 30,

	2023	2022
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ 170,459,802	\$ (294,072,992)
Interest and dividends	13,882,587	11,606,542
Less - investment expenses	(252,228)	(18,680)
Net Investment income (loss)	184,090,161	(282,485,130)
Contributions	56,385,516	126,000,000
Total additions (reductions)	240,475,677	(156,485,130)
Benefits paid to participants	280,985,156	153,894,808
Administrative expenses	1,813,183	3,652,237
Total deductions	282,798,339	157,547,045
NET DECREASE BEFORE TRANSFER	(42,322,662)	(314,032,175)
Transfer out to other plan	-	(4,243,494)
Net assets available for benefits		
Beginning of year	1,894,386,971	2,212,662,640
End of year	\$ 1,852,064,309	\$ 1,894,386,971

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

Retirement Benefit Accumulation Plan For Employees Of PwC

NOTES TO FINANCIAL STATEMENTS

June 30, 2023 and 2022

NOTE 1 - PLAN DESCRIPTION

The Retirement Benefit Accumulation Plan For Employees Of PwC (formerly The Retirement Benefit Accumulation Plan for Employees of PricewaterhouseCoopers LLP) (the Plan), is a noncontributory defined benefit plan covering those who at the time the Plan was frozen were partners, principals and employees of PricewaterhouseCoopers LLP. As a result of a reorganization, the Plan Sponsor (formerly PricewaterhouseCoopers LLP) is now PwC US Group LLP (the Firm). It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective July 1, 2008, the Plan became frozen such that each participant's benefit under the Plan was frozen as of that date, subject to continuing adjustment for deemed investment experience. However, participants who were not fully vested as of that date satisfied the vesting requirements by continuing employment with the Firm. Commencement of employment subsequent to July 1, 2008 excluded an employee from participation in the Plan. Management intends that the Plan will remain in existence as long as necessary to pay benefits accrued as of June 30, 2008.

The Plan's assets are held by the Bank of New York Mellon, the custodian of the Plan, with recordkeeping services provided by Conduent HR Solutions, LLC, through December 31, 2022 and Alight Solutions LLC, thereafter.

The following is a summary of the major provisions of the Plan. Participants should refer to the amended plan agreement for more complete information.

Pension Benefits

Participants are fully vested in their benefit at the earliest of (a) the date of the participant's death, if the participant dies while employed with the Firm, (b) age 62, if the participant attains age 62 while employed by the Firm, or (c) as follows:

- i. if a participant has an hour of service after June 30, 2008 and terminates employment or ceases to be active, other than by reason of death, the participant shall be vested after completing three years of service; and
- ii. If a participant does not have an hour of service after June 30, 2008 and terminates employment or ceases to be active, other than by reason of death, the participant shall be vested after completing five years of service.

Vested participants who were employees of Coopers & Lybrand LLP on June 30, 1998 under the legacy Coopers & Lybrand LLP Retirement Plan receive the greater of (a) their benefit accrued under the old formula through June 30, 1998, plus future benefits under the cash balance formula (5% - 8%, as applicable, of eligible compensation) or (b) their benefit accrued under the old formula as if that formula had continued in effect through their separation date from the Firm or June 30, 2008, whichever occurs first. Vested participants who were partners or principals on June 30, 1998, and subject to certain other conditions, under the legacy Coopers & Lybrand LLP Retirement Plan, receive the sum of (a) their benefit accrued under the old formula, plus (b) future benefits under the cash balance formula. All other vested participants are entitled to benefits determined by the cash balance formula.

Under the cash balance formula, the Firm credited each payday to eligible participants, who were not partners or principals, 5% - 8% of eligible compensation. Partner and principal participants were credited with an annual amount that cumulatively targeted an annuity payable at Social Security normal retirement age. All participants can direct the deemed investment of the credits to their cash balance accounts, for which deemed investment gains and losses are recorded in the participant's account, including for periods after June 30, 2008.

Retirement Benefit Accumulation Plan For Employees Of PwC

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2023 and 2022

Effective July 1, 2008, due to the Plan being frozen, all credits and other benefit accruals were ceased, however, the cash balance amount of a participant's account continues to reflect earnings and/or losses thereon until payment.

Contributions to this Plan are made entirely by the Firm. The Firm's contributions to the Plan are maintained in a trust account, which is invested according to the Plan's investment strategy approved by the Plan's trustees.

The Plan allows for the automatic distribution of benefits in the amount of \$1,000 or less.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Plan expenses are paid by both the Plan and the Firm.

Subsequent Events

Management has evaluated subsequent events for potential disclosure in or adjustment to the financial statements through April 11, 2024, the date the accompanying financial statements were available to be issued.

Retirement Benefit Accumulation Plan For Employees Of PwC

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2023 and 2022

NOTE 3 - FUNDING POLICY

The Firm contributes amounts as necessary, which are determined on an actuarial basis, to provide the Plan with sufficient assets to meet the benefits to be paid to participants by the time they retire. The required contributions cannot be lower than the minimum required contribution required under ERISA and are calculated using the unit credit actuarial cost method. The Plan met the minimum funding requirements for the plan years 2023 and 2022.

Although it has not expressed any intention to do so, the Firm has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

On July 1, 2012, the Plan was amended to comply with Section 436 of the Internal Revenue Code (IRC) and the final regulations issued thereunder. Section 436 refers to the applicable funding-based limits on benefits and benefit accrual.

NOTE 4 - PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. Benefit improvements attributable to certain Plan amendments may not be fully guaranteed even though total benefit entitlements fall below the aforementioned ceilings.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Retirement Benefit Accumulation Plan For Employees Of PwC

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2023 and 2022

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated participants or their beneficiaries; (b) beneficiaries of participants who have died; and (c) present participants or their beneficiaries. Benefits payable under all circumstances (retirement, death and vested termination of employment) are included to the extent they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from the Firm and reviewed by an actuary independent of the Firm and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The computation of the actuarial present value of accumulated plan benefits was made as of July 1, had the valuations been performed as of June 30, there would be no material difference.

The significant actuarial assumptions used in the valuations as of June 30, 2022 were as follows:

- a. Life expectancy of participants based on 80% of Pri-2012 Mortality Table with White Collar adjustment and generational projection with MP-2021 improvement scale for partners, and 100% of Pri-2012 Mortality Table with White Collar adjustment and generational projection with MP-2021 improvement scale for staff.
- b. All employees are assumed to terminate or retire by age 71. All partners and principals are assumed to retire by age 60; and
- c. An annual rate of return on investments of 6.75% for cash balance liabilities and 6.50% for career average liabilities, to reflect the investment policy applicable to the respective asset pools.

The significant actuarial assumptions used in the valuations as of June 30, 2021 were as follows:

- a. Life expectancy of participants based on 80% of Pri-2012 Mortality Table with White Collar adjustment and generational projection with MP-2021 improvement scale for partners, and 100% of Pri-2012 Mortality Table with White Collar adjustment and generational projection with MP-2021 improvement scale for staff.
- b. All employees are assumed to terminate or retire by age 71. All partners and principals are assumed to retire by age 60; and
- c. An annual rate of return on investments of 5.50% for cash balance liabilities and 5.50% for career average liabilities, to reflect the investment policy applicable to the respective asset pools.

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

Retirement Benefit Accumulation Plan For Employees Of PwC

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2023 and 2022

The actuarial present value of accumulated plan benefits at June 30, 2022 is summarized as follows:

Vested benefits:	
Participants currently receiving payments	\$ 53,592,336
Other participants	<u>1,692,913,794</u>
Total vested benefits	<u>1,746,506,130</u>
Non-vested benefits	<u>2,033</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 1,746,508,163</u>

The changes in actuarial value of accumulated plan benefits for the year ended June 30, 2022 is summarized as follows:

Actuarial present value of accumulated plan benefits at June 30, 2021	\$ 2,151,067,901
Increase (decrease) during the year attributed to:	
Interest due to shortening of the discount period	114,052,647
Benefits paid	(154,766,848)
Changes in actuarial assumptions	(56,518,269)
Change in net benefits accumulated (including actuarial experience gains and losses)	<u>(307,327,268)</u>
Net decrease	<u>(404,559,738)</u>
Actuarial present value of accumulated plan benefits at June 30, 2022	<u>\$ 1,746,508,163</u>

NOTE 6 - FAIR VALUE MEASUREMENTS

According to authoritative guidance for accounting for fair value measurements of financial assets and liabilities that are recognized or disclosed at fair value on a recurring basis, the definition of fair value is the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between market participants at the measurement date (that is, an exit price). The exit price is based on the amount that the holder of the asset or liability would receive or need to pay in an actual transaction at the measurement date. In some circumstances, the entry and exit price may be the same; however, they are conceptually different.

The authoritative guidance establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;

Retirement Benefit Accumulation Plan For Employees Of PwC

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2023 and 2022

- inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2023 and 2022.

- *Registered investment companies* - Mutual funds valued at the quoted net asset value (NAV) of shares held by the Plan at year end.
- *Collective trust funds* - Valued at the NAV as a practical expedient of participation units held by the Plan. The value of these units is determined by the investment manager based on current fair values of the underlying investments in the respective trust funds.
- *Partnership interests* - Valued at estimated NAV as a practical expedient based on observable inputs and quarterly financial information received from the investment advisor and/or general partner.
- *Futures contracts* - Valued at the closing prices as published by the principal active market on which the futures contracts are traded.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2023 and 2022:

	Assets (Liabilities) at Fair Value as of June 30, 2023			
	Level 1	Level 2	Level 3	Total
Assets (liabilities):				
Registered investment companies	\$ 479,169,273	\$ -	\$ -	\$ 479,169,273
Futures contracts	(499,695)	-	-	(499,695)
Total assets in the fair value hierarchy	478,669,578	-	-	478,669,578
Investments measured at NAV ^(a)	-	-	-	1,359,804,205
Investments, at fair value	<u>\$ 478,669,578</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,838,473,783</u>

Retirement Benefit Accumulation Plan For Employees Of PwC

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2023 and 2022

	Assets (Liabilities) at Fair Value as of June 30, 2022			
	Level 1	Level 2	Level 3	Total
Assets (liabilities):				
Registered investment companies	\$ 442,452,887	\$ -	\$ -	\$ 442,452,887
Futures contracts	(2,109,068)	-	-	(2,109,068)
Total assets in the fair value hierarchy	440,343,819	-	-	440,343,819
Investments measured at NAV ^(a)	-	-	-	1,311,704,568
Investments, at fair value	\$ 440,343,819	\$ -	\$ -	\$ 1,752,048,387

^(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Fair Value of Investments in Entities that Use NAV

The following table summarizes investments measured at fair value based upon NAV per share as a practical expedient as of June 30, 2023 and 2022.

Investment	Fair Value at June 30		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2023	2022			
Collective trust funds:					
Corporate debt securities (principally domestic) ^(a)	\$ 16,965	\$ 35,723,216	\$ -	Daily	2 business days
Domestic equity securities and other short-term investments ^(b)	965,380,416	920,789,246	-	Daily	N/A
U.S. government debt securities and other short-term investments ^(c)	17,823,469	16,709,672	-	Daily	N/A
International equity securities and other short-term investments ^(d)	106,816,786	94,642,818	-	Daily	Up to 2 business days
Lifetime moderate funds ^(e)	269,766,569	243,744,568	-	Daily	N/A
Partnership interests:					
Hedged equity and other hedge and non-hedge investments ^(f)	-	95,048	-	Quarterly to Annually	Up to 180 days

^(a) The strategy of the corporate debt securities is to approximate the overall performance of an index of a specific financial market, such as the Barclay's Capital U.S. Long-Term Credit Index.

^(b) The strategy of the domestic equity securities is to approximate the risk and return of an index of a specific financial market, such as the Russell 2000 Growth Index or the Standard & Poor's' (S&P) 500 index. To achieve this strategy, a replication technique is used which generally seeks to hold each index constituent in its proportional index weight.

Retirement Benefit Accumulation Plan For Employees Of PwC

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2023 and 2022

- (c) The strategy of the U.S. government debt securities and other short-term investments is to approximate the overall performance of an index of a specific financial market, such as the Barclay's Capital Short-Term Government Bond Index, the Barclay's Capital Long-Term Government Bond Index, and the Barclay's Capital U.S. Treasury Inflation-Protected Securities Index.
- (d) The strategy of the international equity securities and other short-term investments is to provide investment results that approximate the overall performance of an index of a specific financial market, such as the Morgan Stanley All Country World Index (MSCI ACWI) Ex-US Index and the Morgan Stanley Europe, Australasia, and Far East (MSCI EAFE) Index.
- (e) The strategy of the Lifetime moderate funds is to provide investment results that approximate the risk and return of a volatile index consisting of global equities, bonds, and traditional inflation hedges such as commodities and TIPS.
- (f) The strategy of the hedged equity and other hedge and non-hedge investments is to achieve capital appreciation through a global investment program focused on securities and commodities which may include investments in various underlying funds that have diverse investment strategies including, but not limited to, credit strategies, relative value strategies, and hedged equity strategies.

NOTE 7 - INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Firm, by a letter dated March 22, 2004, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and the Plan and trust continue to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the organization has taken an uncertain position that would not more likely than not be sustained upon examination by taxing authorities. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2023 and 2022, 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 jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 - PARTIES-IN-INTEREST TRANSACTIONS

The Plan Sponsor performs the actuarial present value calculation for the Plan. This calculation is reviewed by a third-party actuarial firm. The Firm pays fees on behalf of the Plan for which the Firm is reimbursed by the Plan. These transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 9 - RISKS AND UNCERTAINTIES

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

Retirement Benefit Accumulation Plan For Employees Of PwC

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2023 and 2022

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 10 - CONTINGENCIES

In a 2006 class action complaint filed in federal district court of New York, certain former Firm personnel alleged that the design of the Plan violated ERISA and asserted a claim for additional benefits on behalf of employees covered by the Plan. In December 2019, the Second Circuit vacated a prior dismissal of plaintiffs' claims by the district court, which the Firm and the Plan applied for certiorari to the U.S. Supreme Court. The U.S. Supreme Court declined to hear the appeal, and on September 30, 2021, the federal district court of New York granted summary judgment in the plaintiffs' favor. On October 14, 2021, the Firm moved for reconsideration of the summary judgment. The Firm and the Plan denied that the provisions of the Plan violated ERISA and contested the claim for additional benefits.

The parties reached an agreement in August 2022. On September 19, 2022, the Class Action Settlement Agreement was submitted to the District Court for preliminary approval. A fairness hearing of final settlement was held within 90 days and on January 27, 2023, the Court granted final approval of the settlement. The total settlement was \$267,000,000 in consideration for total dismissal of all claims. The amounts paid as additional participant benefits were net of class counsel's fees and settlement administration costs, which were paid by the Firm and not from Plan assets. Approximately one-third of the settlement was paid in class counsel's fees and settlement administration costs directly by the Plan sponsor with the remaining amounts paid to participants by the Plan. On March 15, 2023, the Plan sponsor funded approximately \$126 million into the Plan and was recorded as a contribution receivable as of July 1, 2022. During the plan year ended June 30, 2023, approximately \$177 million in payments were made to participants. The remaining payments made subsequent to June 30, 2023 were approximately \$3,765,000.

SUPPLEMENTAL SCHEDULES

Retirement Benefit Accumulation Plan For Employees Of PwC
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2023

EIN: 13-4008324 , PN: #002

(a)	(b) Identity of Issue	(c) Investment Description	(d) Cost	(e) Current Value
Registered Investment Companies				
	CALVERT	CALVERT BOND	\$ 4,337,730	\$ 3,859,435
	FEDERATED INVESTORS	FEDERATED HIGH YIELD BOND I	22,405,707	20,153,668
	SEI	SEI GLOBAL MANAGED VOL-A	256,988,323	180,663,951
	SEI	SEI INST INV TR US MGD VOL-A	15,390,650	14,546,526
	SEI	SEI INST INV TR US MGD VOL-A	6,893,365	6,236,972
	NEUBERGER BERMAN	NEUBERGER & BERMAN GENESIS R6	177,731,673	176,821,592
	NORTHERN TRUST	NORTHERN GLOBAL SUSTAINABILITY	8,121,905	8,915,798
	ALLSPRING	ALLSPRING 793 TREAS PLUS	6,467,845	6,467,845
	WELLS FARGO	WELLS FARGO TREASURY PLUS MM	28,815,749	28,815,749
	BAIRD	BAIRD AGGREGATE BOND FUND MTU	26,200,402	26,082,125
	EATON VANCE	EATON VANCE MAC I MTU	6,550,736	6,605,612
		Total registered investment companies	<u>559,904,085</u>	<u>479,169,273</u>
Collective Trust Funds				
	NORTHERN TRUST	NORTHERN TRUST AGGREGATE BOND FUND	21,473	16,965
	NORTHERN TRUST	NORTHERN TRUST COLLECTIVE STIF	195,353,542	203,516,323
	NORTHERN TRUST	NORTHERN TRUST DAILY EAFE	67,794,026	102,412,517
	NORTHERN TRUST	NORTHERN TRUST EMERGING MARKETS	4,775,573	4,404,269
	NORTHERN TRUST	NORTHERN TRUST S&P 500	233,425,901	647,787,883
	NORTHERN TRUST	NORTHERN TRUST SMALL CAP	70,888,021	112,910,541
	NORTHERN TRUST	NORTHERN TRUST LEHMAN	17,324,523	17,823,469
	UBS ASSET MANAGEMENT	TRUMBULL DIVERSIFIED PROPERTY FUND MTU	1,067,938	1,165,669
	STATE STREET	STATE STREET REAL ASSET NON-LENDING SERIES FUND - CLASS K	10,176,936	10,420,189
	STATE STREET	STATE STREET TARGET RETIREMENT 2020 SECURITIES LENDING SERIES FUND - CLASS IV	22,235,483	24,297,485
	STATE STREET	STATE STREET TARGET RETIREMENT 2025 SECURITIES LENDING SERIES FUND - CLASS IV	17,553,866	19,486,926
	STATE STREET	STATE STREET TARGET RETIREMENT 2030 SECURITIES LENDING SERIES FUND - CLASS IV	83,280,682	95,768,278
	STATE STREET	STATE STREET TARGET RETIREMENT 2035 SECURITIES LENDING SERIES FUND - CLASS IV	24,536,975	28,369,724
	STATE STREET	STATE STREET TARGET RETIREMENT 2040 SECURITIES LENDING SERIES FUND - CLASS IV	46,456,074	54,321,402
	STATE STREET	STATE STREET TARGET RETIREMENT 2045 SECURITIES LENDING SERIES FUND - CLASS IV	8,428,356	9,793,470
	STATE STREET	STATE STREET TARGET RETIREMENT 2050 SECURITIES LENDING SERIES FUND - CLASS IV	7,733,800	9,115,988
	STATE STREET	STATE STREET TARGET RETIREMENT 2055 SECURITIES LENDING SERIES FUND - CLASS IV	599,674	686,714
	STATE STREET	STATE STREET TARGET RETIREMENT 2060 SECURITIES LENDING SERIES FUND - CLASS IV	3,691,891	4,394,884
	STATE STREET	STATE STREET TARGET RETIREMENT 2065 SECURITIES LENDING SERIES FUND - CLASS IV	14,491	16,915
	STATE STREET	STATE STREET TARGET RETIREMENT INCOME SECURITIES LENDING SERIES FUND - CLASS IV	12,163,087	13,094,594
		Total collective trust funds	<u>827,522,312</u>	<u>1,359,804,205</u>
Futures				
	US DEPARTMENT OF TREASURY	US 10YR ULTRA FUTURE (CBT) EXP SEP 22 99F10612A	-	(242,267)
	US DEPARTMENT OF TREASURY	US LONG BOND FUTURE (CBT) EXP SEP 22 99F13312A	-	(39,109)
	US DEPARTMENT OF TREASURY	US 10YR NOTE FUTURE (CBT) EXP SEP 22 99F13912A	-	(301,301)
	US DEPARTMENT OF TREASURY	US 5YR NOTE FUTURE (CBT) EXP SEP 22 99F18312A	-	(31,065)
	US DEPARTMENT OF TREASURY	US 2YR NOTE FUTURE (CBT) EXP SEP 22 99F21712A	-	2,654
	US DEPARTMENT OF TREASURY	US ULTRA BOND (CBT) EXP SEP 22 99F70012A	-	111,393
		Total futures	<u>-</u>	<u>(499,695)</u>
			<u>\$ 1,387,426,397</u>	<u>\$ 1,838,473,783</u>

Retirement Benefit Accumulation Plan For Employees Of PwC

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended June 30, 2023

EIN: 13-4008324 , PN: #002

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset Disposed	(f) Current Value of Asset on Transaction Date	(g) Net Gain or Loss
Single transactions:						
ALLSPRING	ALLSPRING 793 TREAS 02/24/14 DD 12/31/2049 RT VAR	\$ 121,000,000	\$ -	\$ -	\$ 121,000,000	\$ -
ALLSPRING	ALLSPRING 793 TREAS 02/24/14 DD 12/31/2049 RT VAR	121,268,325	-	-	121,268,325	-
ALLSPRING	ALLSPRING 793 TREAS 02/24/14 DD 12/31/2049 RT VAR	-	121,268,325	121,268,325	121,268,325	-
ALLSPRING	ALLSPRING 793 TREAS 02/24/14 DD 12/31/2049 RT VAR	152,268,630	-	-	152,268,630	-
ALLSPRING	ALLSPRING 793 TREAS 02/24/14 DD 12/31/2049 RT VAR	-	149,535,689	149,535,689	149,535,689	-
Series of transactions:						
ALLSPRING	ALLSPRING 793 TREAS 02/24/14 DD 12/31/2049 RT VAR	711,840,647	-	-	711,840,647	-
ALLSPRING	ALLSPRING 793 TREAS 02/24/14 DD 12/31/2049 RT VAR	-	636,188,203	636,188,203	636,188,203	-
NORTHERN TRUST	NORTHERN TRUST COLLECTIVE STIF	70,109,725	-	-	70,109,725	-
NORTHERN TRUST	NORTHERN TRUST COLLECTIVE STIF	-	109,066,777	106,322,647	109,066,777	2,744,129

Attachments to 2022 Form 5500
Schedule SB, line 26(a) – Schedule of Active Participant Data

Plan Name Retirement Benefit Accumulation Plan For Employees of PricewaterhouseCoopers LLP **EIN:** 13-4008324
Plan Sponsor's Name PricewaterhouseCoopers LLP **PN:** 002

Cash Balance - Age/Service Distribution of Active Participants as of July 1, 2022*

Age Last Birthday	Completed Years of Service										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Up		
0-24 \$ Avg. Cash Bal.	0	0	0	0	0	0	0	0	0	0	0	0
25-29 \$ Avg. Cash Bal.	0	0	0	0	0	0	0	0	0	0	0	0
30-34 \$ Avg. Cash Bal.	0	0	0	0	0	0	0	0	0	0	0	0
35-39 \$ Avg. Cash Bal.	0	0	0	80 6,389	707 9,870	0	0	0	0	0	0	787 9,516
40-44 \$ Avg. Cash Bal.	0	0	5	68 8,787	912 26,885	369 63,450	6	0	0	0	0	1,360 36,114
45-49 \$ Avg. Cash Bal.	0	1	7	28 20,934	388 31,830	547 98,152	194 151,527	0	0	0	0	1,165 82,722
50-54 \$ Avg. Cash Bal.	0	0	6	22 27,277	243 48,702	363 138,035	439 240,068	160 334,221	2	0	0	1,235 179,467
55-59 \$ Avg. Cash Bal.	0	1	2	14	133 68,548	156 147,632	204 271,848	276 437,955	41 432,907	1	0	828 274,292
60-64 \$ Avg. Cash Bal.	0	0	1	4	70 29,814	47 81,072	55 124,072	48 262,933	19	8	0	252 116,000
65-69 \$ Avg. Cash Bal.	0	0	1	0	19	12	18	9	1	2	0	62 135,944
70 & Up \$ Avg. Cash Bal.	0	0	0	0	3	5	1	2	0	0	0	11
Total \$ Avg. Cash Bal.	0	2	22	216 34,973	2,475 13,407	1,499 27,196	917 104,860	495 219,792	63 381,656	11	0	5,700 112,482
Avg. Age:	47.46											
Avg. Service:	21.99											

*Excludes 161 participants on LTD or leave (paid or unpaid), or transferred to Puerto Rico.

Attachments to 2022 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name	Retirement Benefit Accumulation Plan For Employees of PricewaterhouseCoopers LLP	EIN:	13-4008324
Plan Sponsor's Name	<u>PricewaterhouseCoopers LLP</u>	PN:	<u>002</u>

The actuarial basis underlying the determination of costs and liabilities as of July 1, 2022, as well as the methodology used in their development, are described below.

Actuarial Assumptions

Interest Rate	Valuation interest rates are based on the 24 month average of the PPA segment rates applicable for the lookback month of March (final averaging month of February), reflecting the provisions of ARPA. These rates for the July 1, 2022 valuation are 4.75% for the first 5 years, 5.18% for the next 15 years, and 5.92% thereafter. This yielded an effective interest rate of 5.24% in the July 1, 2022 valuation.
Administrative Expenses	Estimated expenses are based on administrative expenses paid in the previous plan year, net of PBGC premiums, plus estimated PBGC premiums for the current plan year.
Mortality	2022 Static Mortality Tables pursuant to IRC Section 430(h)(3)(A) reflecting the plan sponsors election under 430(h)(3)-1(f)(2). Separate mortality rates for annuitants and non-annuitants. For determination of lump sum distributions, the 2022 applicable mortality table (unisex) as required under PPA.
Turnover & Retirement Rates	Assumed employee turnover based on Plan experience during the period July 1, 2010 - June 30, 2015.

Attachments to 2022 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name Retirement Benefit Accumulation Plan For Employees of PricewaterhouseCoopers LLP **EIN:** 13-4008324
Plan Sponsor's Name PricewaterhouseCoopers LLP **PN:** 002

(continued)

Rates of turnover used for active staff are as follows:

<u>Attained Age</u>	<u>Client Service Staff</u>	<u>Support Staff</u>
Below 40	14%	11%
40-44	12	9
45-49	10	9
50-54	8	8
55-59	6	8
60-61	10	8
62-64	10	14
65	30	22
66	40	22
67-69	20	22
70+	100	100

It is assumed that 35% of active staff participants retire immediately upon termination and 65% delay retirement for 4 years after termination.

Rates of turnover used for active partners are as follows:

<u>Attained Age</u>	<u>Partner</u>
44 & below	1.5%
45-49	2
50-54	3
55-59	12
60	100

It is assumed that 100% of active partners retire immediately upon termination.

Rates of retirement for terminated vested participants with career average benefits are as follows:

<u>Attained Age</u>	<u>Rate of Retirement</u>
40-54	5%
55-61	7
62-64	12
65-66	25
67-68	20
69	10
70	50
71+	100

Rates of retirement for terminated vested participants with cash balance benefits are as follows:

<u>Attained Age</u>	<u>Rate of Retirement</u>
40-57	8%
58-64	15
65-70	20
71+	100

Attachments to 2022 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name	Retirement Benefit Accumulation Plan For Employees of PricewaterhouseCoopers LLP	EIN:	13-4008324
Plan Sponsor's Name	PricewaterhouseCoopers LLP	PN:	002

(continued)

Form of Payment	It is assumed that participants will elect lump sum benefits upon commencement, except for current terminated vested partners with career average benefits who terminated before July 1, 1999. Since they are not eligible for lump sums, it is assumed that they elect a life annuity at age 65 (or immediately if over age 65).
Marriage	Female spouses are assumed to be two years younger than males. It is assumed that 80% of members are married.
Cash Balance Projection Rate	6.75%, subject to the cap specified in section 2.1 of the Plan.
Lump Sum Conversion Rate	The same interest rates pursuant to Internal Revenue Code Section 430(h)(2)(D) used to value annuities.
Maximum Compensation Limitation under IRC Section 401(a)(17)	Not applicable
Maximum Benefit Limitation under IRC Section 415(b)	\$245,000 for 2022.
Actuarial Cost Method	The actuarial cost method is the Unit Credit Actuarial Cost Method. Under this cost method, the target liability is defined as the present value of the accrued benefits on the valuation date. The funding shortfall is the excess, if any, of the amount by which the target liability exceeds the adjusted plan assets (actuarial value of assets less carryover balance and less prefunding balance). The target normal cost, determined on the valuation date, is the amount required to fund the benefit expected to be earned in the current year, plus expected Plan administrative expenses.
Asset Valuation Method	Fair value method. Under this method, the Plan assets equal the fair value on the valuation date, adjusted to reflect contributions for the prior Plan Year made after the end of the prior Plan Year, discounted with interest to the valuation date.

Retirement Benefit Accumulation Plan For Employees Of PwC

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended June 30, 2023

EIN: 13-4008324 , PN: #002

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset Disposed	(f) Current Value of Asset on Transaction Date	(g) Net Gain or Loss
Single transactions:						
ALLSPRING	ALLSPRING 793 TREAS 02/24/14 DD 12/31/2049 RT VAR	\$ 121,000,000	\$ -	\$ -	\$ 121,000,000	\$ -
ALLSPRING	ALLSPRING 793 TREAS 02/24/14 DD 12/31/2049 RT VAR	121,268,325	-	-	121,268,325	-
ALLSPRING	ALLSPRING 793 TREAS 02/24/14 DD 12/31/2049 RT VAR	-	121,268,325	121,268,325	121,268,325	-
ALLSPRING	ALLSPRING 793 TREAS 02/24/14 DD 12/31/2049 RT VAR	152,268,630	-	-	152,268,630	-
ALLSPRING	ALLSPRING 793 TREAS 02/24/14 DD 12/31/2049 RT VAR	-	149,535,689	149,535,689	149,535,689	-
Series of transactions:						
ALLSPRING	ALLSPRING 793 TREAS 02/24/14 DD 12/31/2049 RT VAR	711,840,647	-	-	711,840,647	-
ALLSPRING	ALLSPRING 793 TREAS 02/24/14 DD 12/31/2049 RT VAR	-	636,188,203	636,188,203	636,188,203	-
NORTHERN TRUST	NORTHERN TRUST COLLECTIVE STIF	70,109,725	-	-	70,109,725	-
NORTHERN TRUST	NORTHERN TRUST COLLECTIVE STIF	-	109,066,777	106,322,647	109,066,777	2,744,129

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	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 07/01/2022 and ending 06/30/2023

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Retirement Benefit Accumulation Plan for Employees of PwC LLP	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PRICEWATERHOUSECOOPERS LLP	D Employer Identification Number (EIN) 13-4008324	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>07</u> Day <u>01</u> Year <u>2022</u>		
2 Assets:			
a Market value	2a	1,889,899,792	
b Actuarial value	2b	1,889,899,792	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	292	57,572,836	57,572,836
b For terminated vested participants	11,278	998,183,709	998,183,709
c For active participants	5,861	692,084,926	692,087,372
d Total	17,431	1,747,841,471	1,747,843,917
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		5.24%
6 Target normal cost			
a Present value of current plan year accruals	6a		0
b Expected plan-related expenses	6b		1,698,928
c Total (line 6a + line 6b)	6c		1,698,928

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Ephraim Sudwerts Signature of actuary	April 4, 2024 Date
	Ephraim Sudwerts Type or print name of actuary	2306869 Most recent enrollment number
	PwC US Tax LLP Firm name	973-919-9229 Telephone number (including area code)
	300 Madison Avenue NEW YORK NY 10017 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	1,698,928	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	1,698,928	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	1,698,928		1,698,928
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	61,958,551	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	61,958,551	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	1,698,928	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021

Attachments to 2022 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name	Retirement Benefit Accumulation Plan For Employees of PricewaterhouseCoopers LLP	EIN:	13-4008324
Plan Sponsor's Name	<u>PricewaterhouseCoopers LLP</u>	PN:	<u>002</u>

The actuarial basis underlying the determination of costs and liabilities as of July 1, 2022, as well as the methodology used in their development, are described below.

Actuarial Assumptions

Interest Rate	Valuation interest rates are based on the 24 month average of the PPA segment rates applicable for the lookback month of March (final averaging month of February), reflecting the provisions of ARPA. These rates for the July 1, 2022 valuation are 4.75% for the first 5 years, 5.18% for the next 15 years, and 5.92% thereafter. This yielded an effective interest rate of 5.24% in the July 1, 2022 valuation.
Administrative Expenses	Estimated expenses are based on administrative expenses paid in the previous plan year, net of PBGC premiums, plus estimated PBGC premiums for the current plan year.
Mortality	2022 Static Mortality Tables pursuant to IRC Section 430(h)(3)(A) reflecting the plan sponsors election under 430(h)(3)-1(f)(2). Separate mortality rates for annuitants and non-annuitants. For determination of lump sum distributions, the 2022 applicable mortality table (unisex) as required under PPA.
Turnover & Retirement Rates	Assumed employee turnover based on Plan experience during the period July 1, 2010 - June 30, 2015.

Attachments to 2022 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name	Retirement Benefit Accumulation Plan For Employees of PricewaterhouseCoopers LLP	EIN:	13-4008324
Plan Sponsor's Name	PricewaterhouseCoopers LLP	PN:	002

(continued)

Rates of turnover used for active staff are as follows:

<u>Attained Age</u>	<u>Client Service Staff</u>	<u>Support Staff</u>
Below 40	14%	11%
40-44	12	9
45-49	10	9
50-54	8	8
55-59	6	8
60-61	10	8
62-64	10	14
65	30	22
66	40	22
67-69	20	22
70+	100	100

It is assumed that 35% of active staff participants retire immediately upon termination and 65% delay retirement for 4 years after termination.

Rates of turnover used for active partners are as follows:

<u>Attained Age</u>	<u>Partner</u>
44 & below	1.5%
45-49	2
50-54	3
55-59	12
60	100

It is assumed that 100% of active partners retire immediately upon termination.

Rates of retirement for terminated vested participants with career average benefits are as follows:

<u>Attained Age</u>	<u>Rate of Retirement</u>
40-54	5%
55-61	7
62-64	12
65-66	25
67-68	20
69	10
70	50
71+	100

Rates of retirement for terminated vested participants with cash balance benefits are as follows:

<u>Attained Age</u>	<u>Rate of Retirement</u>
40-57	8%
58-64	15
65-70	20
71+	100

Attachments to 2022 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name	Retirement Benefit Accumulation Plan For Employees of PricewaterhouseCoopers LLP	EIN:	13-4008324
Plan Sponsor's Name	PricewaterhouseCoopers LLP	PN:	002

(continued)

Form of Payment	It is assumed that participants will elect lump sum benefits upon commencement, except for current terminated vested partners with career average benefits who terminated before July 1, 1999. Since they are not eligible for lump sums, it is assumed that they elect a life annuity at age 65 (or immediately if over age 65).
Marriage	Female spouses are assumed to be two years younger than males. It is assumed that 80% of members are married.
Cash Balance Projection Rate	6.75%, subject to the cap specified in section 2.1 of the Plan.
Lump Sum Conversion Rate	The same interest rates pursuant to Internal Revenue Code Section 430(h)(2)(D) used to value annuities.
Maximum Compensation Limitation under IRC Section 401(a)(17)	Not applicable
Maximum Benefit Limitation under IRC Section 415(b)	\$245,000 for 2022.
Actuarial Cost Method	The actuarial cost method is the Unit Credit Actuarial Cost Method. Under this cost method, the target liability is defined as the present value of the accrued benefits on the valuation date. The funding shortfall is the excess, if any, of the amount by which the target liability exceeds the adjusted plan assets (actuarial value of assets less carryover balance and less prefunding balance). The target normal cost, determined on the valuation date, is the amount required to fund the benefit expected to be earned in the current year, plus expected Plan administrative expenses.
Asset Valuation Method	Fair value method. Under this method, the Plan assets equal the fair value on the valuation date, adjusted to reflect contributions for the prior Plan Year made after the end of the prior Plan Year, discounted with interest to the valuation date.

**Attachments to 2022 Form 5500
Schedule SB, Part V – Summary of Plan Provisions***

Plan Name	Retirement Benefit Accumulation Plan For Employees of PricewaterhouseCoopers LLP	EIN:	13-4008324
Plan Sponsor's Name	<u>PricewaterhouseCoopers LLP</u>	PN:	<u>002</u>

The Plan has been amended to cease all benefit accruals after June 30, 2008.

Eligible employee All employees hired on or before June 1, 2008 other than leased employees, temporary foreign exchange employees, temporary faculty from United States universities, temporary student interns, temporary office staff, and union employees.

Eligibility First day of the month coincident with or next following the date an employee becomes an eligible employee. Partners directly admitted after September 1 are eligible the following July 1. No new participants after June 30, 2008.

Plan Compensation For partners and principals, net earned income. For all others, total compensation includible for Federal income tax purposes, but including salary reduction amounts under IRC sections 401(k), 125, and 132, and excluding referral and "sign-on" bonuses.

Deemed Payroll Period Allocation No new allocations for plan years beginning after June 30, 2008.

Previously, the annual allocation for a participant is the allocation rate multiplied by Plan compensation, where the allocation rate is based upon classification.

<u>Classification</u>	<u>Allocation Rate</u>
Managing Directors	8%
Directors*	7%
All other employees	5%

* Designated Director before November 1, 2004, otherwise 5%.

For partners and principals, the Deemed Payroll Period Allocation is determined actuarially.

* Special provisions may apply to employees and partners who were participants in the Coopers & Lybrand Retirement Plan on June 30, 1999.

**Attachments to 2022 Form 5500
Schedule SB, Part V – Summary of Plan Provisions***

Plan Name	Retirement Benefit Accumulation Plan For Employees of PricewaterhouseCoopers LLP	EIN:	13-4008324
Plan Sponsor's Name	PricewaterhouseCoopers LLP	PN:	002

(continued)

Deemed Account Balance	As of each June 30, the value of the Deemed Account Balance will equal the Deemed Account Balance on the previous June 30 plus interest based on the Deemed Investment Experience, plus the Deemed Payroll Period Allocation. No new allocations for plan years beginning after June 30, 2008.									
Accrued Benefit	As of any date, the participant's Deemed Account Balance credited to that date.									
Normal Retirement Age	Age 62.									
Benefits at Normal Retirement or Vested Termination	The actuarial equivalent of the Deemed Account Balance but (effective July 1, 2008) not less than the participant's cumulative RBAP pay/contribution credits.									
Normal Form of Benefit	For married participants: Qualified joint and 50% survivor annuity. For unmarried participants: Single life annuity.									
Optional Form of Benefit	For married participants: Qualified joint and 75% survivor annuity, Single life annuity, and Lump sum. For unmarried participants: Lump sum.									
Survivor Benefit	The actuarial equivalent of the Deemed Account Balance, but (effective July 1, 2008) not less than the participant's cumulative RBAP pay/contribution credits.									
Vesting	<table border="0"> <tr> <td align="center">Years of</td> <td align="center">Vested</td> </tr> <tr> <td align="center"><u>Vesting Service</u></td> <td align="center"><u>Percentage</u></td> </tr> <tr> <td align="center">0 - 2</td> <td align="center">0%</td> </tr> <tr> <td align="center">3 +</td> <td align="center">100%</td> </tr> </table>	Years of	Vested	<u>Vesting Service</u>	<u>Percentage</u>	0 - 2	0%	3 +	100%	
Years of	Vested									
<u>Vesting Service</u>	<u>Percentage</u>									
0 - 2	0%									
3 +	100%									
	(Prior to July 1, 2008: 100% with 5+ years of vesting service.)									
	Full vesting at normal retirement or death.									
Year of Vesting Service	Participants earn a year of vesting service if they complete 1,000 hours between October 1 and the following September 30.									
Employee Contributions	None.									

* Special provisions may apply to employees and partners who were participants in the Coopers & Lybrand Retirement Plan on June 30, 1999.

Attachments to 2022 Form 5500
Schedule SB, line 24 – Change in Actuarial Assumptions

Plan Name	Retirement Benefit Accumulation Plan For Employees of PricewaterhouseCoopers LLP	EIN:	13-4008324
Plan Sponsor's Name	<u>PricewaterhouseCoopers LLP</u>	PN:	<u>002</u>

Based on the current participants' notional account investment allocations, and based on current capital market assumptions, the interest crediting rate was changed from 5.50% subject to the cap specified in section 2.1 of the Plan, to 6.75% subject to the cap specified in section 2.1 of the Plan.

Attachments to 2022 Form 5500
Schedule SB, line 26(a) – Schedule of Active Participant Data

Plan Name Retirement Benefit Accumulation Plan For Employees of PricewaterhouseCoopers LLP **EIN:** 13-4008324
Plan Sponsor's Name PricewaterhouseCoopers LLP **PN:** 002

Cash Balance - Age/Service Distribution of Active Participants as of July 1, 2022*

Age Last Birthday	Completed Years of Service										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Up		
0-24 \$ Avg. Cash Bal.	0	0	0	0	0	0	0	0	0	0	0	0
25-29 \$ Avg. Cash Bal.	0	0	0	0	0	0	0	0	0	0	0	0
30-34 \$ Avg. Cash Bal.	0	0	0	0	0	0	0	0	0	0	0	0
35-39 \$ Avg. Cash Bal.	0	0	0	80 6,389	707 9,870	0	0	0	0	0	0	787 9,516
40-44 \$ Avg. Cash Bal.	0	0	5	68 8,787	912 26,885	369 63,450	6	0	0	0	0	1,360 36,114
45-49 \$ Avg. Cash Bal.	0	1	7	28 20,934	388 31,830	547 98,152	194 151,527	0	0	0	0	1,165 82,722
50-54 \$ Avg. Cash Bal.	0	0	6	22 27,277	243 48,702	363 138,035	439 240,068	160 334,221	2	0	0	1,235 179,467
55-59 \$ Avg. Cash Bal.	0	1	2	14	133 68,548	156 147,632	204 271,848	276 437,955	41 432,907	1	0	828 274,292
60-64 \$ Avg. Cash Bal.	0	0	1	4	70 29,814	47 81,072	55 124,072	48 262,933	19	8	0	252 116,000
65-69 \$ Avg. Cash Bal.	0	0	1	0	19	12	18	9	1	2	0	62 135,944
70 & Up \$ Avg. Cash Bal.	0	0	0	0	3	5	1	2	0	0	0	11
Total \$ Avg. Cash Bal.	0	2	22	216 34,973	2,475 13,407	1,499 27,196	917 104,860	495 219,792	63 381,656	11	0	5,700 112,482
Avg. Age:	47.46											
Avg. Service:	21.99											

*Excludes 161 participants on LTD or leave (paid or unpaid), or transferred to Puerto Rico.

Attachments of 2022 Schedule SB of Form 5500
Retirement Benefit Accumulation Plan for Employees of PwC LLP
(EIN/PN: 13- 4008324/ 002)

Schedule SB, line 26(b)- Schedule of Projection of Expected Benefit Payments

Schedule of Projection of Expected Benefit Payments						
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total		
2022	\$ 61,849,336	\$ 237,080,706	\$ 4,730,469	\$ 303,660,511		
2023	\$ 70,036,749	\$ 125,913,313	\$ 4,690,756	200,640,818		
2024	\$ 66,297,847	\$ 107,746,865	\$ 4,648,095	178,692,808		
2025	\$ 59,390,831	\$ 101,889,348	\$ 4,602,616	165,882,795		
2026	\$ 74,989,300	\$ 94,885,928	\$ 4,553,119	174,428,347		
2027	\$ 74,412,966	\$ 76,997,299	\$ 4,499,146	155,909,411		
2028	\$ 69,675,803	\$ 75,785,853	\$ 4,440,363	149,902,020		
2029	\$ 65,671,661	\$ 60,860,414	\$ 4,372,785	130,904,861		
2030	\$ 59,021,024	\$ 54,351,435	\$ 4,300,752	117,673,211		
2031	\$ 49,229,015	\$ 48,953,567	\$ 4,214,579	102,397,161		
2032	\$ 47,127,703	\$ 40,435,416	\$ 4,124,226	91,687,345		
2033	\$ 40,562,817	\$ 37,970,152	\$ 4,022,352	82,555,320		
2034	\$ 38,326,213	\$ 34,269,646	\$ 3,901,356	76,497,214		
2035	\$ 31,641,913	\$ 28,318,294	\$ 3,774,103	63,734,310		
2036	\$ 30,978,343	\$ 25,220,929	\$ 3,619,929	59,819,201		
2037	\$ 26,557,253	\$ 24,264,698	\$ 3,474,407	54,296,358		
2038	\$ 25,555,649	\$ 20,258,936	\$ 3,317,417	49,132,001		
2039	\$ 20,272,560	\$ 18,408,722	\$ 3,149,190	41,830,472		
2040	\$ 16,469,191	\$ 15,687,654	\$ 2,970,288	35,127,133		
2041	\$ 13,736,663	\$ 12,965,133	\$ 2,781,683	29,483,479		
2042	\$ 10,728,682	\$ 12,465,217	\$ 2,584,773	25,778,672		
2043	\$ 8,751,497	\$ 9,950,160	\$ 2,381,362	21,083,019		
2044	\$ 6,607,287	\$ 9,802,580	\$ 2,173,646	18,583,513		
2045	\$ 5,703,112	\$ 5,960,480	\$ 1,964,167	13,627,759		
2046	\$ 4,848,305	\$ 5,563,155	\$ 1,755,743	12,167,203		
2047	\$ 3,650,540	\$ 5,157,003	\$ 1,551,366	10,358,909		
2048	\$ 3,480,780	\$ 4,568,439	\$ 1,354,069	9,403,288		
2049	\$ 2,845,386	\$ 4,109,408	\$ 1,166,764	8,121,558		
2050	\$ 2,161,230	\$ 2,866,674	\$ 992,042	6,019,946		
2051	\$ 2,106,442	\$ 2,634,786	\$ 832,003	5,573,232		
2052	\$ 1,233,565	\$ 2,664,241	\$ 688,134	4,585,941		
2053	\$ 1,491,192	\$ 1,312,860	\$ 561,196	3,365,248		
2054	\$ 521,903	\$ 1,368,785	\$ 451,244	2,341,932		
2055	\$ 258,483	\$ 486,122	\$ 357,746	1,102,351		
2056	\$ 54,834	\$ 123,768	\$ 279,684	458,287		
2057	\$ 20,739	\$ 54,941	\$ 215,696	291,377		
2058	\$ 4,964	\$ 50,931	\$ 164,205	220,100		
2059	\$ 91	\$ 46,064	\$ 123,521	169,676		
2060		\$ 42,573	\$ 91,949	134,522		
2061		\$ 56,295	\$ 67,859	124,154		
2062		\$ 47,903	\$ 49,767	97,670		
2063		\$ 51,243	\$ 36,381	87,624		
2064		\$ 32,774	\$ 26,611	59,386		
2065		\$ 30,345	\$ 19,565	49,911		
2066		\$ 29,870	\$ 14,533	44,403		
2067		\$ 23,177	\$ 10,961	34,137		
2068		\$ 24,766	\$ 8,428	33,195		
2069		\$ 20,822	\$ 6,622	27,444		
2070		\$ 17,507	\$ 5,314	22,821		
2071		\$ 22,033	\$ 4,342	26,375		

Attachments of 2022 Schedule SB of Form 5500
Retirement Benefit Accumulation Plan for Employees of PwC LLP
(EIN/PN: 13- 4008324/ 002)

Schedule SB, line 26(b)- Schedule of Projection of Expected Benefit Payments

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2069		\$ 20,822	\$ 6,622	27,444		
2070		\$ 17,507	\$ 5,314	22,821		
2071		\$ 22,033	\$ 4,342	26,375		

**Attachments to 2022 Form 5500
Schedule SB, Part V – Summary of Plan Provisions***

Plan Name	Retirement Benefit Accumulation Plan For Employees of PricewaterhouseCoopers LLP	EIN:	13-4008324
Plan Sponsor's Name	<u>PricewaterhouseCoopers LLP</u>	PN:	<u>002</u>

The Plan has been amended to cease all benefit accruals after June 30, 2008.

Eligible employee All employees hired on or before June 1, 2008 other than leased employees, temporary foreign exchange employees, temporary faculty from United States universities, temporary student interns, temporary office staff, and union employees.

Eligibility First day of the month coincident with or next following the date an employee becomes an eligible employee. Partners directly admitted after September 1 are eligible the following July 1. No new participants after June 30, 2008.

Plan Compensation For partners and principals, net earned income. For all others, total compensation includible for Federal income tax purposes, but including salary reduction amounts under IRC sections 401(k), 125, and 132, and excluding referral and "sign-on" bonuses.

Deemed Payroll Period Allocation No new allocations for plan years beginning after June 30, 2008.

Previously, the annual allocation for a participant is the allocation rate multiplied by Plan compensation, where the allocation rate is based upon classification.

<u>Classification</u>	<u>Allocation Rate</u>
Managing Directors	8%
Directors*	7%
All other employees	5%

* Designated Director before November 1, 2004, otherwise 5%.

For partners and principals, the Deemed Payroll Period Allocation is determined actuarially.

* Special provisions may apply to employees and partners who were participants in the Coopers & Lybrand Retirement Plan on June 30, 1999.

**Attachments to 2022 Form 5500
Schedule SB, Part V – Summary of Plan Provisions***

Plan Name	Retirement Benefit Accumulation Plan For Employees of PricewaterhouseCoopers LLP	EIN:	13-4008324
Plan Sponsor's Name	PricewaterhouseCoopers LLP	PN:	002

(continued)

Deemed Account Balance	As of each June 30, the value of the Deemed Account Balance will equal the Deemed Account Balance on the previous June 30 plus interest based on the Deemed Investment Experience, plus the Deemed Payroll Period Allocation. No new allocations for plan years beginning after June 30, 2008.									
Accrued Benefit	As of any date, the participant's Deemed Account Balance credited to that date.									
Normal Retirement Age	Age 62.									
Benefits at Normal Retirement or Vested Termination	The actuarial equivalent of the Deemed Account Balance but (effective July 1, 2008) not less than the participant's cumulative RBAP pay/contribution credits.									
Normal Form of Benefit	For married participants: Qualified joint and 50% survivor annuity. For unmarried participants: Single life annuity.									
Optional Form of Benefit	For married participants: Qualified joint and 75% survivor annuity, Single life annuity, and Lump sum. For unmarried participants: Lump sum.									
Survivor Benefit	The actuarial equivalent of the Deemed Account Balance, but (effective July 1, 2008) not less than the participant's cumulative RBAP pay/contribution credits.									
Vesting	<table border="0"> <tr> <td align="center">Years of</td> <td align="center">Vested</td> </tr> <tr> <td align="center"><u>Vesting Service</u></td> <td align="center"><u>Percentage</u></td> </tr> <tr> <td align="center">0 - 2</td> <td align="center">0%</td> </tr> <tr> <td align="center">3 +</td> <td align="center">100%</td> </tr> </table>	Years of	Vested	<u>Vesting Service</u>	<u>Percentage</u>	0 - 2	0%	3 +	100%	
Years of	Vested									
<u>Vesting Service</u>	<u>Percentage</u>									
0 - 2	0%									
3 +	100%									
	(Prior to July 1, 2008: 100% with 5+ years of vesting service.)									
	Full vesting at normal retirement or death.									
Year of Vesting Service	Participants earn a year of vesting service if they complete 1,000 hours between October 1 and the following September 30.									
Employee Contributions	None.									

* Special provisions may apply to employees and partners who were participants in the Coopers & Lybrand Retirement Plan on June 30, 1999.

Retirement Benefit Accumulation Plan For Employees Of PwC
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2023

EIN: 13-4008324 , PN: #002

(a)	(b) Identity of Issue	(c) Investment Description	(d) Cost	(e) Current Value
Registered Investment Companies				
	CALVERT	CALVERT BOND	\$ 4,337,730	\$ 3,859,435
	FEDERATED INVESTORS	FEDERATED HIGH YIELD BOND I	22,405,707	20,153,668
	SEI	SEI GLOBAL MANAGED VOL-A	256,988,323	180,663,951
	SEI	SEI GLOBAL MANAGED VOL-A	15,390,650	14,546,526
	SEI	SEI INST INV TR US MGD VOL-A	6,893,365	6,236,972
	NEUBERGER BERMAN	NEUBERGER & BERMAN GENESIS R6	177,731,673	176,821,592
	NORTHERN TRUST	NORTHERN GLOBAL SUSTAINABILITY	8,121,905	8,915,798
	ALLSPRING	ALLSPRING 793 TREAS PLUS	6,467,845	6,467,845
	WELLS FARGO	WELLS FARGO TREASURY PLUS MM	28,815,749	28,815,749
	BAIRD	BAIRD AGGREGATE BOND FUND MTU	26,200,402	26,082,125
	EATON VANCE	EATON VANCE MAC I MTU	6,550,736	6,605,612
		Total registered investment companies	<u>559,904,085</u>	<u>479,169,273</u>
Collective Trust Funds				
	NORTHERN TRUST	NORTHERN TRUST AGGREGATE BOND FUND	21,473	16,965
	NORTHERN TRUST	NORTHERN TRUST COLLECTIVE STIF	195,353,542	203,516,323
	NORTHERN TRUST	NORTHERN TRUST DAILY EAFE	67,794,026	102,412,517
	NORTHERN TRUST	NORTHERN TRUST EMERGING MARKETS	4,775,573	4,404,269
	NORTHERN TRUST	NORTHERN TRUST S&P 500	233,425,901	647,787,883
	NORTHERN TRUST	NORTHERN TRUST SMALL CAP	70,888,021	112,910,541
	NORTHERN TRUST	NORTHERN TRUST LEHMAN	17,324,523	17,823,469
	UBS ASSET MANAGEMENT	TRUMBULL DIVERSIFIED PROPERTY FUND MTU	1,067,938	1,165,669
	STATE STREET	STATE STREET REAL ASSET NON-LENDING SERIES FUND - CLASS K	10,176,936	10,420,189
	STATE STREET	STATE STREET TARGET RETIREMENT 2020 SECURITIES LENDING SERIES FUND - CLASS IV	22,235,483	24,297,485
	STATE STREET	STATE STREET TARGET RETIREMENT 2025 SECURITIES LENDING SERIES FUND - CLASS IV	17,553,866	19,486,926
	STATE STREET	STATE STREET TARGET RETIREMENT 2030 SECURITIES LENDING SERIES FUND - CLASS IV	83,280,682	95,768,278
	STATE STREET	STATE STREET TARGET RETIREMENT 2035 SECURITIES LENDING SERIES FUND - CLASS IV	24,536,975	28,369,724
	STATE STREET	STATE STREET TARGET RETIREMENT 2040 SECURITIES LENDING SERIES FUND - CLASS IV	46,456,074	54,321,402
	STATE STREET	STATE STREET TARGET RETIREMENT 2045 SECURITIES LENDING SERIES FUND - CLASS IV	8,428,356	9,793,470
	STATE STREET	STATE STREET TARGET RETIREMENT 2050 SECURITIES LENDING SERIES FUND - CLASS IV	7,733,800	9,115,988
	STATE STREET	STATE STREET TARGET RETIREMENT 2055 SECURITIES LENDING SERIES FUND - CLASS IV	599,674	686,714
	STATE STREET	STATE STREET TARGET RETIREMENT 2060 SECURITIES LENDING SERIES FUND - CLASS IV	3,691,891	4,394,884
	STATE STREET	STATE STREET TARGET RETIREMENT 2065 SECURITIES LENDING SERIES FUND - CLASS IV	14,491	16,915
	STATE STREET	STATE STREET TARGET RETIREMENT INCOME SECURITIES LENDING SERIES FUND - CLASS IV	12,163,087	13,094,594
		Total collective trust funds	<u>827,522,312</u>	<u>1,359,804,205</u>
Futures				
	US DEPARTMENT OF TREASURY	US 10YR ULTRA FUTURE (CBT) EXP SEP 22 99F10612A	-	(242,267)
	US DEPARTMENT OF TREASURY	US LONG BOND FUTURE (CBT) EXP SEP 22 99F13312A	-	(39,109)
	US DEPARTMENT OF TREASURY	US 10YR NOTE FUTURE (CBT) EXP SEP 22 99F13912A	-	(301,301)
	US DEPARTMENT OF TREASURY	US 5YR NOTE FUTURE (CBT) EXP SEP 22 99F18312A	-	(31,065)
	US DEPARTMENT OF TREASURY	US 2YR NOTE FUTURE (CBT) EXP SEP 22 99F21712A	-	2,654
	US DEPARTMENT OF TREASURY	US ULTRA BOND (CBT) EXP SEP 22 99F70012A	-	111,393
		Total futures	<u>-</u>	<u>(499,695)</u>
			<u>\$ 1,387,426,397</u>	<u>\$ 1,838,473,783</u>

Attachments to 2022 Form 5500
Schedule SB, line 24 – Change in Actuarial Assumptions

Plan Name	Retirement Benefit Accumulation Plan For Employees of PricewaterhouseCoopers LLP	EIN:	13-4008324
Plan Sponsor's Name	<u>PricewaterhouseCoopers LLP</u>	PN:	<u>002</u>

Based on the current participants' notional account investment allocations, and based on current capital market assumptions, the interest crediting rate was changed from 5.50% subject to the cap specified in section 2.1 of the Plan, to 6.75% subject to the cap specified in section 2.1 of the Plan.