

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan PFIZER SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 07/01/1965
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PFIZER INC ATTENTION US BENEFITS 66 HUDSON BOULEVARD EAST NEW YORK, NY 10001-2192
2b	Employer Identification Number (EIN) 13-5315170
2c	Plan Sponsor's telephone number 212-733-2323
2d	Business code (see instructions) 325410

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2025	STEPHEN PENNACCHIO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor THE SAVINGS PLAN COMMITTEE PFIZER INC ATTENTION US BENEFITS 66 HUDSON BOULEVARD EAST NEW YORK, NY 10001-2192	3b Administrator's EIN 13-2875255 3c Administrator's telephone number 212-733-2323																						
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 59490																						
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="background-color: #f2f2f2;"> </td></tr> <tr><td style="width: 10%;">6a(1)</td><td style="text-align: right;">33309</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">29469</td></tr> <tr><td>6b</td><td style="text-align: right;">1575</td></tr> <tr><td>6c</td><td style="text-align: right;">25913</td></tr> <tr><td>6d</td><td style="text-align: right;">56957</td></tr> <tr><td>6e</td><td style="text-align: right;">156</td></tr> <tr><td>6f</td><td style="text-align: right;">57113</td></tr> <tr><td>6g(1)</td><td style="text-align: right;">56097</td></tr> <tr><td>6g(2)</td><td style="text-align: right;">57024</td></tr> <tr><td>6h</td><td style="text-align: right;">1403</td></tr> </table>			6a(1)	33309	6a(2)	29469	6b	1575	6c	25913	6d	56957	6e	156	6f	57113	6g(1)	56097	6g(2)	57024	6h	1403
6a(1)	33309																						
6a(2)	29469																						
6b	1575																						
6c	25913																						
6d	56957																						
6e	156																						
6f	57113																						
6g(1)	56097																						
6g(2)	57024																						
6h	1403																						
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																						
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2H 2J 2K 2O 2R 3F 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																							

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ A (Insurance Information) – Number Attached <u>10</u> (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PFIZER SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PFIZER INC	D Employer Identification Number (EIN) 13-5315170	

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

(a) Name of insurance carrier AMERICAN GENERAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
25-0598210	60488	GA-266-1658155	14211	01/01/2024	12/31/2024

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	129950306
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	3683001
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	3683001
d Total of balance and additions (add lines 7b and 7c(6))	7d	133633307
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	20280681
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	20280681
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	113352626

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PFIZER SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PFIZER INC	D Employer Identification Number (EIN) 13-5315170	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	GA-63191	14211	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	174048480
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	4664671
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	4664671
d Total of balance and additions (add lines 7b and 7c(6))	7d	178713151
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	27141860
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	27141860
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	151571291

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PFIZER SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PFIZER INC	D Employer Identification Number (EIN) 13-5315170	

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

1 Coverage Information:

(a) Name of insurance carrier ROYAL BANK OF CANADA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-1416330	00000	TRPPFIZER01	14211	01/01/2024	12/31/2024

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

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

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

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

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

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

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

b	Balance at the end of the previous year	7b	114572634	
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)		3201775
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below).....	7c(5)		
	(6) Total additions	7c(6)	3201775	
d	Total of balance and additions (add lines 7b and 7c(6))	7d	117774409	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		17876145
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below).....	7e(4)		
	(5) Total deductions	7e(5)	17876145	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	99898264	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PFIZER SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PFIZER INC	D Employer Identification Number (EIN) 13-5315170	

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

(a) Name of insurance carrier
STATE STREET BANK AND TRUST COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1867554	00000	96028	14211	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	202700978
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	5343497
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	5343497
d Total of balance and additions (add lines 7b and 7c(6))	7d	208044475
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	31598220
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	31598220
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	176446255

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PFIZER SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PFIZER INC	D Employer Identification Number (EIN) 13-5315170	

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

(a) Name of insurance carrier
JP MORGAN CHASE BANK, N.A.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-4994650	00000	ATRPPFIZER01	14211	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	129015640
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	3401603
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)..... ▶	7c(5)	
	(6) Total additions	7c(6)	3401603
d	Total of balance and additions (add lines 7b and 7c(6))	7d	132417243
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	19111448
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)..... ▶	7e(4)	
	(5) Total deductions	7e(5)	19111448
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	113305795

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PFIZER SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PFIZER INC	D Employer Identification Number (EIN) 13-5315170	

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

(a) Name of insurance carrier
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	GA29302	14211	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	146257496
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	3841754
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	3841754
d Total of balance and additions (add lines 7b and 7c(6))	7d	150099250
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	22803022
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	22803022
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	127296228

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PFIZER SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PFIZER INC	D Employer Identification Number (EIN) 13-5315170	

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

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	GC 30011	14211	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

b Balance at the end of the previous year	7b	149647546
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	3768260	
	7c(4)		
	7c(5)		

▶

(6) Total additions	7c(6)	3768260
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d Total of balance and additions (add lines 7b and 7c(6))	7d	153415806
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	23315756	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		

▶

(5) Total deductions	7e(5)	23315756
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	130100050
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PFIZER SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PFIZER INC	D Employer Identification Number (EIN) 13-5315170	

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

(a) Name of insurance carrier
METROPOLITAN TOWER LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	38127	14211	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	186324275
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	5207485
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	5207485
d Total of balance and additions (add lines 7b and 7c(6))	7d	191531760
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	29071461
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	29071461
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	162460299

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PFIZER SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PFIZER INC	D Employer Identification Number (EIN) 13-5315170	

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

(a) Name of insurance carrier PACIFIC LIFE					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-1079000	67466	G-027852	14211	05/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	115942444
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	3138056
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	3138056
d Total of balance and additions (add lines 7b and 7c(6))	7d	119080500
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	18081908
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	18081908
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	100998592

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PFIZER SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PFIZER INC	D Employer Identification Number (EIN) 13-5315170	

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

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-1140070	65676	BVW0108T	14211	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	118664251
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	913585
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	913585
d Total of balance and additions (add lines 7b and 7c(6))	7d	119577836
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	119577836
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	119577836
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PFIZER SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PFIZER INC	D Employer Identification Number (EIN) 13-5315170	

Part I	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
FID INV INST OPS CO
04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
SEI TRUST COMPANY
06-1271230

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRUDENTIAL TRUST COMPANY
23-6994310

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

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

BOSTON PARTNERS TRUST COMPANY

61-1603964

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

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

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

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

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

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

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

ALLIANCE BERNSTEIN

13-4064930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV. MGMT	3475117	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FID INV INST OPS CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 21 37 50 64 65 71	RECORDKEEPER	2791880	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

WELLINGTON TRUST COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	INV. MGMT	1441280	Yes ☒ No ☐	Yes ☒ No ☐	260610	Yes ☐ No ☒

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

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

T. ROWE PRICE ASSOCIATES INC.

52-0556948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	INV. MGMT	818831	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

SEI INVESTMENTS COMPANY

23-1707341

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV. MGMT	474587	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV. MGMT	179777	Yes ☒ No ☐	Yes ☒ No ☐	209976	Yes ☐ No ☒

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

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 21 28 50 51	INV. MGMT	94083	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MULTIPLE MUTUAL FUND COMPANIES 04-2647786	SUB-TRANSFER AGENCY FEES SEE ATTACHMENT TO LINE 2(H) FOR FORMULAS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PFIZER SAVINGS PLAN	B Three-digit plan number (PN) ► 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PFIZER INC	D Employer Identification Number (EIN) 13-5315170	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: ACADIAN INTERNATIONAL EQUITY FUND,			
b Name of sponsor of entity listed in (a): ACADIAN ASSET MANAGEMENT LLC			
c EIN-PN 04-2929221-017	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	371674746
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY LARGE CAP GROWTH FUND			
b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY			
c EIN-PN 04-3022712-142	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1742003759
a Name of MTIA, CCT, PSA, or 103-12 IE: WTF-CTF INTL RESEARCH EQ PORTFOLIO			
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA			
c EIN-PN 04-6657586-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	371347456
a Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON SMALL-MID CAP EQUITY FUND			
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY			
c EIN-PN 23-6994310-232	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	279792115
a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORT TERM INV FUND			
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS			
c EIN-PN 45-6138589-069	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	76274171
a Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON PARTNERS LARGE CAP VAL EQ FD			
b Name of sponsor of entity listed in (a): BOSTON PARTNERS TRUST COMPANY			
c EIN-PN 61-1603964-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	768676846
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET INC TRUST SEL			
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY			
c EIN-PN 47-6930815-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	354649046

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2020 TRUST SEL		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6935530-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 387395166
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2025 TRUST SEL		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6938034-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 649588300
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2030 TRUST SEL		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6938065-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1487534327
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2035 TRUST SEL		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6941311-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1179019800
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2040 TRUST SEL		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6941351-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1431085325
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2045 TRUST SEL		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6944355-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 882159950
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2050 TRUST SEL		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6944390-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 557141212
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2055 TRUST SEL		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6948719-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 401750841
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2060 TRUST SEL		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6948754-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 231616737
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2065 TRUST SEL		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 82-6200492-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34110713

a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET 2070 TRUST SEL**

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

c EIN-PN 99-6216430-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 586136
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA INTERNATIONAL INDEX NL SER FD**

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

c EIN-PN 90-0337987-157	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 179303677
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA US BOND INDEX NL SER FD**

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

c EIN-PN 90-0337987-177	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 98286035
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA S&P 500 INDEX NL SER FD**

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

c EIN-PN 90-0337987-388	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3632502301
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA RUSSELL SM-MID CAP INDEX NL SE**

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

c EIN-PN 90-0337987-461	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1136497068
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PFIZER SAVINGS PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 PFIZER INC		D Employer Identification Number (EIN) 13-5315170

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	375388863	386798806
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	490090	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1387679179	1742801873
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	95311559	103497073
(9) Value of interest in common/collective trusts	1c(9)	13926536210	16252995728
(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)	1206108314	1247268133
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1373717168	1192286119
(15) Other.....	1c(15)	6945484	2727230

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	1189163983	1058777838
(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	19561340850	21987152800
Liabilities			
g Benefit claims payable.....	1g	6958645	5359750
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	5695412	8713111
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	12654057	14072861
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	19548686793	21973079939

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)	552327166	
(B) Participants.....	2a(1)(B)	593649452	
(C) Others (including rollovers).....	2a(1)(C)	101919815	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		1247896433
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	7383733	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		7383733
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	68396044	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	41871294	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		110267338
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	658228699	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	-660320207	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		1318548906
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-1360422629	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2371486333
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		362695581
(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)		100323183
c Other income	2c		39825795
d Total income. Add all income amounts in column (b) and enter total	2d		4198004673

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2329127583	
(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)		2329127583
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		-42928
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	1873663	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	3349422	
(6) Bank or trust company trustee/custodial fees	2i(6)	94083	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	4102648	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		9419816
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2338504471

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1859500202
l Transfers of assets:			
(1) To this plan	2l(1)		564892944
(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: **KPMG LLP**

(2) EIN: **13-5565207**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan PFIZER SAVINGS PLAN				B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PFIZER INC				D Employer Identification Number (EIN) 13-5315170	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☒ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☒ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☒ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☒ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

- 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) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 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.....

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number_____.



PFIZER SAVINGS PLAN

Financial Statements and Supplemental Schedule

December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

PFIZER SAVINGS PLAN

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



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

Independent Auditors' Report

To the Plan Participants and Plan Administrator
Pfizer Savings Plan:

Opinion

We have audited the financial statements of Pfizer Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for plan benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for plan benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for plan benefits for the year ended December 31, 2024, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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



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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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



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

KPMG LLP

Memphis, Tennessee
June 16, 2025

PFIZER SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

(THOUSANDS OF DOLLARS)	As of December 31,	
	2024	2023
<u>Assets</u>		
Investments, at fair value		
Pfizer Inc. common stock	\$ 1,058,778	\$ 1,189,164
Common/collective trust funds	16,252,996	13,926,536
Mutual funds	838,470	845,657
Self-directed brokerage account	408,798	360,452
Separate account	1,742,802	1,387,679
Total investments, at fair value	20,301,844	17,709,488
Investments, at contract value		
T. Rowe Price Stable Value Fund	1,277,792	1,467,125
Total investments	21,579,635	19,176,613
Receivables		
Company contributions	386,799	375,389
Notes receivable from participants	107,179	99,036
Securities sold	—	490
Interest and other	2,727	6,945
Total receivables	496,705	481,861
Total assets	22,076,340	19,658,473
<u>Liabilities</u>		
Payable for securities purchased	—	3,308
Investment management fees payable	4,641	2,387
Payable to Plan Sponsor	4,072	—
Total liabilities	8,713	5,695
Net assets available for plan benefits	\$ 22,067,627	\$ 19,652,778

Amounts may not add due to rounding.

See accompanying Notes to Financial Statements.

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

(THOUSANDS OF DOLLARS)	Year Ended December 31, 2024
Additions/(reductions) to net assets attributed to:	
Investment gain	
Net appreciation in investments	\$ 2,784,729
Pfizer Inc. common stock dividends	68,396
Interest income	69,597
Dividend income from other investments	12,100
Total investment gain	2,934,822
Interest income from notes receivable from participants	7,384
Less: Investment management, redemption and loan fees	(5,348)
Net investment and interest gain	2,936,858
Contributions	
Participant	593,649
Company	552,327
Rollovers into the Plan	101,920
Total contributions	1,247,896
Total additions	4,184,754
Deductions from net assets attributed to:	
Benefits paid to participants	2,330,726
Administrative expenses	4,072
Total deductions	2,334,798
Net increase	1,849,956
Transfers into the Plan	564,893
Net assets available for plan benefits	
Beginning of year	19,652,778
End of year	\$ 22,067,627

Amounts may not add due to rounding.

See accompanying Notes to Financial Statements.

PFIZER SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

1. Description of the Plan and Recent Transactions and Events

The following description of the Pfizer Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

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

Recent Transactions and Events Impacting the Plan

On June 9, 2022, the Company acquired ReViral Ltd. (ReViral) and adopted and assumed sponsorship of the ReViral ADP TotalSource Retirement Savings Plan. On October 1, 2022, former ReViral employees who became employees of the Company, became eligible for participation in the Plan. All account balances totaling \$0.1 million were transferred and merged into the Plan on April 25, 2023.

On October 5, 2022, the Company acquired Global Blood Therapeutics, Inc. (GBT) and adopted and assumed sponsorship of the Global Blood Therapeutics Inc 401K Plan. On January 1, 2023, former GBT employees who became employees of the Company, became eligible for participation in the Plan. All account balances totaling \$41.9 million were transferred and merged into the Plan on March 17, 2023.

On December 14, 2023, the Company acquired Seagen Inc. (Seagen) and adopted and assumed sponsorship of the Seagen Inc. 401(k) Plan. On January 1, 2024, former Seagen employees, who became employees of the Company, became eligible for participation in the Plan. All account balances totaling \$564.9 million (including \$2.4 million in loans) were transferred and merged into the Plan on February 27, 2024.

Effective November 21, 2024, the Plan was amended to implement certain optional withdrawal provisions of the Setting Every Community Up for Retirement Enhancement 2.0 Act (SECURE 2.0 Act), which expands and modifies changes to the laws brought about by the Bipartisan Budget Act of 2018 and the Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE Act of 2019).

Plan Administration

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

Administrative Costs

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

Contributions

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

PFIZER SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

Company matching contributions are deposited into the Plan each quarter, rather than with each pay date. In addition, participants generally must be actively employed on the last business day of the quarter to receive the match; however, if the participant separates from the Company prior to the last business day of the quarter due to retirement (defined, as of January 1, 2022, as at least age 62 with at least 5 years of service, at least age 55 with at least 10 years of service or age 65), death or disability, such participant will receive the matching contribution. Starting in 2019, the Company began adding up to a total of five points to a participant's age and/or service under certain U.S. separation programs to help those participants age 50 and older as of their termination date reach retirement milestones under certain benefits. One "point" equates to one year added to a participant's age or service. If a participant exits the Company under one of the five point-eligible separation programs and, as of the termination date, is within five points of retirement treatment under the Plan, the participant will be deemed to have reached retirement eligibility without continued employment with the Company. These five points can be added to the participant's age, service, or both (up to a total of five points), to help the participant reach retirement eligibility under the Plan. These five point enhancements under the programs continued through June 30, 2023. After that date, the Company's separation programs no longer include the five point enhancements. In January 2024, the Company funded the fourth quarter 2023 Company matching contributions in the amount of approximately \$39.6 million. In January 2025, the Company funded the fourth quarter 2024 Company matching contributions in the amount of approximately \$45.7 million. These contributions are reported in the Company contributions receivable in the accompanying statements of net assets available for plan benefits.

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

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

The Plan also includes a Retirement Savings Contribution (RSC), which is an additional annual Company-provided contribution based on age and years of service. With the exception of certain participants who are specifically excluded by the Plan terms, participants generally are eligible to receive the RSC. The RSC contributions are deposited into the Plan annually, following the close of the Plan year, usually in February. In general, participants must be actively employed on the last business day of the year to receive the RSC; however, if the participant separates from the Company prior to the last day of the year due to retirement (defined, as of January 1, 2022, as at least age 62 with at least 5 years of service, at least age 55 with at least 10 years of service or age 65), death or disability, such participant will receive the RSC. In February 2024, the Company funded the RSC for Plan year 2023 in the amount of approximately \$335.8 million. In February 2025, the Company funded the RSC for Plan year 2024 in the amount of approximately \$341.1 million. These contributions are reported in the Company contributions receivable in the accompanying statements of net assets available for plan benefits.

Participant Accounts

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

Vesting

Participants are immediately 100% vested in their contributions and the Company matching contributions. However, for the RSC, participants are 100% vested after three years of credited service.

Forfeited Amounts

Forfeited amounts of terminated participants are generally used to reduce future Company contributions. At December 31, 2024 and 2023, the market value of forfeitures available for use totaled approximately \$2.2 million and \$1.4 million, respectively. In 2024, Company contributions were reduced by approximately \$9.2 million from forfeited amounts.

Rollovers into the Plan

Participants may elect to roll over one or more account balances from Company-sponsored or other qualified plans (including defined benefit plans) into the Plan. Rollovers from other sources are permitted based on contractual agreements.

PFIZER SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

Investment Options

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

Eligibility

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

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

Notes Receivable from Participants

Participants may borrow from their account balances with the interest rate set at 1% above the prime rate. The minimum loan is \$1,000 and the maximum loan is the lesser of (i) 50% of the vested account balance reduced by any current outstanding loan balance or (ii) \$50,000, reduced by the current outstanding loan balance. Loans must be repaid within five years, unless the funds are used to purchase a primary residence. Primary residence loans must be repaid within 15 years. Loans transferred to the Plan due to the merger of legacy plans into the Plan maintain the terms of the original loan. Interest rates on outstanding loans ranged from 3.25% to 10.50% at December 31, 2024 and 2023.

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

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

Payment of Benefits

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

2. Summary of Significant Accounting Policies

Basis of Accounting

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

The statements of net assets available for plan benefits present the fair value of the Plan's investments, except for the fully benefit-responsive investment contracts, which are reported at contract value (see *Note 4*). The statement of changes in net assets available for plan benefits is prepared on a contract value basis for the fully benefit-responsive investment contracts. All other assets are measured at fair value.

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

PFIZER SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

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

Notes Receivable from Participants

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

Payment of Benefits

Benefits are recorded when paid.

3. Tax Status

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

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Company's counsel has confirmed there are no uncertain positions taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is generally no longer subject to income tax examinations for years prior to 2021.

4. Investment Contracts

Participants in the Plan have a stable value investment option that invests in the T. Rowe Price Stable Value Fund, which is composed of fully benefit-responsive SICs held directly. The contract value of the investment contracts represents contributions made under the contract and related earnings offset by participant withdrawals. There are no reserves against contract value for credit risk of the contract issuers or otherwise. The value of SICs held by the Plan totaled approximately \$1.3 billion and \$1.5 billion as of December 31, 2024 and 2023, respectively.

PFIZER SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

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

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

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

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

5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. There are three levels of inputs to fair value measurements - Level 1 meaning the use of quoted prices for identical instruments in active markets; Level 2 meaning the use of quoted prices for similar instruments in active markets or quoted prices for identical or similar instruments in markets that are not active or are directly or indirectly observable; and Level 3 meaning the use of unobservable inputs.

See *Note 2* for information regarding the methods used to determine the fair value of the Plan's investments. These methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

PFIZER SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

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

		Fair Value as of December 31, 2024		
(THOUSANDS OF DOLLARS)		Level 1	Level 2	Total
Pfizer Inc. common stock	\$	1,058,778	\$ —	\$ 1,058,778
Common/collective trust funds		—	16,252,996	16,252,996
Mutual funds		838,470	—	838,470
Self-directed brokerage account		408,798	—	408,798
Separate account:				
Common stock		1,686,294	—	1,686,294
Common/collective trust funds		—	24,669	24,669
Other		31,839	—	31,839
Total	\$	4,024,179	\$ 16,277,664	\$ 20,301,844

		Fair Value as of December 31, 2023		
(THOUSANDS OF DOLLARS)		Level 1	Level 2	Total
Pfizer Inc. common stock	\$	1,189,164	\$ —	\$ 1,189,164
Common/collective trust funds		—	13,926,536	13,926,536
Mutual funds		845,657	—	845,657
Self-directed brokerage account		360,452	—	360,452
Separate account:				
Common stock		1,324,231	—	1,324,231
Common/collective trust funds		—	63,448	63,448
Total	\$	3,719,503	\$ 13,989,984	\$ 17,709,488

Amounts may not add due to rounding.

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

Northern Trust, the trustee of the Plan, manages certain Plan investments and, therefore, is deemed a party-in-interest and a related party. Fidelity, the recordkeeper of the Plan, manages investments in its sponsored funds and, therefore, is deemed a party-in-interest and a related party. SSGA acts as an investment manager and independent fiduciary for the Plan Sponsor's common stock and, therefore, is deemed a party-in-interest and a related party. The Plan also invests in shares of the Plan Sponsor; therefore, these transactions qualify as party-in-interest transactions.

As of December 31, 2024, the Plan recorded a \$4.1 million liability and reimbursed the Plan Sponsor in February 2025 for administrative expenses paid on behalf of the Plan in recent years.

7. Plan Termination

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

8. Risks and Uncertainties

Investment securities, including Pfizer Inc. common stock, are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in their fair values will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

9. Subsequent Events

The Company has entered into certain group annuity contracts with Metropolitan Life Insurance Company (the "GACs") in relation to certain pension benefits provided through other Company sponsored pension plans, and effective in October of 2024, the Company transferred the GACs to the Metropolitan Life Insurance Company. As of January 1, 2025, the Company has amended the Plan to accept certain rollovers from the GACs.

PFIZER SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

On January 1, 2025, the Plan was amended to provide that the mandatory small benefit cashout amount is increased to \$7,000 for participants and eliminated for surviving spouses and alternate payees.

The Plan Sponsor has evaluated subsequent events from the statement of net assets available for plan benefits date through June 16, 2025, the date at which the financial statements were available to be issued, and no additional events were noted which warrant adjustments to, or disclosure in, the financial statements.

10. Reconciliation of Financial Statements to Form 5500

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

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

(THOUSANDS OF DOLLARS)	December 31,	
	2024	2023
Net assets available for plan benefits per the financial statements	\$ 22,067,627	\$ 19,652,778
Adjustment of T. Rowe Price Stable Value Fund from contract value to fair value	(85,505)	(93,408)
Amounts allocated to withdrawing participants	(5,360)	(6,959)
Deemed distributions	(3,682)	(3,725)
Net assets available for plan benefits per Form 5500	\$ 21,973,080	\$ 19,548,686

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

(THOUSANDS OF DOLLARS)	Year Ended December 31, 2024
Benefits paid to participants, including rollovers, per the financial statements	\$ 2,330,726
Amounts allocated to withdrawing participants and deemed distributions at end of year	9,042
Amounts allocated to withdrawing participants and deemed distributions at beginning of year	(10,684)
Benefits paid to participants, including rollovers, per Form 5500	\$ 2,329,084

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

(THOUSANDS OF DOLLARS)	Year Ended December 31, 2024
Net appreciation in investments per the financial statements	\$ 2,784,729
Adjustment of T. Rowe Price Stable Value Fund from contract value to fair value at end of year	(85,505)
Adjustment of T. Rowe Price Stable Value Fund from contract value to fair value at beginning of year	93,408
Net appreciation in investments per Form 5500	\$ 2,792,632

Schedule C, Line 2(h) Formula Descriptions

Pfizer Savings Plan

EIN: 13-5315170, PN: 002

Plan Year Ending: December 31, 2024

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

PAYOR NAME	EIN / ADDRESS	ADDRESS	CITY	STATE	ZIP CODE	COMPENSATION
1919 FINANCIAL SERVICES FUND CL A	2020 E. FINANCIAL WAY	STE 100	GLENDORA	CA	91741	0.40%
AB HIGH INCOME CLASS A	8000 IH 10 W	SUITE 1400, 14TH FL	SAN ANTONIO	TX	78230	0.10%
AB LARGE CAP GROWTH CLASS A	8000 IH 10 W	SUITE 1400, 14TH FL	SAN ANTONIO	TX	78230	0.40%
AB SMALL CAP GROWTH PORT CLASS A	8000 IH 10 W	SUITE 1400, 14TH FL	SAN ANTONIO	TX	78230	0.40%
AB SUSTAINABLE GLOBAL THEMATIC A	8000 IH 10 W	SUITE 1400, 14TH FL	SAN ANTONIO	TX	78230	0.40%
ABERDEEN CHINA A SHARE EQ INSTL CL	1735 MARKET ST	32ND FLOOR	PHILADELPHIA	PA	19103	0.10%
ABERDEEN U.S. SMALL CAP EQUITY FD CL A	1735 MARKET ST	32ND FLOOR	PHILADELPHIA	PA	19103	0.40%
ABERDEEN U.S. SMALL CAP EQUITY INSTL SVC	1735 MARKET ST	32ND FLOOR	PHILADELPHIA	PA	19103	0.10%
ABR DYNAMIC BLEND EQ& VOLATILITY INVST	P.O. BOX 588		PORTLAND,	ME	04112	0.40%
ADV PREFERRED GOLD BULLION STRAT INV	1445 RESEARCH BLVD	SUITE 530	ROCKVILLE	MD	20850	0.40%
ADVISORS PREFERRED QUANTIFIED STF INVST	1445 RESEARCH BLVD	SUITE 530	ROCKVILLE	MD	20850	0.40%
AKRE FOCUS FUND RETAIL	777 E. WISCONSIN AVE	4TH FLOOR	MILWAUKEE	WI	53202	0.40%
ALGER FOCUS EQUITY CL A	600 PLAZA ONE	6TH FL	JERSEY CITY	NJ	07311	0.40%
ALGER FOCUS EQUITY CL I	600 PLAZA ONE	6TH FL	JERSITY CITY	NJ	07311	0.40%
ALGER HEALTH SCIENCES FD CL A	600 PLAZA ONE	6TH FLOOR	JERSEY CITY	NJ	07311	0.40%
ALGER SMALL CAP FOCUS CLASS A	600 PLAZA ONE	6TH FLOOR	JERSEY CITY	NJ	07311	0.40%
ALGER SMALL CAP GROWTH FUND A	600 PLAZA ONE	6TH FLOOR	JERSEY CITY	NJ	07311	0.40%
ALLSPRING DIVRSFD CAP BUILDER FD A	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.40%
ALLSPRING DIVRSFD CAP BUILDER FD ADMIN	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.10%
ALLSPRING GROWTH FUND A	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.40%
ALLSPRING INDX ASSETALLOCATION FD A	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.40%
ALLSPRING PRECIOUS METALS FUND A	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.40%
ALLSPRING REAL RETURN FUND A	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.40%
ALLSPRING SPECIAL MID CAP VLUE FD A	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.40%
ALLSPRING ULTRA SHRT TERM INCOME FUND C	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.10%
ALPS GLOBAL OPPORTUNITY CL INV	1290 BROADWAY	STE 1100	DENVER	CO	80203	0.40%
ALTEGRIS AACA OPPORTREAL ESTATE FD CL A	1200 PROSPECT ST	STE 400	LAJOLLA	CA	92037	0.40%
AMANA DEVELOPING WORLD FUND	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMANA GROWTH FUND INSTITUTIONAL	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.15%

Schedule C, Line 2(h) Formula Descriptions

Pfizer Savings Plan

EIN: 13-5315170, PN: 002

Plan Year Ending: December 31, 2024

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

PAYOR NAME	EIN / ADDRESS	ADDRESS	CITY	STATE	ZIP CODE	COMPENSATION
AMANA INCOME FUND INSTITUTIONAL	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.10%
AMANA MUTUAL FUND TRUST GROWTH	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMANA MUTUAL FUND TRUST INCOME	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMANA PARTICIPATION FD INVESTOR CLASS	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMERICAN 2025 TARGETDATE RETIREMNT F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN 2035 TARGETDATE RETIREMNT F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN AMCAP FUND CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN BALANCED CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN BEACON ARK TRANS INNOVTN INVSTR	220 E LAS COLINAS BLVD	SUITE 1200	IRVING	TX	75039	0.40%
AMERICAN BEACON DEV WORLD INCOME INV	220 E LAS COLINAS BLVD	STE 1200	IRVING	TX	75039	0.40%
AMERICAN BEACON MAN LG CAP VAL INVST	220 E LAS COLINAS BLVD	STE 1200	IRVING	TX	75039	0.40%
AMERICAN BOND FUND OF AMERICA CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN CEN FOCUSED DYNAMIC GROWTH INV	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENT ONE CHOICE VERY CON INV	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY DISGROWTH FD INVT CL SH	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY DIVERSIFIED BOND INV	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.25%
AMERICAN CENTURY EQUITY INCOME INV CL	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY GL REAL ESTATE INVSTOR	4400 MAIN ST	1ST FL	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY GLOBAL GOLD CL A	4400 MAIN ST	1ST FL	KANSAS CITY	MO	64111	0.09%
AMERICAN CENTURY GLOBAL GOLD INV CL	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY INFLN ADJ BOND INV	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.25%
AMERICAN CENTURY INTL OPPOR CL A	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.09%
AMERICAN CENTURY MIDCAP VALUE INV SHS	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY ONECHOICE INRETIR INV	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY REAL ESTATE INV CL	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY SMALL CAP VALUE INV	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY SMALL COMPANY INV	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CORPORATE BOND FUND CL F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN EUROPACIFICGROWTH CLASS A	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	1800.00%

Schedule C, Line 2(h) Formula Descriptions

Pfizer Savings Plan

EIN: 13-5315170, PN: 002

Plan Year Ending: December 31, 2024

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PAYOR NAME	EIN / ADDRESS	ADDRESS	CITY	STATE	ZIP CODE	COMPENSATION
AMERICAN EUROPACIFICGROWTH CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN FDS TAX AWRCONS GR AND INC F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN FUND GL BALANCED FD CL F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN FUNDS CONV GRWTH & INCM PORT F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN FUNDS GROWTH PORT F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN GROWTH FUND OF AMERICA CLASS A	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	1800.00%
AMERICAN GROWTH FUND OF AMERICA CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN HIGH INCOME CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	\$00.00
AMERICAN INTERNATL GROWTH & INCOME F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN INVESTMENT CO OF AMERICA CL F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN INVESTMNT CO OF AMERICA CL A	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	1800.00%
AMERICAN MUTUAL FUND CLASS A	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	\$18.00
AMERICAN MUTUAL FUND CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN NEW PERSPECTIVE CLASS A	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	1800.00%
AMERICAN NEW PERSPECTIVE CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN NEW WORLD CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	\$00.00
AMERICAN NEW WORLD FUND CLASS A	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	\$18.00
AMERICAN SMALL CAP WORLD CLASS A	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	1800.00%
AMERICAN SMALLCAP WORLD CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	\$00.00
AMERICAN US GOV'T SECURITIES CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN WASHINGTON MUTUAL INVESTORS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMG GW&K SMALL CAP VALUE CLASS N	600 STEAMBOAT RD	SUITE 300	GREENWICH	CT	06830	\$00.00
AMG RIVER ROAD MID CAP VALUE CL N	600 STEAMBOAT RD	SUITE 300	GREENWICH	CT	06830	\$00.00
AMG VERITAS GLOBAL REAL RETURN FD I	600 STEAMBOAT RD	SUITE 300	GREENWICH	CT	06830	0.07%
AMG YACHTMAN FOCUSED N	600 STEAMBOAT RD	SUITE 300	GREENWICH	CT	06830	0.40%
AMG YACHTMAN FUND I	600 STEAMBOAT RD	SUITE 300	GREENWICH	CT	06830	0.40%
APPLIED FIN EXPLORER FUND INVESTOR	8730 STONY POINT PKWY	SUITE 205	RICHMOND	VA	23235	0.40%
AQR DIVERSIFYING STRATEGIES FUND CL N	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.40%
AQR EQUITY MARKET NEUTRAL FD CL N	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.40%

Schedule C, Line 2(h) Formula Descriptions

Pfizer Savings Plan

EIN: 13-5315170, PN: 002

Plan Year Ending: December 31, 2024

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

PAYOR NAME	EIN / ADDRESS	ADDRESS	CITY	STATE	ZIP CODE	COMPENSATION
AQR LARGE CAP DEFENSIVE STYLE CL N	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.40%
AQR LARGE CAP DEFENSIVE STYLE FD I	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.15%
AQR LONG SHORT EQUITY CL N	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.40%
AQR RISK BALANCED COMMOD STRATEGY FD N	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.40%
AQR SMALL CAP MOMENTUM STYLE CL N	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.40%
AQR TREND TOTAL RETURN CLASS N	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.40%
ARIEL FUND	811 E. WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
ARISTOTLE STRATEGIC INCOME FUND A	2220 E. ROUTE 66	SUITE 226	GLENDORA	CA	91740	0.40%
ARROW MANAGED FUTURES STRATEGY A	6100 CHEVY CHASE DR	SUITE 100	LAUREL	MD	20707	0.10%
ARROW MANAGED FUTURES STRATEGY C	6100 CHEVY CHASE DR	SUITE 100	LAUREL	MD	20707	0.10%
ARTISAN DEVELOPING WORLD FD INVESTOR CL	875 E WISCONSIN AVE	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN GLOBAL EQUITY FUND INVESTOR	875 E WISCONSIN AVE	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN GLOBAL OPPORTUNITIES INV	875 E WISCONSIN AVE	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN HIGH INCOME FUND INVESTOR	875 E WISCONSIN AVE	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN INTERNATL INVESTOR CLASS	875 E WISCONSIN AVE	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN INTL VALUE FUND INV CL	875 E WISCONSIN AVE	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN MID CAP VALUE	875 E WISCONSIN AVE	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN SUSTAINABLE EMERG MRKTS INVSTR	875 E WISCONSIN AVE	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN THEMATIC FD INVESTOR CLASS	875 E WISCONSIN AVE	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN VALUE FUND INVESTOR CL	875 E WISCONSIN AVE	SUITE 800	MILWAUKEE	WI	53202	0.39%
ASTOR DYNAMIC ALLOCATION CL I	111 S WACKER DR	SUITE 3910	CHICAGO	IL	60606	0.10%
ATAC ROTATION FUND INVESTOR CL	615 E. MICHIGAN ST.		MILWAUKEE	WI	53202	0.40%
AVANTIS EMERGING MARKETS EQUITY	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.05%
AVANTIS INTERNATIONAL EQUITY	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.04%
AVANTIS US EQUITY FUND	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.02%
AVANTIS US SMALL CAP VALUE FUND	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.04%
AVE MARIA VALUE FUND	801 W. ANN ARBOR TRAIL	SUITE 244	PLYMOUTH	MI	48170	0.40%
AZZAD ETHICAL MID CAP FUND CL A	8000 TOWN CENTRE DR	SUITE 400	BROADVIEW HEIGHTS	OH	44147-4031	0.40%
BAIRD AGGREGATE BOND FUND INSTL	777 E. WISCONSIN AVE	18TH FLOOR	MILWAUKEE	WI	53202	0.03%

Schedule C, Line 2(h) Formula Descriptions

Pfizer Savings Plan

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Plan Year Ending: December 31, 2024

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PAYOR NAME	EIN / ADDRESS	ADDRESS	CITY	STATE	ZIP CODE	COMPENSATION
BAIRD AGGREGATE BONDFUND INVESTOR CL	777 E. WISCONSIN AVE	18TH FLOOR	MILWAUKEE	WI	53202	0.28%
BAIRD CORE PLUS BOND FD INVESTOR CL	777 E. WISCONSIN AVE	18TH FLOOR	MILWAUKEE	WI	53202	0.28%
BAIRD SHORT TERM BD FD INSTL	777 E. WISCONSIN AVE	18TH FLOOR	MILWAUKEE	WI	53202	0.03%
BARON DURABLE ADVANTAGE FD RETAIL	767 5TH AVE	49TH FL	NEW YORK	NY	10153	0.40%
BARON EMERGING MARKETS FUND RETAIL	767 5TH AVE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON FINTECH FUND RETAIL	767 5TH AVE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON FOCUSED GROWTH CLASS I	767 5TH AVE	49TH FL	NEW YORK	NY	10153	0.10%
BARON FOCUSED GROWTHFUND	767 5TH AVE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON GLOBAL ADVANTAGE FD RETAIL	767 5TH AVE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON GROWTH	767 5TH AVE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON GROWTH FUND INSTL CLASS	767 5TH AVE	49TH FLOOR	NEW YORK	NY	10153	0.15%
BARON HEALTH CARE FDRETAIL	767 5TH AVE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON OPPORTUNITY FUND	767 5TH AVE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON PARTNERS FUND	767 5TH AVE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON REAL ESTATE FUND RETAIL	767 5TH AVE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON REAL ESTATE INCOME FUND INSTL	767 5TH AVE	49TH FL	NEW YORK	NY	10153	0.10%
BARON SMALL CAP FD	767 5TH AVE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON SMALL CAP FUNDINSTL CLASS	767 5TH AVE	49TH FL	NEW YORK	NY	10153	0.15%
BARON TECHNOLOGY FUND RETAIL	767 5TH AVE	49TH FL	NEW YORK	NY	10153	0.40%
BBH INCOME FUND CL I	140 BROADWAY		NEW YORK	NY	10005	0.05%
BBH LIMITED DURATION FUND CLASS I	140 BROADWAY		NEW YORK	NY	10005	0.05%
BERKSHIRE FOCUS FUND	475 MILAN DR	SUITE 103	SAN JOSE	CA	95134	0.40%
BIOTECHNOLOGY ULTRA SECTOR PRO FD INVS	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
BITCOIN STRATEGY FD INVESTOR	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
BLACK OAK EMERGING TECHNOLOGY FUND	225 PICTORIA DR	SUITE 450	CINCINNATI	OH	45246	0.40%
BLACKROCK ADVANTAGE INTERNATIONAL CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK ADVANTAGE SM CAP GROWTH INV A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK ADVANTAGE SMALL CAP CORE INV A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK EMERGING MARKETS FD INC A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%

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PAYOR NAME	EIN / ADDRESS	ADDRESS	CITY	STATE	ZIP CODE	COMPENSATION
BLACKROCK ENERGY OPPORTUNITIES CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK EQUITY DIVIDEND FD CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK EQUITY DIVIDEND FD-INSTL	40 EAST 52ND ST		NEW YORK	NY	10022	0.08%
BLACKROCK GLOBAL ALLOCATION CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK HEALTH SCIENCES OPP PRT A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK HIGH EQUITY INCOME CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK HIGH YIELDPORTFOLIO INVESTOR A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK INFLATION PRO BOND PORT INV A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK INTERNATIONAL FD A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK MID CAP GROWTH EQUITY CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK REAL ESTATE SECURITIES A	40 EAST 52ND ST		NEW YORK	NY	10022	0.08%
BLACKROCK STRATEGIC INC OPP PORT CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK SYSTEMATICMULTI STRAT INV A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK TECHNOLOGY OPPORTUNITIES SVS	40 EAST 52ND ST		NEW YORK	NY	10022	0.08%
BLACKROCK TECHNOLOGYOPPORTUNITIES CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK TOTAL RETURN FUND CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BNY MELLON DYNAMIC VALUE A	144 GLENN CURTISS BLVD	8TH FLOOR	UNIONDALE	NY	11556	0.40%
BNY MELLON FLOATING RATE INCOME A	144 GLENN CURTISS BLVD	8TH FL	UNIONDALE	NY	11556	0.40%
BNY MELLON GLOBAL EQUITY INCOME A	144 GLENN CURTISS BLVD	8TH FLOOR	UNIONDALE	NY	11556	0.40%
BNY MELLON INTERNATIONAL BOND I	144 GLENN CURTISS BLVD	8TH FLOOR	UNIONDALE	NY	11556	0.35%
BNY MELLON INTL STOCK A	144 GLENN CURTISS BLVD	8TH FLOOR	UNIONDALE	NY	11556	0.40%
BNY MELLON MIDCAP INDEX INVESTOR	144 GLENN CURTISS BLVD	8TH FLOOR	UNIONDALE	NY	11556	0.35%
BNY MELLON NATURAL RESOURCES A	144 GLENN CURTISS BLVD	8TH FLOOR	UNIONDALE	NY	11556	0.40%
BNY MELLON SMALLCAP STOCK INDEX INVESTOR	144 GLENN CURTISS BLVD	8TH FLOOR	UNIONDALE	NY	11556	0.35%
BNY MELLON WORLDWIDEGROWTH A	144 GLENN CURTISS BLVD	8TH FLOOR	UNIONDALE	NY	11556	0.40%
BOSTON PARTNERS ALL CAP VALUE INVS	223 WILMINGTON W CHESTER PIKE	#216	CHADDS FORD	PA	19317	0.40%
BOSTON TRUST ASSET MANAGEMENT FUND	1 BEACON ST	33RD FLOOR	BOSTON	MA	02108	0.40%
BOSTON TRUST MIDCAP FUND	1 BEACON ST	33RD FLOOR	BOSTON	MA	02108	0.40%
BOSTON TRUST WALDEN SMALL CAP FUND	1 BEACON ST	33RD FLOOR	BOSTON	MA	02108	0.40%

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EIN: 13-5315170, PN: 002

Plan Year Ending: December 31, 2024

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

PAYOR NAME	EIN / ADDRESS	ADDRESS	CITY	STATE	ZIP CODE	COMPENSATION
BRANDES INTL EQUITY I	11988 EL CAMINO RALO	STE 500	SAN DIEGO	CA	92130	0.15%
BRANDES INTL SMALL CAP EQUITY I	11988 EL CAMINO RALO	STE 500	SAN DIEGO	CA	92130	0.12%
BRIDGEWAY SMALL CAP VALUE FUND CL N	20 GREENWAY PLAZA	SUITE 450	HOUSTON	TX	77046	0.10%
BROWN ADVISORY SMALLCAP GROWTH ADVISOR	777 E. WISCONSIN AVE	4TH FLOOR	MILWAUKEE	WI	53202	0.40%
BROWN ADVISORY SUSTAIN GROWTH ADV	777 E. WISCONSIN AVE	4TH FL	MILWAUKEE	WI	53202	0.40%
BROWN ADVISORY SUSTAIN GROWTH INV	777 E. WISCONSIN AVE	4TH FLOOR	MILWAUKEE	WI	53202	0.08%
BROWN ADVISORY WMC STRAT EUROPN EQ INVS	777 E. WISCONSIN AVE	4TH FL	MILWAUKEE	WI	53202	0.08%
BROWN INTERNATIONAL SMALL COMPANY INVEST	1290 BROADWAY	SUITE 1100	DENVER	CO	80203	0.40%
BUFFALO BLUE CHIP GROWTH	615 E. MICHIGAN ST		MILWAUKEE	WI	53202	0.40%
BUFFALO EARLY STAGE GROWTH FUND	615 E. MICHIGAN ST		MILWAUKEE	WI	53202	0.40%
BUFFALO FLEXIBLE ALLOCATION FUND	615 E. MICHIGAN ST		MILWAUKEE	WI	53202	0.40%
BUFFALO GROWTH AND INCOME FUND	615 E. MICHIGAN ST		MILWAUKEE	WI	53202	0.40%
BUFFALO MID CAP DISCOVERY	615 E. MICHIGAN ST		MILWAUKEE	WI	53202	0.40%
BUFFALO SMALL CAP GROWTH	615 E. MICHIGAN ST		MILWAUKEE	WI	53202	0.40%
CALAMOS EVOLVING WORLD GROWTH CL A	2020 CALAMOS COURT		NAPERVILLE	IL	60563	0.40%
CALAMOS GLOBAL CONVERTIBLE CL A	2020 CALAMOS COURT		NAPERVILLE	IL	60563	0.40%
CALAMOS GLOBAL GROWTH & INCOME A	2020 CALAMOS COURT		NAPERVILLE	IL	60563	0.40%
CALAMOS GROWTH & INCOME CL A	2020 CALAMOS COURT		NAPERVILLE	IL	60563	0.40%
CALAMOS MARKET NEUTRAL INCOME CL A	2020 CALAMOS COURT		NAPERVILLE	IL	60563	0.40%
CALAMOS MERGER ARBITRAGE FUND CL A	2020 CALAMOS COURT		NAPERVILLE	IL	60563	0.40%
CALAMOS PHINEUS LONG/SHORT CLASS A	2020 CALAMOS COURT		NAPERVILLE	IL	60563	0.40%
CALVERT BALANCED FUND CLASS A	4550 MONTGOMERY AVE	STE 1000 N	BETHESDA	MD	20814	0.40%
CALVERT EMERGING MARKETS EQUITY CL I	4550 MONTGOMERY AVE	SUITE 1000 N	BETHESDA	MD	20814	0.10%
CALVERT EQUITY FUND CLASS A	4550 MONTGOMERY AVE	SUITE 1000 N	BETHESDA	MD	20814	0.40%
CALVERT GLOBAL ENER SOLUTIONS CLASS I	4550 MONTGOMERY AVE	STE 1000 N	BETHESDA	MD	20814	0.10%
CALVERT GLOBAL WATERFUND CL A	4550 MONTGOMERY AVE	SUITE 1000 N	BETHESDA	MD	20814	0.40%
CALVERT INTRNTL RESPBL INDEX A	4550 MONTGOMERY AVE	STE 1000 N	BETHESDA	MD	20814	0.40%
CALVERT U.S. LRG CAPCORE RESPNSBL INDX A	4550 MONTGOMERY AVE	SUITE 1000 N	BETHESDA	MD	20814	0.40%
CALVERT US MID CAP CORE RSPNSBL INDEX A	4550 MONTGOMERY AVE	SUITE 1000 N	BETHESDA	MD	20814	0.40%

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Plan Year Ending: December 31, 2024

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PAYOR NAME	EIN / ADDRESS	ADDRESS	CITY	STATE	ZIP CODE	COMPENSATION
CAMPBELL SYSTEMATIC MACRO FUND CL I	47 HULFISH ST	SUITE 510	BALTIMORE	MD	21209	0.15%
CARILLON CLARIVEST INTERNATIONAL STK I	P. O. BOX 33022		ST PETERSBURG	FL	33733-8022	0.40%
CARILLON REAMS UNCON BOND CLASS A	P. O. BOX 33022		ST PETERSBURG	FL	33733-8022	0.10%
CARILLON SCOUT SMALLCAP FUND CL I	P.O. BOX 33022		ST PETERSBURG	FL	33733-8022	0.40%
CASCADE PRIVATE CAPITAL FUND INSTL	4640 ADMIRALTY WAY	11TH FL	MARINA DEL REY	CA	90292	0.20%
CATALYST FLOATING RATE INCOME FD CL I	80 ARKAY	SUITE 110	HAUPPAUGE	NY	11788	0.15%
CATALYST INSIDER INCOME FUND CL I	80 ARKAY	SUITE 110	HAUPPAUGE	NY	11788	0.10%
CATALYST MILLBURN HEDGE STRTGY FD CL I	80 ARKAY	STE 110	HAUPPAUGE	NY	11788	0.15%
CATALYST SYSTEMATIC ALPHA FD CL I	80 ARKAY	SUITE 110	HAUPPAUGE	NY	11788	0.15%
CAUSEWAY INTERNATNALVALUE INVESTOR	P.O. BOX 1100		OAKS	PA	19456	0.40%
CAUSEWAY INTERNL SM CAP INVESTOR FD	P. O. BOX 1100		OAKS	PA	19456	0.40%
CCM COMMUNITY IMPACT BOND FUND RETAIL	2500 WESTON ROAD	SUITE 101	PLANTATION	FL	33324-2009	0.40%
CENTRE AMERICAN SELECT EQUITY INVSTR	1290 BROADWAY	SUITE 1100	DENVER	CO	80203	0.40%
CENTRE GLOBAL INFRASTRUCTURE INV	1290 BROADWAY	STE 1100	DENVER	CO	80203	0.40%
CHAMPLAIN MID CAP ADVISOR SHARE	ONE FREEDOM VALLEY DR		OAKS	PA	19456	0.40%
CLEARBRIDGE GROWTH FUND A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	0.40%
CLEARBRIDGE INTERN'TGROWTH FD CL A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	0.40%
CLEARBRIDGE SELECT FUND CL A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	0.40%
CLEARBRIDGE SMALL CAP FUND CLASS A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	0.40%
CLIFFWATER ENHANCED LENDING FUND INSTL	4640 ADMIRALTY WAY	11TH FL	MARINA DEL REY	CA	90292	0.18%
COHEN & STEERS PREF SECURITIES INCOME I	280 PARK AVE	10TH FLOOR	NEW YORK	NY	10017	0.15%
COHEN & STEERS REAL ESTATE SECURITIES A	280 PARK AVE	10TH FLOOR	NEW YORK	NY	10017	0.40%
COHEN & STEERS REALTY CLASS A	280 PARK AVE	10TH FL	NEW YORK	NY	10017	0.40%
COLUMBIA ACORN EUROPEAN FUND CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA BALANCED FUND CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA CONTRARIAN CORE FUND CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA DIVIDEND INCOME CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA DIVIDEND INCOME FUND CL C	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.10%
COLUMBIA GLOBAL TECHGROWTH CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%

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PAYOR NAME	EIN / ADDRESS	ADDRESS	CITY	STATE	ZIP CODE	COMPENSATION
COLUMBIA LARGE CAP CORE FUND CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA LARGE CAP ENHANCED CORE CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA MORTGAGE OPPORTUNITIES CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA SELIGMAN GLOBAL TECHNOLOGY A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA SELIGMAN TECH AND INFO CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA SMALL CAP GROWTH FD CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA SMALL CAP GROWTH S	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA THERMOSTAT CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COMMERCE VALUE INSTITUTIONAL	922 WALNUT ST	4TH FLOOR	KANSAS CITY	MO	64106	0.35%
CONESTOGA SMALL CAP INVESTOR CLASS	225 PICTORIA DR	SUITE 450	CINCINNATI	OH	45246	0.40%
CONGRESS SMALL CAP GROWTH RETAIL CLASS	TWO SEAPORT LANE		BOSTON	MA	02210	0.40%
CONSUMER STAPLES ULTRASEC PROFUND INV	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
CULLEN EMERGING MKRTHIGH DIVIDEND RETAIL	645 FIFTH AVE		NEW YORK	NY	10022	0.40%
DANA LARGE CAP EQUITY INVESTOR CL	P.O. BOX 1067		BROOKFIELD	WI	53008-1067	0.40%
DAVENPORT SMALL CAP FOCUS FUND	ONE JAMES CENTER	901 EAST CARY STREET	RICHMOND	VA	23219	0.15%
DAVIS FINANCIAL CLASS A	2949 E ELVIRA ROAD	STE 101	TUCSON	AZ	85756	0.40%
DFA INTERM EXTENDED QUALITY PORT INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA SHORT TERM EXTENDED QUAL INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DIAMOND HILL SHORT DURAT SEC BOND INVST	325 JOHN H MCCONNELL BLVD	SUITE 200	COLUMBUS	OH	43215	0.40%
DIREXION MONTHLY NASDAQ100BULL2X INV	155 SEAPORT BOULEVARD	SUITE P8	BOSTON	MA	02210	0.40%
DOUBLELINE CORE FIXED INCOME CL I	777 E. WISCONSIN AVE		MILWAUKEE	WI	53202	0.15%
DOUBLELINE CORE FIXED INCOME FD CL N	777 E. WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
DOUBLELINE INFRA STRUCTURE INC CL I	777 EAST WISCONSIN AVE		MILWAUKEE	WI	53202	0.06%
DOUBLELINE INFRA STRUCTURE INC CL N	777 EAST WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
DOUBLELINE SHILLER ENHANCED CAP CL N	777 E. WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
DOUBLELINE STRATEGICCOMMODITY CL N	777 E. WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
DOUBLELINE TOTAL RETURN BOND FD CL I	777 E. WISCONSIN AVE		MILWAUKEE	WI	53202	0.06%
DOUBLELINE TOTAL RT BOND FD CL N	777 E. WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
DRIEHAUS EMERGING MARKETS	25 EAST ERIE ST		CHICAGO	IL	60611	0.40%

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PAYOR NAME	EIN / ADDRESS	ADDRESS	CITY	STATE	ZIP CODE	COMPENSATION
DRIEHAUS SMALL CAP GROWTH INSTL CL	25 EAST ERIE ST		CHICAGO	IL	60611	0.12%
DRIEHAUS SMALL CAP GROWTH INVESTOR CL	25 EAST ERIE ST		CHICAGO	IL	60611	0.40%
DWS LATIN AMERICA EQUITY FUND-A	280 PARK AVE	9TH FLOOR	NEW YORK	NY	10026	0.40%
DWS RREEF REAL ASSETS FUND INSTL CL	280 PARK AVE	9TH FLR	NEW YORK	NY	10026	0.15%
DWS SCIENCE AND TECHNOLOGY FUND-A	280 PARK AVE	9TH FLOOR	NEW YORK	NY	10026	0.40%
EAGLE MLP STRATEGY FUND CL I	1580 LINCOLN ST	STE 680	DENVER	CO	80203	0.08%
EATON VANCE BALANCED CLASS A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	1600.00%
EATON VANCE EMERGING MRKTS DEBT OPPOR A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	0.40%
EATON VANCE EMRG MARKETS LOCAL INC A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	1600.00%
EATON VANCE FLOATINGRATE ADVANTAGE CL A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	1600.00%
EATON VANCE GOVT OPPORTUNITIES CL A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	1600.00%
EATON VANCE GREATER INDIA FUND CLASS A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	1600.00%
EATON VANCE MULTI - ASSET CREDIT FD CL A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	0.40%
EATON VANCE MULTI - ASSET CREDIT FD CL I	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	1600.00%
EATON VANCE SHT DUR INFLAT PRO INCOME I	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	1600.00%
EATON VANCE TAX MNGDEQTY ASSET ALLOC A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	1600.00%
EDGAR LOMAX VALUE FUND	6564 LOISDALE COURT	SUITE 310	ALEXANDRIA	VA	22315	\$00.00
EDGEWOOD GROWTH FUND RETAIL CLASS	1 FREEDOM VALLEY DR		OAKS	PA	19456	\$00.00
EMERALD GROWTH INVESTOR	3175 OREGON PIKE		LEOLA	PA	17540	\$00.00
EUROPAC GOLD FUND CLASS A	LOTS 81 82, ST C	SUITE 204	DORADO	PR	00646	0.08%
EVENTIDE DIVIDEND GROWTH FUND CL I	80 ARKAY	STE 110	HAUPPAUGE	NY	11788	\$00.00
EVENTIDE GILEAD FUND CLASS N	80 ARKAY	SUITE 110	HAUPPAUGE	NY	11788	0.40%
EVENTIDE HEALTHCARE AND LIFE SCIENCES A	80 ARKAY	SUITE 110	HAUPPAUGE	NY	11788	\$00.00
EVENTIDE HEALTHCARE AND LIFE SCIENCES N	80 ARKAY	SUITE 110	HAUPPAUGE	NY	11788	0.40%
FAIRHOLME FOCUSED INCOME FUND	4400 BISCAYNE BOULEVARD		SOUTH MIAMI	FL	33143	\$00.00
FAIRHOLME FUND	4400 BISCAYNE BOULEVARD		SOUTH MIAMI	FL	33143	\$00.00
FAM DIVIDEND FOCUS FUND	384 NORTH GRAND ST		COBLESKILL	NY	12043	\$00.00
FAM SMALL CAP VALUE	384 NORTH GRAND ST		COBLESKILL	NY	12043	0.40%
FEDERATED HERMES CAPTL INCOME CL A	4000 ERICSSON DR		WARRENDALE	PA	15086-7515	0.40%

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FEDERATED HERMES INTL SM MID CO CL A	4000 ERICSSON DR		WARRENDALE	PA	15086-7515	0.40%
FEDERATED HERMES KAUFMANN SM CAP A	4000 ERICSSON DR		WARRENDALE	PA	15086-7515	0.40%
FEDERATED HERMES MDT ALL CAP CORE CL A	4000 ERICSSON DR		WARRENDALE	PA	15086-7515	0.40%
FEDERATED HERMES MDT LARGE CAP GROWTH A	4000 ERICSSON DR		WARRENDALE	PA	15086-7515	0.40%
FEDERATED HERMES MDT MID CAP GROWTH A	4000 ERICSSON DR		WARRENDALE	PA	15086-7515	0.40%
FEDERATED HERMES MDT SMALL CAP CORE A	4000 ERICSSON DR		WARRENDALE	PA	15086-7515	0.40%
FEDERATED HERMES OPPOR HIGH YLD BD SS	4000 ERICSSON DR		WARRENDALE	PA	15086-7515	0.40%
FEDERATED HERMES PRUDENT BEAR CL A	4000 ERICSSON DR		WARRENDALE	PA	15086-7515	0.40%
FEDERATED HERMES STR VAL DIV CL A	4000 ERICSSON DR		WARRENDALE	PA	15086-7515	0.40%
FEDERATED HERMES TTL RETURN BOND CL IS	4000 ERICSSON DR		WARRENDALE	PA	15086-7515	0.05%
FIRST EAGLE GLOBAL CLASS A	1345 AVE OF THE AMERICAS	48TH FLOOR	NEW YORK	NY	10105	0.40%
FIRST EAGLE GLOBAL CLASS I	1345 AVE OF THE AMERICAS	48TH FLOOR	NEW YORK	NY	10105	0.15%
FIRST EAGLE GOLD CLASS A	1345 AVE OF THE AMERICAS	48TH FLOOR	NEW YORK	NY	10105	0.40%
FIRST FOUNDATION TOTAL RETURN FUND Y	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.12%
FIRSTHAND ALTERNATIVE ENERGY	150 ALMADEN BLVD.	SUITE 1250	SAN JOSE	CA	95113	0.40%
FIRSTHAND TECHNOLOGYOPPORTUNITIES FUND	150 ALMADEN BLVD.	SUITE 1250	SAN JOSE	CA	95113	0.40%
FMI COMMON STOCK FUND	777 E. WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
FMI INTERNATIONAL	777 E. WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
FORESTER VALUE FUND	612 PADDOCK		LIBERTYVILLE	IL	60048	0.40%
FPA CRESCENT FUND	11601 WILSHIRE BLVD	SUITE 1200	LOS ANGELES	CA	90025	0.35%
FPA FLEXIBLE FIXED INCOME FUND	11601 WILSHIRE BLVD	SUITE 1200	LOS ANGELES	CA	90025	0.10%
FPA NEW INCOME FUND	11601 WILSHIRE BLVD	SUITE 1200	LOS ANGELES	CA	90025	0.10%
FPA QUEENS ROAD SM CAP VALUE INVSTR	11601 WILSHIRE BLVD	SUITE 1200	LOS ANGELES	CA	90025	0.40%
FRANKLIN BIOTECH DISCOVERY FUND A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	1600.00%
FRANKLIN DYNATECH FUND A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	1600.00%
FRANKLIN GOLD AND PRECIOUS METALS CL A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	1600.00%
FRANKLIN HIGH INCOME CL A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	1600.00%
FRANKLIN INCOME CL A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	1600.00%
FRANKLIN RISING DIVIDENDS CLASS A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	1600.00%

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FRANKLIN SMALL CAP VALUE CLASS A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	1600.00%
FRANKLIN UTILITIES CL A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	1600.00%
FROST CREDIT FUND INVESTOR	P.O. BOX 2509		SAN ANTONIO	TX	78299-2509	0.40%
FULLERTHALER BEHV SMALL CAP EQTY INSTL	411 BOREL AVE	STE 300	SAN MATEO	CA	94402	0.10%
FULLERTHALER BEHV SMALL CAP GROWTH INV	411 BOREL AVE	STE 300	SAN MATEO	CA	94402	\$00.00
GABELLI EQUITY INCOME FUND AAA	401 THEODORE FREMD. AVE.		RYE	NY	10580	\$00.00
GABELLI GOLD FUND CL A	401 THEODORE FREMD. AVE.		RYE	NY	10580	\$00.00
GABELLI GOLD FUND CLAAA	401 THEODORE FREMD. AVE.		RYE	NY	10580	\$00.00
GABELLI SMALL CAP GROWTH AAA	401 THEODORE FREMD. AVE.		RYE	NY	10580	\$00.00
GABELLI SRI FUND CLASS AAA	401 THEODORE FREMD. AVE.		RYE	NY	10580	\$00.00
GABELLI UTILITIES	401 THEODORE FREMD. AVE.		RYE	NY	10580	\$00.00
GEORGE PUTNAM BALANCED FUND CL A	1 POST OFFICE SQ	MAILZONE G3C	BOSTON	MA	02109	\$00.00
GLENMEDE LARGE CAP GROWTH	1650 MARKET ST.	SUITE 1200	PHILADELPHIA	PA	19103	\$00.00
GLENMEDE LONG SHORT PORTFOLIO	1650 MARKET ST.	SUITE 1200	PHILADELPHIA	PA	19103	0.40%
GLENMEDE SMALL CAP EQUITY - ADVISOR CL	1650 MARKET ST.	SUITE 1200	PHILADELPHIA	PA	19103	0.40%
GOLD AND PRECIOUS METALS FUND	3 CANAL PLAZA	SUITE 600	PORTLAND	ME	04101	0.40%
GOLDMAN SACHS ASSET ALLOC GRWTH STRAT A	71 S. WACKER DR	4TH FLOOR	CHICAGO	IL	60606	0.40%
GOLDMAN SACHS EMERGEMKTS DEBT FUND CL A	71 S. WACKER DR	4TH FLOOR	CHICAGO	IL	60606	0.40%
GOLDMAN SACHS EMERGING MARKETS A	71 S. WACKER DR	4TH FLOOR	CHICAGO	IL	60606	0.40%
GOLDMAN SACHS ENH CORE EQUITY A	71 S. WACKER DR	4TH FL	CHICAGO	IL	60606	0.40%
GOLDMAN SACHS GQG PART INTERNTL OPP A	71 S. WACKER DR	4TH FLOOR	CHICAGO	IL	60606	0.40%
GOLDMAN SACHS INCOMEBUILDER FUND A	71 S. WACKER DR	4TH FL	CHICAGO	IL	60606	0.40%
GOLDMAN SACHS INTL EQUITY INCOME CL A	71 S. WACKER DR	4TH FLOOR	CHICAGO	IL	60606	0.40%
GOLDMAN SACHS MID CAP GROWTH CL A	71 S. WACKER DR	4TH FLOOR	CHICAGO	IL	60606	0.40%
GOLDMAN SACHS MID CAP VAL FD CL SVC	71 S. WACKER DR	4TH FLOOR	CHICAGO	IL	60606	0.50%
GOLDMAN SACHS MLP ENERGY INFRSTCTR A	71 S. WACKER DR	4TH FL	CHICAGO	IL	60606	0.40%
GOLDMAN SACHS SMALL CAP VALUE INSIGHTS A	71 S. WACKER DR	4TH FLOOR	CHICAGO	IL	60606	0.40%
GOLDMAN SACHS TECH OPPORTUNITIES CL A	71 S. WACKER DR	4TH FLOOR	CHICAGO	IL	60606	0.40%
GQG PARTNERS EMERG MARKETS EQ INSTL	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.15%

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Pfizer Savings Plan

EIN: 13-5315170, PN: 002

Plan Year Ending: December 31, 2024

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

PAYOR NAME	EIN / ADDRESS	ADDRESS	CITY	STATE	ZIP CODE	COMPENSATION
GQG PARTNERS EMRGING MARKETS EQUITY INV	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.40%
GQG PARTNERS GLOBAL QUALITY DIV INC INV	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.40%
GQG PARTNERS GLOBAL QUALITY EQ INVESTOR	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.40%
GQG PARTNERS GLOBAL QUALITY EQUITY INSTL	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.15%
GQG PARTNERS INTL QUALITY DIV INC INV	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.40%
GQG PARTNERS US QUALITY SEL EQ INSTL	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.15%
GQG PARTNERS US QULTSELECT EQUITY INVSTR	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.40%
GRANDEUR PEAK GLOBAL REACH FUND INV	1290 BROADWAY	SUITE 1100	DENVER	CO	80203	0.40%
GREEN CENTURY BALANCED	114 STATE ST.	SUITE 200	BOSTON	MA	02111	0.40%
GUGGENHEIM TOTAL RETURN BOND A	9601 BLACKWELL	SUITE 500	ROCKVILLE	MD	20850	0.40%
GUGGENHEIM TOTAL RETURN BOND CL P	9601 BLACKWELL	SUITE 500	ROCKVILLE	MD	20850	0.40%
GUGGENHEIM TOTAL RETURN BOND FD INSTL	9601 BLACKWELL	SUITE 500	ROCKVILLE	MD	20850	0.15%
GUINNESS ATKINSON ALTERNATIVE ENERGY	2220 E. ROUTE 66	SUITE 226	GLENDORA	CA	91740	0.40%
GUINNESS ATKINSON GLOBAL INNOVATORS	2220 E. ROUTE 66	SUITE 226	GLENDORA	CA	91740	0.40%
HARBOR CAP APP INST	111 S WACKER DR		CHICAGO	IL	60606	0.10%
HARBOR CAP APP INV	111 S WACKER DR		CHICAGO	IL	60606	0.35%
HARBOR INTL INST	111 S WACKER DR	34TH FLOOR	CHICAGO	IL	60606	0.10%
HARDING LOEVNER EMERG MRKTS PORT ADV	P.O. BOX 4766		CHICAGO	IL	60680	0.40%
HARDING LOEVNER FRNTEMERG MRKTS INVESTOR	P.O. BOX 4766		CHICAGO	IL	60680	0.40%
HARDING LOEVNER INTLSMALL CO PORT INV CL	P.O. BOX 4766		CHICAGO	IL	60680	0.40%
HARTFORD BALANCED INCOME FD CL A	100 MATSONFORD RD	SUITE 300	RADNOR	PA	19087	0.35%
HARTFORD CORE EQUITY FUND CLASS I	100 MATSONFORD RD	STE 300	RADNOR	PA	19087	0.15%
HARTFORD INTL VALUE FUND CLASS Y	100 MATSONFORD RD	STE 300	RADNOR	PA	19087	0.10%
HCM DIVIDEND SECTOR PLUS FUND INVESTOR	1145 HEMBREE ROAD		ROSWELL	GA	30076	0.40%
HCM INCOME PLUS FUNDINVESTOR	1145 HEMBREE ROAD		ROSWELL	GA	30076	0.40%
HCM TACTICAL GROWTH FUND INVESTOR	1145 HEMBREE ROAD		ROSWELL	GA	30076	0.40%
HEALTH CARE ULTRA SECTOR PRO FD INVSTR	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
HEARTLAND VALUE	789 N. WATER ST		MILWAUKEE	WI	53202	0.40%
HENNESSY CORNERSTONE GROWTH FUND INSTL	7250 REDWOOD BLVD.	STE 200	NOVATO	CA	94945	0.12%

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HENNESSY CORNERSTONEGROWTH INV CL	7250 REDWOOD BLVD.	SUITE 200	NOVATO	CA	94945	0.40%
HENNESSY CORNERSTONEMID CAP 30 INV CL	7250 REDWOOD BLVD.	SUITE 200	NOVATO	CA	94945	0.40%
HENNESSY ENERGY TRANSITION INVESTOR	7250 REDWOOD BLVD.	SUITE 200	NOVATO	CA	94945	0.40%
HENNESSY FOCUS FUND INVESTOR CLASS	7250 REDWOOD BLVD.	SUITE 200	NOVATO	CA	94945	0.40%
HENNESSY GAS UTILITYINVESTOR CL	7250 REDWOOD BLVD.	SUITE 200	NOVATO	CA	94945	0.40%
HENNESSY JAPAN INVSTCLASS	7250 REDWOOD BLVD.	SUITE 200	NOVATO	CA	94945	0.40%
HENNESSY LARGE CAP FINANCIAL INVSTR CL	7250 REDWOOD BLVD.	SUITE 200	NOVATO	CA	94945	0.40%
HENNESSY SMALL CAP FINANCIAL INVSTR CL	7250 REDWOOD BLVD.	SUITE 200	NOVATO	CA	94945	0.40%
HODGES BLUE CHIP EQ INCOME FD RETAIL	2905 MAPLE AVENUE		DALLAS	TX	75201	0.40%
HODGES FUND FUND RETAIL CLASS	2905 MAPLE AVENUE		DALLAS	TX	75201	0.40%
HODGES SMALL CAP FUND RETAIL CLASS	2905 MAPLE AVENUE		DALLAS	TX	75201	0.40%
HOLBROOK INCOME FD A	2933 NE 16TH ST		PORTLAND	OR	97212	0.40%
HOMESTEAD SMALL COMPANY STOCK FD	4301 WILSON BLVD		ARLINGTON	VA	22203	0.12%
HOOD RIVER SMALL CAPGROWTH INVESTOR	6001 SHADY OAK ROAD	SUITE 200	MINNETONKA	MN	55343	0.40%
HORIZON MULTI FACTORSM/MID CAP ADVISOR	777 E. WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
ICON FLEXIBLE BOND INSTL	P.O. BOX 87		DENVER	CO	80201-0087	0.40%
ICON NATURAL RES AND INFRA FUND INSTL	P.O. BOX 87		DENVER	CO	80201-0087	0.15%
IDX RISK MANAGED BITCOIN FUND I	8995 SE OTTY ROAD		SMITHFIELD	RI	02917	0.40%
IMAN FUND RETAIL SHARES	721 ENTERPRISE DR		OAKBROOK	IL	60523	0.40%
IMPAX INTERNATIONAL SUSTAIN ECON INVSTR	1290 BROADWAY	SUITE 1100	DENVER	CO	80203	0.40%
INTERNET ULTRASECTORPRO FD INVESTOR	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
INVENOMIC INVESTOR CLASS	211 CONGRESS ST	7TH FLOOR	BOSTON	MA	02110	0.40%
INVESCO BALANCED RISK COMM STRATEGY A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO COMSTOCK FUND CL A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO DEVELOPING MARKETS A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO DIVERSIFIED DIVIDEND INVESTOR CL	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO ENERGY INVESTOR CLASS	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO EQUALLY WEIGHTED S&P 500 A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO EQUITY AND INCOME FUND CL A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%

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INVESCO FLOATING RATE ESG CL Y	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.10%
INVESCO GLOBAL FOCUS A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO GLOBAL OPPORTUNITIES A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO GLOBAL STRAT INCOME A	11 GREENWAY PLAZA	STE 100	HOUSTON	TX	77046	0.40%
INVESCO GOLD & SPEC MINERALS A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO GREATER CHINA CLASS A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO INTL DIVERSIFIED A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO INTL SMALL MID COMPANY A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO S&P 500 INDEX CLASS A	11 GREENWAY PLAZA	STE 100	HOUSTON	TX	77046	0.40%
INVESCO SMALL CAP VALUE FUND CL A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO STEELPATH MLP ALPHA A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO STEELPATH MLP ALPHA PLUS A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO STEELPATH MLP SELECT 40 Y	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.15%
ISHARES DEVELOPED RL ESTATE IDX INV A	40 EAST 52ND ST		NEW YORK	NY	10022	0.30%
ISHARES MSCI EAFE INTL IDX CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.30%
ISHARES S&P 500 INDEX INVESTOR A	40 EAST 52ND ST		NEW YORK	NY	10022	0.30%
JACKSON SQUARE SMID CAP GROWTH FD INVEST	1 LETTERMAN DR		SAN FRANCISCO	CA	94129	0.40%
JACOB INTERNET	727 2ND ST	SUITE 106	HERMOSA BEACH	CA	90254	0.40%
JANUS HENDERSON ADAPRISK MNGD US EQ CL T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON BALANCED I	151 DETROIT ST.		DENVER	CO	80206	1500.00%
JANUS HENDERSON BALANCED T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON DEVELOPED WORLD BD A	151 DETROIT ST.		DENVER	CO	80206	1500.00%
JANUS HENDERSON ENTERPRISE I	151 DETROIT ST.		DENVER	CO	80206	1500.00%
JANUS HENDERSON ENTERPRISE T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON EUROPEAN FOCUS CL T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON GL LIFE SCIENCES T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON GL REAL ESTATE T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON GLOB TECH & INNOV T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON GLOBAL RESEACH T	151 DETROIT ST.		DENVER	CO	80206	0.35%

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JANUS HENDERSON GROWTH & INCOME T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON HIGH-YIELD T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON MID CAP VALUE T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON MULTISECTOR INCOME T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON OVERSEAS T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON RESEARCH I	151 DETROIT ST.		DENVER	CO	80206	\$15.00
JANUS HENDERSON RESEARCH T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON RESPONS INTL DIV T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON SHORT DUR FLEX BD T	151 DETROIT ST.		DENVER	CO	80206	\$00.00
JANUS HENDERSON SM MID CAP VALUE I	151 DETROIT ST.		DENVER	CO	80206	\$15.00
JANUS HENDERSON SMALL CAP VALUE T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON TRITON T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON VENTURE T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JENSEN QUALITY GROWTH FD CL J	811 E. WISCONSIN AVE	8TH FLOOR	MILWAUKEE	WI	53202	0.40%
JENSEN QUALITY GROWTH FD CL R	811 E. WISCONSIN AVE	8TH FLOOR	MILWAUKEE	WI	53202	0.06%
JOHN HANCOCK DISCIPLINED VALUE A	601 CONGRESS ST.	9TH FLOOR	BOSTON	MA	02210	0.40%
JOHN HANCOCK FDMTL ALL CAP CORE CL I	601 CONGRESS ST.	9TH FLOOR	BOSTON	MA	02210	0.15%
JOHN HANCOCK INTL DYNAMIC GROWTH I	601 CONGRESS ST.	9TH FL.	BOSTON	MA	02210	0.10%
JOHN HANCOCK INTL GROWTH CL A	601 CONGRESS ST.	9TH FLOOR	BOSTON	MA	02210	0.40%
JOHN HANCOCK REGIONAL BANK CL A	601 CONGRESS ST.	9TH FLOOR	BOSTON	MA	02210	0.40%
JOHN HANCOCK REGIONAL BANK CL I	601 CONGRESS ST.	9TH FLOOR	BOSTON	MA	02210	0.10%
JP MORGAN HEDGED EQUITY 3 FD I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.08%
JP MORGAN MID CAP VALUE FUND CLASS I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JP MORGAN US LARGE CAP CORE PLUS CL A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN CORE PLUS BOND CLASS I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.15%
JPMORGAN DIVERS MID CAP GROWTH CLASS I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.15%
JPMORGAN EQUITY INCOME CLASS I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.15%
JPMORGAN EQUITY INCOME FUND CL A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN EQUITY PREMINCOME CL I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.15%

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JPMORGAN EQUITY PREMIUM INCOME CL A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN GRWTH ADV FUND CLASS C	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.08%
JPMORGAN HEDGED EQUITY 2 FUND A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN HEDGED EQUITY CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN INCOME FUNDCLASS I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.15%
JPMORGAN INTERNATNL FOCUS FUND CL I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.08%
JPMORGAN INVESTOR GROWTH FUND CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN LARGE CAP GROWTH CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN LARGE CAP GROWTH CLASS I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.15%
JPMORGAN MID CAP GROWTH FUDN CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN SMALL CAP EQUITY CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN U.S. GARP EQUITY FUND CL A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN US EQUITY FUND CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN US LG CAP CORE PLUS CLASS I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN US VALUE CLASS I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.15%
KINETICS MARKET OPPORTUNITIES FD	470 PARK AVE SOUTH		NEW YORK	NY	10016	0.40%
KINETICS PARADIGM FD INSTIT CL	470 PARK AVE SOUTH		NEW YORK	NY	10016	0.12%
KINETICS PARADIGM FUND	470 PARK AVE SOUTH		NEW YORK	NY	10016	0.40%
KINETICS SMALL CAP OPPORTUNITIES	470 PARK AVE SOUTH		NEW YORK	NY	10016	0.40%
KINETICS SMALL CAP OPPORTUNITIES INSTL	470 PARK AVE SOUTH		NEW YORK	NY	10016	0.40%
KOPERNIK GLOBAL ALL CAP FUND CL A	ONE FREEDOM VALLEY DR		OAKS	PA	19456	0.08%
LAZARD GLOBAL LISTEDINFRASTRUCTE INSTL	30 ROCKEFELLER PLAZA	57TH FL.	NEW YORK	NY	10112	0.15%
LAZARD GLOBAL LISTEDINFRASTRUCTURE OPEN	30 ROCKEFELLER PLAZA	57TH FLOOR	NEW YORK	NY	10112	0.40%
LAZARD INTL STRAT EQUITY PORT OPEN CL	30 ROCKEFELLER PLAZA	57TH FLOOR	NEW YORK	NY	10112	0.40%
LEUTHOLD CORE INVESTMENT RETAIL	33 SOUTH SIXTH ST.	SUITE 4600	MINNEAPOLIS	MN	55402	0.40%
LOOMIS SAYLES BOND RETAIL SHARES	399 BOYLSTON ST	8TH FLOOR	BOSTON	MA	02116	0.35%
LOOMIS SAYLES CORE PLUS BD FD CL A	399 BOYLSTON ST	8TH FLOOR	BOSTON	MA	02116	0.40%
LOOMIS SAYLES GLOBAL BOND RETAIL	399 BOYLSTON ST	8TH FLOOR	BOSTON	MA	02116	0.35%
LOOMIS SAYLES GLOBALALLOCATION CLASS A	399 BOYLSTON ST	8TH FLOOR	BOSTON	MA	02116	0.40%

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LORD ABBETT BOND DEBENTURE CLASS A	90 HUDSON ST	10TH FLOOR	JERSEY CITY	NJ	07302	0.37%
LORD ABBETT CONVERTIBLE FD CL A	90 HUDSON ST	10TH FLOOR	JERSEY CITY	NJ	07302	0.37%
LORD ABBETT GROWTH LEADERS FUND CL A	90 HUDSON ST	10TH FLOOR	JERSEY CITY	NJ	07302	0.45%
LORD ABBETT HIGH YIELD CLASS A	90 HUDSON ST	10TH FLOOR	JERSEY CITY	NJ	07302	0.37%
LORD ABBETT MICRO CAP GROWTH FUND A	90 HUDSON ST	10TH FLOOR	JERSEY CITY	NJ	07302	0.45%
LORD ABBETT SHORT DURATION HI YIELD A	90 HUDSON ST	10TH FL	JERSEY CITY	NJ	07302	0.37%
LORD ABBETT SHORT DURATION INCOME CL A	90 HUDSON ST	10TH FLOOR	JERSEY CITY	NJ	07302	0.37%
MACQUARIE CLIMATE SOLUTIONS FD CL A	2005 MARKET ST		PHILADELPHIA	PA	19103	0.40%
MACQUARIE HIGH INCOME CL A	2005 MARKET ST		PHILADELPHIA	PA	19103	0.40%
MACQUARIE SCIENCE& TECHNOLOGY CL A	2005 MARKET ST		PHILADELPHIA	PA	19103	0.40%
MADISON MID CAP FUNDCL Y	550 SCIENCE DR		MADISON	WI	53711	0.40%
MANNING & NAPIER HIGH YIELD BD SRS I	290 WOODCLIFF DR.		FAIRPORT	NY	14450	0.15%
MANNING & NAPIER HIGH YIELD BD SRS S	290 WOODCLIFF DR.		FAIRPORT	NY	14450	0.40%
MANNING & NAPIER PROBLEND CONSV CL S	290 WOODCLIFF DR.		FAIRPORT	NY	14450	0.40%
MARSICO GLOBAL FUND	235 W. GALENA ST		MILWAUKEE	WI	53212	0.40%
MARSICO MIDCAP GROWTH FOCUS FUND	235 W. GALENA ST		MILWAUKEE	WI	53212	0.40%
MATTHEW 25	P.O. BOX 2479		JENKINTOWN	PA	19046	0.40%
MATTHEWS ASIA DIVIDEND FUND	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS ASIAN INNOVATORS FD INVST	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS CHINA DIV FUND INVESTOR CLASS	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS CHINA FUND	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS CHINA INST'L	4 EMBARCADERO CENTER	STE 550	SAN FRANCISCO	CA	94111	0.10%
MATTHEWS CHINA SMALLCOMPANIES INVESTOR	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS EMERG MRKTSSM COMPANIES INVSTR	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS INDIA FUND	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS JAPAN FUND	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS PACIFIC TIGER FUND	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MEEDER BALANCED FUND	6125 MEMORIAL DR		DUBLIN	OH	43017	0.40%
MEEDER MUIRFIELD	6125 MEMORIAL DR		DUBLIN	OH	43017	0.40%

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MESIROW FINANCIAL HIGH YIELD INSTL	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.12%
MFS BLENDED RESEARCH CORE EQUITY CL A	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.40%
MFS GROWTH FUND CLASS A	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.40%
MFS INCOME FUND I	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.08%
MFS INTERNATIONAL DIVERSIFICATION FD A	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.40%
MFS INTERNATIONAL GROWTH CLASS A	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.40%
MFS MID CAP GROWTH CLASS A	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.40%
MFS MID CAP VALUE CLASS A	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.40%
MFS NEW DISCOVERY CLASS A	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.40%
MFS RESEARCH INTL CLASS A	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.40%
MFS TECHNOLOGY FD CLASS I	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.08%
MFS VALUE CLASS A	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.40%
MID CAP VALUE PRO FUND INVESTOR	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
MODERN CAPITAL TACTICAL INCOME ADV	1050 JOHNNIE DODDS BLVD	SUITE 2059	MT. PLEASANT	SC	29465	0.10%
MORGAN STA INST INC. INCEPTION PORT I	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.10%
MORGAN STA INST INC.INCEPTION PORT CL A	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY DISCOVERY PORT CL A	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY DISCOVERY PORT CL I	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.10%
MORGAN STANLEY GLOBAL OPPORTUNITY A	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY GLOBAL OPPORTUNITY I	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.10%
MORGAN STANLEY GROWTH PORTFOLIO A	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY INSIGHT A	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY INSTLINTERNTL OPP CL A	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY INTL ADVANTAGE CL A	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY INTL ADVANTAGE CL I	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.15%
MORGAN STANLEY LONG DURAT GOVT OPPORT I	522 FIFTH AVE	4TH FL	NEW YORK	NY	10036	0.10%
MORGAN STANLEY MORTGAGE SEC TR CL A	522 FIFTH AVE	4TH FL	NEW YORK	NY	10036	0.40%
MSIF ASIA OPPORTUNITY CL A	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.40%
NAA RISK MANAGD REALESTATE FUND P	555 THEODORE FREMD AVE		RYE	NY	10580	0.40%

Schedule C, Line 2(h) Formula Descriptions

Pfizer Savings Plan

EIN: 13-5315170, PN: 002

Plan Year Ending: December 31, 2024

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

PAYOR NAME	EIN / ADDRESS	ADDRESS	CITY	STATE	ZIP CODE	COMPENSATION
NATIONWIDE AMUNDI STRATEGIC INC CL A	1000 CONTINENTAL DR	STE 400	COLUMBUS	OH	43215	0.40%
NATIONWIDE GQG U.S QUALITY EQUITY A	1000 CONTINENTAL DR	STE 400	COLUMBUS	OH	43215	0.40%
NATIXIS US EQUITY OPPORTUNITIES CL A	399 BOYLSTON ST	8TH FLOOR	BOSTON	MA	02116	0.40%
NEEDHAM AGGRESSIVE GROWTH	445 PARK AVE	15TH FLOOR	NEW YORK	NY	10022	0.40%
NEEDHAM AGGRESSIVE GROWTH FUND CL I	445 PARK AVE	15TH FLOOR	NEW YORK	NY	10022	1600.00%
NEEDHAM GROWTH FUND	445 PARK AVE	15TH FL	NEW YORK	NY	10022	0.40%
NEUBERGER BERMAN LARGE CAP VALUE INST	1290 AVE OF THE AMERICAS	22ND FLOOR	NEW YORK	NY	10104-0002	0.15%
NEUBERGER BERMAN LONG SHORT INSTL	1290 AVE OF THE AMERICAS	22ND FL	NEW YORK	NY	10104-0002	0.10%
NEUBERGER BERMAN REAL ESTATE TRUST CL	1290 AVE OF THE AMERICAS	22ND FLOOR	NEW YORK	NY	10104-0002	0.40%
NEUBERGER BERMAN STRATEGIC INC TRUST	1290 AVE OF THE AMERICAS	22ND FLOOR	NEW YORK	NY	10104-0002	0.40%
NEW ALTERNATIVES FD	150 BROADHOLLOW ROAD		MELVILLE	NY	11747	1200.00%
NORTHEAST INVESTORS TRUST	125 HIGH ST	SUITE 1802	BOSTON	MA	02110	0.12%
NORTHERN INT'L EQUITY FUND	801 SOUTH CANAL	C55	CHICAGO	IL	60675	0.40%
NORTHERN SMALL CAP VALUE	801 SOUTH CANAL	C55	CHICAGO	IL	60675	0.40%
NUANCE MID CAP VALUE FUND INSTL	4900 MAIN ST	STE 220	KANSAS CITY	MO	64112	0.10%
NUVEEN CORE IMPACT BOND R6	333 WEST WACKER DR		NEW YORK	NY	10017	0.06%
NUVEEN DIVIDEND GROWTH CLASS A	333 WEST WACKER DR		CHICAGO	IL	60606	0.40%
NUVEEN PREFERRED SECS AND INC CL A	333 WEST WACKER DR		CHICAGO	IL	60606	0.40%
NYLI CBRE REAL ESTATE A	30 HUDSON ST	23RD FL	ARLINGTON	NJ	07032	\$00.00
NYLI CUSHING MLP PREMIER A	30 HUDSON ST	23RD FL	ARLINGTON	NJ	07032	0.40%
OAKMARK EQUITY & INCOME INVESTOR CL	111 S WACKER DR		CHICAGO	IL	60606	0.35%
OAKMARK FUND INVESTOR CLASS	111 S WACKER DR		CHICAGO	IL	60606	0.35%
OAKMARK GLOBAL FUND INVESTOR CLASS	111 S WACKER DR		CHICAGO	IL	60606	0.35%
OAKMARK GLOBAL SELECT FD INVESTOR	111 S WACKER DR		CHICAGO	IL	60606	\$00.00
OAKMARK INTERNAT'L SMALL CAP INVESTOR	111 S WACKER DR		CHICAGO	IL	60606	0.35%
OAKMARK INTL ADVISOR FUND	111 S WACKER DR		CHICAGO	IL	60606	0.15%
OAKMARK INTL INVESTOR CL	111 S WACKER DR		CHICAGO	IL	60606	0.35%
OBERWEIS CHINA OPPORTUNITIES FUND	3333 WARRENVILLE RD	STE. 500	LISLE	IL	60532	0.40%
OBERWEIS GLOBAL OPPORTUNITIES INV	3333 WARRENVILLE RD	SUITE 500	LISLE	IL	60532	0.40%

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OBERWEIS MICRO CAP FUND	3333 WARRENVILLE RD	SUITE 500	LISLE	IL	60532	0.40%
OBERWEIS SMALL-CAP OPPORTUNITIES	3333 WARRENVILLE RD	SUITE 500	LISLE	IL	60532	0.40%
OCM GOLD FUND ATLAS CLASS SHARES	235 W. GALENA ST		MILWAUKEE	WI	53212	0.40%
PARAMETRIC COMMODITYSTRATEGIC CL I	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	1600.00%
PARNASSUS CORE EQUITY INSTL	1 MARKET ST	STEUART TOWER SUITE 1600	SAN FRANCISCO	CA	94105	0.10%
PARNASSUS CORE EQUITY INVESTOR	1 MARKET ST	STEUART TOWER SUITE 1600	SAN FRANCISCO	CA	94105	0.40%
PARNASSUS GROWTH EQUITY FUND INVESTOR	1 MARKET ST STEUART TOWER	STE 1600	SAN FRANCISCO	CA	94105	0.40%
PARNASSUS MID CAP	1 MARKET ST	STEUART TOWER SUITE 1600	SAN FRANCISCO	CA	94105	0.40%
PARNASSUS MID CAP FD INSTITUTIONAL	1 MARKET ST	STEUART TOWER SUITE 1600	SAN FRANCISCO	CA	94105	0.10%
PARNASSUS MID CAP GROWTH FUND INVST	1 MARKET ST	STEUART TOWER SUITE 1600	SAN FRANCISCO	CA	94105	0.40%
PARNASSUS VALUE EQUITY INVESTOR	1 MARKET ST	STEUART TOWER SUITE 1600	SAN FRANCISCO	CA	94105	0.40%
PAYDEN CORPORATE BOND FUND INVESTOR	333 S GRAND AVE	32ND FLOOR	LOS ANGELES	CA	90071	0.33%
PEAR TREE POLARIS FRGN VAL SM CAP ORD	55 OLD BEDFORD ROAD		LINCOLN	MA	01773	0.40%
PEAR TREE POLARIS FRGN VALUE ORDINARY	55 OLD BEDFORD ROAD		LINCOLN	MA	01773	0.40%
PEAR TREE QUALITY FUND ORDINARY	55 OLD BEDFORD ROAD		LINCOLN	MA	01773	0.40%
PERFORMANCE TRUST TOTAL RETRN BND INST	500 WEST MADISON	SUITE 470	CHICAGO	IL	60661	0.40%
PERKINS DISCOVERY	8730 STONY POINT PKWY	SUITE 205	RICHMOND	VA	23235	\$00.00
PERMANENT AGGRESSIVEGROWTH PORTFOLIO	600 MONTGOMERY ST	SUITE 4100	SAN FRANCISCO	CA	94111-2702	0.40%
PERMANENT PORTFOLIO	600 MONTGOMERY ST	SUITE 4100	SAN FRANCISCO	CA	94111-2702	0.38%
PFG ACTIVE CORE BOND STRATEGY FUND CL R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG AMERICAN FDS CONS INC STRAT CL R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG AMERICAN FUNDS GROWTH STRAT CL R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG BR TRGT ALLOCAT EQ STRATEGY FD CL R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG EQUITY INDEX FOCUSED STRATEGY R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG SECTOR EQUITY BUS CYCLE STRAT R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG US EQUITY INDEX STRATEGY CLASS R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.40%
PGIM FLOATING RATE INCOME CL A	655 BROAD ST		NEWARK	NJ	07102	0.40%
PGIM HIGH YIELD CL A	655 BROAD ST		NEWARK	NJ	07102	0.40%
PGIM JEN INTL OPPORTUNITIES CL Z	655 BROAD ST		NEWARK	NJ	07102	0.15%

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Plan Year Ending: December 31, 2024

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PAYOR NAME	EIN / ADDRESS	ADDRESS	CITY	STATE	ZIP CODE	COMPENSATION
PGIM SHRT DUR HGH YLD INC FD CL A	655 BROAD ST		NEWARK	NJ	07102	0.40%
PGIM SHRT DUR HGH YLD INC FD CL C	655 BROAD ST		NEWARK	NJ	07102	0.10%
PGIM TOTAL RETURN BOND CL C	655 BROAD ST		NEWARK	NJ	07102	0.10%
PGIM TOTAL RETURN BOND CL Z	655 BROAD ST		NEWARK	NJ	07102	0.15%
PIA HIGH YIELD FUND INSTITUTIONAL CLASS	1299 OCEAN AVE	ST 210	SANTA MONICA	CA	90401	0.40%
PIMCO ALL ASSET FUNDCLASS A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO COMMODITY REALRETURN STRAT A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO GLBL BD OPPOR (USD-HEDGED) A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO INCOME CL I3	1633 BROADWAY		NEW YORK	NY	10019	0.15%
PIMCO INCOME FUND CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO INTL BD FD U SDOLLAR-HEDGED A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO INTL BD U.S. DOLLAR-HEDGED I-3	1633 BROADWAY		NEW YORK	NY	10019	0.10%
PIMCO INTL BOND FUND (UNHEDGED) A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO INVESTMENT GR CREDIT BOND FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO LOW DURATION CLASS A	1633 BROADWAY		NEW YORK	NY	10019	0.38%
PIMCO MORTGAGE OPPOR AND BOND FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO PREFERRED AND CAPITAL SECS CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO RAE EMERGING MARKETS FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO RAE PLUS INTL FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO RAE US FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO RAE US SMALL FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO REAL ESTATE REAL RETURN STRAT A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO REAL RETURN CLASS A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO STOCKSPLUS INTERNATL US\$HDG A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO STOCKSPLUS INTL US DOL HEDG I3	1633 BROADWAY		NEW YORK	NY	10019	0.10%
PIMCO STOCKSPLUS SHORT FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO STOCKSPLUS SMALL FD I3	1633 BROADWAY		NEW YORK	NY	10019	0.10%
PIMCO STOCKSPLUS SMALL FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO TOTAL RETURN CLASS A	1633 BROADWAY		NEW YORK	NY	10019	0.40%

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PIMCO TRENDS MANAGEDFUTURES STRATEGY A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIN OAK EQUITY FUND	225 PICTORIA DR	SUITE 450	CINCINNATI	OH	45246	0.40%
PIONEER FUNDAMENTAL GROWTH FD CL A	60 STATE ST	17TH FLOOR	BOSTON	MA	02109	0.40%
PIONEER GLOBAL SUSTAINABLE EQUITY A	60 STATE ST	17TH FL.	BOSTON	MA	02109	0.40%
PIONEER MULTI-ASSET INCOME CLASS A	60 STATE ST	17TH FLOOR	BOSTON	MA	02109	0.40%
POLEN GLOBAL GROWTH FUND RETAIL SHARES	1825 NW CORPORATE BLVD	SUITE 300	BOCA RATON	FL	33431	0.40%
POLEN GROWTH FUND INST'L SHARES	1825 NW CORPORATE BLVD	SUITE 300	BOCA RATON	FL	33431	0.12%
POLEN GROWTH FUND RETAIL SHARES	1825 NW CORPORATE BLVD	SUITE 300	BOCA RATON	FL	33431	0.40%
PRIMECAP ODYSSEY AGGRESSIVE GRWTH FD	2020 E. FINANCIAL WAY	SUITE 100	GLENDDORA	CA	91741	0.10%
PRIMECAP ODYSSEY GROWTH FUND	2020 E. FINANCIAL WAY	SUITE 100	GLENDDORA	CA	91741	0.10%
PRIMECAP ODYSSEY STO CK FUND	2020 E. FINANCIAL WAY	SUITE 100	GLENDDORA	CA	91741	0.10%
PRINCIPAL DIVERSIFIED INCOME A	620 COOLIDGE DR	SUITE 300	FOLSOM	CA	95630	0.40%
PRINCIPAL GLOBAL REAL ESTATE CL A	620 COOLIDGE DR	SUITE 300	FOLSOM	CA	95630	0.40%
PRINCIPAL SPECTRUM PREF CAPT SEC INC A	620 COOLIDGE DR	SUITE 300	FOLSOM	CA	95630	0.40%
PUTNAM CORE BOND FUND CLASS A	1 POST OFFICE SQ	MAILZONE G3C	BOSTON	MA	02109	0.40%
PUTNAM CORE EQUITY CLASS A	1 POST OFFICE SQ	MAILZONE G3C	BOSTON	MA	02109	0.40%
PUTNAM DYNAMIC ASSET ALLOC CONSERV CL A	1 POST OFFICE SQ	MAILZONE G3C	BOSTON	MA	02109	0.40%
PUTNAM FOCUSED EQ FUND CLASS A	1 POST OFFICE SQ	MAILZONE G3C	BOSTON	MA	02109	0.40%
PUTNAM FOCUSED INTL EQUITY CL A	1 POST OFFICE SQ	MAILZONE G3C	BOSTON	MA	02109	0.40%
PUTNAM GLOBAL HEALTHCARE FUND CLASS A	1 POST OFFICE SQ	MAILZONE G3C	BOSTON	MA	02109	0.40%
PUTNAM GLOBAL TECHNOLOGY FUND CL A	1 POST OFFICE SQ	MAILZONE G3C	BOSTON	MA	02109	0.40%
PUTNAM LARGE CAP GROWTH FD CLASS A	1 POST OFFICE SQ	MAILZONE G3C	BOSTON	MA	02109	0.40%
PUTNAM LARGE CAP VAL CLASS C	1 POST OFFICE SQ	MAILZONE G3C	BOSTON	MA	02109	0.10%
PUTNAM LARGE CAP VALCLASS A	1 POST OFFICE SQ	MAILZONE G3C	BOSTON	MA	02109	0.40%
PUTNAM MORTGAGE OPPOR FD CL A	1 POST OFFICE SQ	MAILZONE G3C	BOSTON	MA	02109	0.40%
PUTNAM MORTGAGE SECURITIES CLASS A	1 POST OFFICE SQ	MAILZONE G3C	BOSTON	MA	02109	0.40%
PUTNAM SUSTAINABLE RETIRE 2035 FD CL A	1 POST OFFICE SQ	MAILZONE G3C	BOSTON	MA	02109	0.40%
QUANTIFIED COMMON GROUND FD INVST	1445 RESEARCH BLVD	SUITE 530	ROCKVILLE	MD	20850	0.40%
RED OAK TECHNOLOGY SELECT	225 PICTORIA DR	SUITE 450	CINCINNATI	OH	45246	0.40%

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RISING RATES OPPTY PRO FUND INVESTOR	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
ROYCE INTERNATIONAL PREMIER SERVICE CL	745 FIFTH AVE	SUITE 2400	NEW YORK	NY	10151	0.40%
ROYCE SMALL CAP SERVICE CLASS SHARES	745 FIFTH AVE	STE 2400	NEW YORK	NY	10151	0.40%
ROYCE SMALL CAP VALUE SERVICE CL	745 FIFTH AVE	SUITE 2400	NEW YORK	NY	10151	0.40%
ROYCE SMALL-CAP SPECEQUITY INVESTMENT CL	745 FIFTH AVE	SUITE 2400	NEW YORK	NY	10151	0.15%
ROYCE SMALL-CAP TOT RETURN SERVICE CLASS	745 FIFTH AVE	SUITE 2400	NEW YORK	NY	10151	0.40%
RYDEX BIOTECHNOLOGY INV CLASS	9601 BLACKWELL	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX CONSUMER PRODUCTS INVESTOR CL	9601 BLACKWELL	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX DOW 2X STRATEGY CL A	9601 BLACKWELL	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX ELECTRONICS INV CLASS	9601 BLACKWELL	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX INVERSE S&P 500 2X STRATEGY CL H	9601 BLACKWELL	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX INVERSE S&P 500 STRATEGY CLASS H	9601 BLACKWELL	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX INVERSE S&P 500 STRATEGY INV CL	9601 BLACKWELL	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX NASDAQ 100 2X STRATEGY CL A	9601 BLACKWELL	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX NASDAQ 100 2X STRATEGY CL H	9601 BLACKWELL	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX NASDAQ 100 FUND CLASS H	9601 BLACKWELL	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX NASDAQ 100 INV CLASS	9601 BLACKWELL	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX PRECIOUS METALS INVESTOR CL	9601 BLACKWELL	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX S&P 500 2X STRATEGY CL A	9601 BLACKWELL	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX TRANSPORTATIONFD CL A	9601 BLACKWELL RD	STE 500	ROCKVILLE	MD	20850	0.40%
SEGALL BRYANT HAMILL PLUS BOND FD RETAIL	370 17TH ST	SUITE 5000	DENVER	CO	80202	0.30%
SEGALL BRYANT HAMILL SML CAP GRWTH INSTL	370 17TH ST	SUITE 5000	DENVER	CO	80202	0.12%
SEMICONDUCTOR ULTRA SECTOR PRO FD INVSTR	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
SHELTON NASDAQ 100 INDEX INVESTOR	P.O. BOX 87		DENVER	CO	80201-0087	0.15%
SHELTON SUSTAINABLE EQUITY INVESTOR	P.O. BOX 87		DENVER	CO	80201-0087	0.40%
SIT BALANCED FUND	80 SOUTH 8TH ST		MINNEAPOLIS	MN	55402	0.40%
SPROTT GOLD EQUITY FUND INVESTOR	200 BAY ST	SUITE 2600	TORONTO	CA	M5J 2J1	0.40%
SPYGLASS GROWTH FUND INSTL	ONE LETTERMAN DR		SAN FRANCISCO	CA	94129	0.10%
STEWART VALUES FOC SM MID CAP ENH IND A	15375 MEMORIAL DR.	SUITE 200	HOUSTON	TX	77079	0.40%

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T ROWE PRICE 2010 RETIREMENT FUND	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE ALL CAPOPPORTUNITIES INVST	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE BLUE CHIP GROWTH INC	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE CAP APPRECIATION	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE CAPITL APPREC INCOME INVSTR	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE COMM & TECHNOLOGY INVESTOR	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE DIVERSDMID CAP GROWTH	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE DIVIDEND GROWTH	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE DYNAMICCREDIT INVESTOR	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE EMERGING MKTS STOCK	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE EQUITY INCOME	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE EUROPEAN STOCK	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE FINANCIAL SERVICES	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE FLOATING RATE INVEST	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLOBAL GR STOCK INVESTOR CL	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLOBAL INDUSTRIALS INVESTOR	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLOBAL STOCK	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLOBAL TECHNOLOGY	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GROWTH STOCK	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE HEALTH SCIENCES	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE INTL BOND USD HEDGED INVS	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE INT'L VALUE EQUITY FUND	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE INTRTD US SM CAP GR EQUITY	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE LATIN AMERICA FUND	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE MID CAP GROWTH	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE MID CAP VALUE	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE NEW ASIA	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE RET 2020 FUND	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE RET 2030 FD	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%

Schedule C, Line 2(h) Formula Descriptions

Pfizer Savings Plan

EIN: 13-5315170, PN: 002

Plan Year Ending: December 31, 2024

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

PAYOR NAME	EIN / ADDRESS	ADDRESS	CITY	STATE	ZIP CODE	COMPENSATION
T ROWE PRICE RET 2040 FD	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE RETIRE BLEND 2010 FD INVSTR	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE RETIRE BLEND 2015 FD INVSTR	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE RETIREMENT 2015	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE RETIREMENT 2025 FD	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE RETIREMENT 2035 FUND	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE RETIREMENT BALANCED	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE SCIENCE& TECHNOLOGY	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE SMALL CAP VALUE FUND	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE SPECT CONS ALLOCATION	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE U.S EQUITY RESEARCH FD	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE ULTRA SHORT TERM BD INVEST	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE US LARGE CAP CORE FUND	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE US TREALONG TERM INDEX INV	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE VALUE	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T.ROWE PRICE INTRNL DISCIPLINED EQ INV	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
TCW CORE FIXED INCOME CLASS N	865 S FIGUEROA ST	22ND FLOOR	LOS ANGELES	CA	90071	0.35%
TCW EMERGING MARKETS INCOME CL N	865 S FIGUEROA ST	22ND FLOOR	LOS ANGELES	CA	90071	0.40%
TCW METWEST HIGH YLDBOND CL M	865 S FIGUEROA ST	1400	LOS ANGELES	CA	90071	0.40%
TCW METWEST LOW DURATION BOND M	865 S FIGUEROA ST	1400	LOS ANGELES	CA	90071	0.35%
TCW METWEST TOTAL RETURN BOND CL M	865 S FIGUEROA ST	1400	LOS ANGELES	CA	90071	0.35%
TCW METWEST TOTAL RETURN BOND CLASS I	865 S FIGUEROA ST	1400	LOS ANGELES	CA	90071	0.10%
TCW METWEST UNCONSTRBOND M	865 S FIGUEROA ST	1400	LOS ANGELES	CA	90071	0.40%
TCW SECURITIZED BOND FUND CLASS I	865 S FIGUERA ST	22ND FL	LOS ANGELES	CA	90071	0.10%
TEMPLETON GLOBAL BOND CLASS A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	1600.00%
TETON WESTWOOD MIGHTY MITES FD AAA	401 THEODORE FREMD. AVE.		RYE	NY	10580	0.35%
THE INTERNET FUND	470 PARK AVE SOUTH		NEW YORK	NY	10016	0.40%
THE OSTERWEIS STRATEGIC INCOME FD	777 E. WISCONSIN AVE	4TH FLOOR	MILWAUKEE	WI	53202	0.15%
THIRD AVENUE REAL ESTATE VALUE INVST	622 THIRD AVE	32ND FLOOR	NEW YORK	NY	10017	0.40%

Schedule C, Line 2(h) Formula Descriptions

Pfizer Savings Plan

EIN: 13-5315170, PN: 002

Plan Year Ending: December 31, 2024

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PAYOR NAME	EIN / ADDRESS	ADDRESS	CITY	STATE	ZIP CODE	COMPENSATION
THIRD AVENUE SMALL -CAP VALUE INVESTOR	622 THIRD AVE	32ND FLOOR	NEW YORK	NY	10017	0.40%
THIRD AVENUE VALUE FUND INVESTOR CLASS	622 THIRD AVE	32 FL	NEW YORK	NY	10017	0.40%
THIRD AVENUE VALUE INSTL CLASS	622 THIRD AVE	32ND FLOOR	NEW YORK	NY	10017	0.35%
THOMPSON BOND FUND	1255 FOURIER DR	SUITE 200	MADISON	WI	53717	0.25%
THORNBURG INV INCOME BUILDER FUND CL A	2300 NORTH RIDGETOP RD		SANTA FE	NM	87506	0.40%
THORNBURG SUMMIT FUND A	2300 NORTH RIDGETOP RD		SANTA FE	NM	87506	0.40%
THRIVENT DIVERSIFIEDINCOME PLUS FD CL S	4321 N. BALLARD ROAD		APPLETON	WI	54919-0001	0.15%
THRIVENT MID CAP STOCK FUND CL S	4321 N. BALLARD ROAD		APPLETON	WI	54919-0001	0.15%
THRIVENT SMALL CAP STOCK FUND CL S	4321 N. BALLARD ROAD		APPLETON	WI	54919-0001	0.15%
TOCQUEVILLE FUND	40 W 57TH ST	19TH FLOOR	NEW YORK	NY	10019	1600.00%
TOUCHSTONE FOCUSED CLASS Y	303 BROADWAY	SUITE 1100	CINCINNATI	OH	45202-4203	0.25%
TOUCHSTONE LARGE CAP FOCUSED FUND CL C	303 BROADWAY	SUITE 1100	CINCINNATI	OH	45202-4203	0.08%
TOUCHSTONE LARGE COMP GROWTH CLASS I	303 BROADWAY	SUITE 1100	CINCINNATI	OH	45202-4203	0.07%
TOUCHSTONE MID CAP FUND CL Z	303 BROADWAY	SUITE 1100	CINCINNATI	OH	45202-4203	0.40%
TOUCHSTONE SANDS CAP SEL GRWTH Z	303 BROADWAY	SUITE 1100	CINCINNATI	OH	45202-4203	0.40%
TRANSAMERICA MULTI ASSET INCOME CL A	4333 EDGEWOOD RD NE		CEDAR RAPIDS	IA	52499	0.40%
TWEEDY BROWNE INTERNATL VALUE FUND	ONE STATION PLACE	5TH FLOOR	STAMFORD	CT	06902	0.07%
ULTRA BULL PRO FUND INVESTORS SHARES	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
ULTRA DOW 30 PRO FUND INVESTOR	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
ULTRA SHORT NASDAQ- 100 PROFUND INVESTOR	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
USA MUTUALS VICE FD INVESTOR	615 E. MICHIGAN ST.		MILWAUKEE	WI	53202	0.40%
VALUE LINE ASSET ALLOCATION INVESTOR	7 TIMES SQUARE	SUITE 1606	NEW YORK	NY	10036	0.40%
VALUE LINE MID CAP FOCUSED FUND CL I	7 TIMES SQUARE	SUITE 1606	NEW YORK	NY	10036	0.12%
VALUE LINE MID CAP FOCUSED INVESTORS FD	7 TIMES SQUARE	SUITE 1606	NEW YORK	NY	10036	0.40%
VALUE LINE SMALL CAPOPPORTUNITIES INV FD	7 TIMES SQUARE	SUITE 1606	NEW YORK	NY	10036	\$00.00
VAN ECK INTERNATN'L INVESTORS GOLD CL A	666 3RD AVE	9TH FLOOR	NEW YORK	NY	10017	0.38%
VAUGHAN NELSON SMALL CAP VALUE FD CL A	399 BOYLSTON ST	8TH FLOOR	BOSTON	MA	02116	0.40%
VEST BITCOIN STRATEGY MANAGED VOL	8730 STONY POINT PKWY	STE 205	RICHMOND	VA	23235	0.40%
VEST US LARGE CAP 20% BUFFER INVST	8730 STONY POINT PKWY	STE 205	RICHMOND	VA	23235	0.40%

Schedule C, Line 2(h) Formula Descriptions

Pfizer Savings Plan

EIN: 13-5315170, PN: 002

Plan Year Ending: December 31, 2024

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PAYOR NAME	EIN / ADDRESS	ADDRESS	CITY	STATE	ZIP CODE	COMPENSATION
VICTORY GLOBAL ENERGY TRANSITION A	4900 TIEDEMAN RD	4TH FLOOR	BROOKLYN	OH	44114	0.40%
VICTORY GLOBAL ENERGY TRANSITION Y	4900 TIEDEMAN RD	4TH FLOOR	BROOKLYN	OH	44114	0.12%
VICTORY GROWTH AND TAX STRATEGY FD	4900 TIEDEMAN RD	4TH FLOOR	BROOKLYN	OH	44114	0.10%
VICTORY GROWTH AND TAX STRATEGY FD A	4900 TIEDEMAN RD	4TH FL	BROOKLYN	OH	44114	0.40%
VICTORY INTEGRITY SMALL CAP VALUE A	4900 TIEDEMAN RD	4TH FLOOR	BROOKLYN	OH	44114	0.40%
VICTORY NASDAQ-100 INDEX FUND	4900 TIEDEMAN RD	4TH FLOOR	BROOKLYN	OH	44114	0.15%
VICTORY NASDAQ-100 INDEX FUND CL A	4900 TIEDEMAN RD	4TH FLOOR	BROOKLYN	OH	44114	0.40%
VICTORY PRECIOUS METALS AND MINERALS	4900 TIEDEMAN RD	4TH FLOOR	BROOKLYN	OH	44114	0.10%
VICTORY PRECIOUS METALS& MINERALS A	4900 TIEDEMAN RD	4TH FLOOR	BROOKLYN	OH	44114	0.40%
VICTORY RS GLOBAL FUND CLASS A	4900 TIEDEMAN RD	4TH FLOOR	BROOKLYN	OH	44114	0.40%
VICTORY RS LARGE CAPALPHA FUND CL A	4900 TIEDEMAN RD	4TH FL	BROOKLYN	OH	44114	\$00.00
VICTORY RS VALUE FD CL Y	4900 TIEDEMAN RD	4TH FLOOR	BROOKLYN	OH	44114	0.12%
VICTORY SCIENCE & TECHNOLOGY FD A	4900 TIEDEMAN RD	4TH FLOOR	BROOKLYN	OH	44114	0.40%
VICTORY SYCAMORE ESTABLISHED VALUE Y	4900 TIEDEMAN RD	4TH FLOOR	BROOKLYN	OH	44114	0.10%
VIRTUS ALPHASIMPLEX MANAG FUTURE STRAT A	100 SUMMIT LAKE DR	#201	GREENFIELD	MA	01301	0.40%
VIRTUS CONVERTIBLE FUND A	100 SUMMIT LAKE DR	#201	GREENFIELD	MA	01301	0.40%
VIRTUS DUFF & PHELPS WATER FUND A	100 SUMMIT LAKE DR	#201	GREENFIELD	MA	01301	0.40%
VIRTUS KAR EMERG MKTS SMALL CAP A	100 SUMMIT LAKE DR	#201	GREENFIELD	MA	01301	0.40%
VIRTUS KAR HEALTH SCIENCES FUND A	100 SUMMIT LAKE DR	#201	GREENFIELD	MA	01301	0.40%
VIRTUS KAR MID CAP CORE FUND CLASS A	100 SUMMIT LAKE DR	#201	GREENFIELD	MA	01301	\$00.00
VIRTUS KAR MID CAP GROWTH FUND CL A	100 SUMMIT LAKE DR	#201	GREENFIELD	MA	01301	0.40%
VIRTUS KAR SMALL CAP GROWTH CL A	100 SUMMIT LAKE DR	#201	GREENFIELD	MA	01301	0.40%
VIRTUS KAR SMALL MID CAP CORE CL A	100 SUMMIT LAKE DR	#201	GREENFIELD	MA	01301	0.40%
VIRTUS NEWFLEET SHRTDURATION HIGH INC A	100 SUMMIT LAKE DR	#201	GREENFIELD	MA	01301	0.40%
VIRTUS NFJ DIVIDEND VALUE A	100 SUMMIT LAKE DR	#201	GREENFIELD	MA	01301	0.40%
VIRTUS SILVANT FOCUSED GROWTH A	100 SUMMIT LAKE DR	#201	GREENFIELD	MA	01301	0.40%
VIRTUS WESTCHESTER CREDIT EVENT FD CL I	100 SUMMIT LAKE DR	#201	GREENFIELD	MA	01301	0.10%
VIRTUS ZEVENBERGEN INNOVATIVE GR STK A	100 SUMMIT LAKE DR	#201	GREENFIELD	MA	01301	0.40%
VIRTUS ZEVENBERGEN TECHNOLOGY FUND A	100 SUMMIT LAKE DR	#201	GREENFIELD	MA	01301	0.40%

Schedule C, Line 2(h) Formula Descriptions

Pfizer Savings Plan

EIN: 13-5315170, PN: 002

Plan Year Ending: December 31, 2024

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PAYOR NAME	EIN / ADDRESS	ADDRESS	CITY	STATE	ZIP CODE	COMPENSATION
VOYA MULTI MANAGER INTL SMALL CAP A	7337 E. DOUBLETREE RANCH RD		SCOTTSDALE	AZ	85258	0.40%
WASATCH CORE GROWTH	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH EMERGING INDIA FUND	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH EMERGING MARKETS SMALL CAP FD	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH GLOBAL OPPORTUNITIES RETAIL	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH GLOBAL VALUE FUND	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH SMALL CAP GROWTH	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH SMALL CAP VALUE	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH ULTRA GROWTH	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
WCM FOCUSED EMERGINGMARKETS INVESTOR	2220 E. ROUTE 66	SUITE 226	GLENDORA	CA	91740	0.40%
WCM FOCUSED INTL GROWTH FUND INVESTOR	2220 E. ROUTE 66	SUITE 226	GLENDORA	CA	91740	0.40%
WEITZ CONSERVATIVE ALLOCATION INVESTOR	1125 SOUTH 103RD ST		OMAHA	NE	68124	0.40%
WEITZ LARGE CAP EQUITY INVESTOR	1125 SOUTH 103RD ST		OMAHA	NE	68124	0.40%
WEITZ SHORT DURATIONINCOME FD INVESTOR	1125 SOUTH 103RD ST		OMAHA	NE	68124	0.40%
WILLIAM BLAIR LARGE CAP GROWTH CL I	222 WEST ADAMS ST	12TH FLOOR	CHICAGO	IL	60606	0.15%
WILLIAM BLAIR LARGE CAP GROWTH FD N	222 WEST ADAMS ST	12TH FLOOR	CHICAGO	IL	60606	0.40%
WILLIAM BLAIR SMALL CAP GROWTH CLASS N	222 WEST ADAMS ST	12TH FLOOR	CHICAGO	IL	60606	0.40%
WILLIAM BLAIR SMALL MID CAP GROWTH CL N	222 WEST ADAMS ST	12TH FLOOR	CHICAGO	IL	60606	0.40%
WISE CAPITAL FUND	8000 TOWN CENTRE DR	SUITE 400	BROADVIEW HEIGHTS	OH	44147-4031	0.40%
WORLD PRECIOUS MINERALS FUND	3 CANAL PLAZA	SUITE 600	PORTLAND	ME	04101	0.40%

PFIZER SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2024
(THOUSANDS OF DOLLARS)

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Rate of Interest	Maturity Date	Cost****	Current Value
* Pfizer Inc.	Common stock				\$ 1,058,778
* NTGI Collective Government Short-Term Investment Fund	Collective trust fund				76,274
* Fidelity Large Cap Growth Fund	Collective trust fund				1,742,004
Boston Partners Large Cap Value Fund	Collective trust fund				768,677
* SSGA S&P 500 Index Fund	Collective trust fund				3,632,502
* SSGA International Equity Index Fund	Collective trust fund				179,304
* SSGA Small-Mid Cap Equity Index Fund	Collective trust fund				1,136,497
Wellington International Equity Fund	Collective trust fund				371,347
Jennison Small-Mid Cap Equity Fund	Collective trust fund				279,792
Acadian International Equity Fund	Collective trust fund				371,675
* SSGA Bond Index Fund	Collective trust fund				98,286
Vanguard Target Retirement Income Trust Select	Collective trust fund				354,649
Vanguard Target Retirement 2020 Trust Select	Collective trust fund				387,395
Vanguard Target Retirement 2025 Trust Select	Collective trust fund				649,588
Vanguard Target Retirement 2030 Trust Select	Collective trust fund				1,487,534
Vanguard Target Retirement 2035 Trust Select	Collective trust fund				1,179,020
Vanguard Target Retirement 2040 Trust Select	Collective trust fund				1,431,085
Vanguard Target Retirement 2045 Trust Select	Collective trust fund				882,160
Vanguard Target Retirement 2050 Trust Select	Collective trust fund				557,141
Vanguard Target Retirement 2055 Trust Select	Collective trust fund				401,751
Vanguard Target Retirement 2060 Trust Select	Collective trust fund				231,617
Vanguard Target Retirement 2065 Trust Select	Collective trust fund				34,111
Vanguard Target Retirement 2070 Trust Select	Collective trust fund				586
Total common/collective trust funds					16,252,996
T. Rowe Price Small Cap Stock Fund	Mutual fund				279,792
SEI Diversified Bond Fund – Core	Mutual fund				502,810
SEI Diversified Bond Fund – High Yield	Mutual fund				13,967
SEI Diversified Bond Fund - Emerging Markets	Mutual fund				27,934
SEI Diversified Bond Fund - Opportunities Income	Mutual fund				13,967
Total mutual funds					838,470
Self-Directed Brokerage Account	Self-directed brokerage account				408,798

PFIZER SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2024
(THOUSANDS OF DOLLARS)

(continued)

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Rate of Interest	Maturity Date	Cost****	Current Value
Separate Account –					
Alphabet Inc. - Class C	Common stock				96,097
Amazon.com Inc.	Common stock				155,989
Applied Materials Inc.	Common stock				17,328
Applovin Corp. - Class A	Common stock				16,011
Arista Networks Inc.	Common stock				36,322
Astera Labs Inc.	Common stock				7,695
Axon Enterprise Inc.	Common stock				9,400
Broadcom Inc.	Common stock				49,268
Cadence Design Sys Inc.	Common stock				16,172
CBOE Global Markets Inc.	Common stock				20,385
Celsius Holdings Inc.	Common stock				5,943
Chipotle Mexican Grill Inc.	Common stock				29,473
Copart Inc.	Common stock				34,584
Costco Wholesale Corp.	Common stock				53,479
Eli Lilly & Co.	Common stock				43,952
Ferrari NV	Common stock				12,101
Home Depot Inc.	Common stock				46,926
Idexx Labs Inc.	Common stock				6,415
Intuitive Surgical Inc.	Common stock				31,941
Lululemon Athletica Inc.	Common stock				23,638
Manhattan Associates Inc.	Common stock				13,775
Meta Platforms Inc. - Class A	Common stock				115,451
Mettler-Toledo International Inc.	Common stock				10,412
Microsoft Corp.	Common stock				142,196
Monster Beverage Corp.	Common stock				35,355
Motorola Solutions Inc.	Common stock				17,694
Netflix Inc.	Common stock				69,872
Nvidia Corp.	Common stock				163,611
On Holding AG - Class A	Common stock				10,958
Otis Worldwide Corp.	Common stock				19,479
Qualcomm Inc.	Common stock				19,507
Reddit Inc. - Class A	Common stock				7,441
SAIA Inc.	Common stock				13,857
Servicenow Inc.	Common stock				18,152
Sherwin-Williams Co. / The	Common stock				20,417
Shopify Inc. - Class A	Common stock				6,892
Synopsys Inc.	Common stock				9,548
Texas Instruments Inc.	Common stock				33,595
Tractor Supply Co.	Common stock				20,955
Trex Co Inc.	Common stock				11,581
United Rentals Inc.	Common stock				13,722
Unitedhealth Group Inc.	Common stock				23,146

PFIZER SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2024
(THOUSANDS OF DOLLARS)
(continued)

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment	Rate of Interest	Maturity Date	Cost****	Current Value
Veeva Sys Inc. - Class A	Common stock				14,630
Verisk Analytics Inc.	Common stock				21,612
Vertex Pharmaceuticals Inc.	Common stock				16,654
Visa Inc. - Class A Shares	Common stock				79,530
Waters Corp.	Common stock				12,436
West Pharmaceutical Services Inc.	Common stock				13,564
Zoetis Inc.	Common stock				17,129
Total common stock					1,686,294
* NTGI Collective Government Short-Term Investment Fund	Collective trust fund				24,669
ASML Holding NV - NY Reg Shs	New York registry shares				8,106
Genmab A/S - SP ADR	American depositary receipt				5,497
Taiwan Semiconductor - SP ADR	American depositary receipt				18,236
Total other					31,839
Total separate account					1,742,802
T. Rowe Price Stable Value Fund –					
*** American General Life Insurance Company Contract #GA-IM-266-1658155	Synthetic investment contract	3.26%	**		113,353
*** JPMorgan Chase Bank, N.A. Contract #ATRPPFIZER 01	Synthetic investment contract	2.94%	**		113,306
*** New York Life Insurance and Annuity Corporation Contract #GA-29352	Synthetic investment contract	3.03%	**		127,296
*** The Prudential Insurance Company of America Contract #GA-63191	Synthetic investment contract	3.02%	**		151,571
*** Royal Bank of Canada Contract #TRPPFIZER01	Synthetic investment contract	3.08%	**		99,898
*** State Street Bank and Trust Company Contract #96028	Synthetic investment contract	2.96%	**		176,446
*** Massachusetts Mutual Life Insurance Company Contract #30011	Synthetic investment contract	2.82%	**		130,100
*** Metropolitan Tower Life Insurance Company Contract #38127	Synthetic investment contract	3.22%	**		162,460
*** Pacific Life Insurance Company Contract #G-27852.01.001	Synthetic investment contract	3.07%	**		100,999
*** Citibank N.A. Contract #TR24-100	Synthetic investment contract	3.04%	**		102,363
Total T. Rowe Price Stable Value Fund					1,277,792
Total investments					21,579,635
* Notes receivable from participants	Interest Rates: 3.25% - 10.50% Maturity Dates: 2025 - 2039				107,179
Total					\$ 21,686,814

- * Party-in-interest as defined by ERISA
- ** Open-ended maturity
- *** Current value represents contract value
- **** Cost information omitted as all investments are fully participant-directed. This information is not required by ERISA or the Department of Labor to be reported for participant-directed investments.
- Amounts may not add due to rounding.
- See accompanying Independent Auditors' Report.