

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) M ☐ 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 CHARTER COMMUNICATIONS, INC. DEFINED CONTRIBUTION PLANS MASTER TRUST
1b	Three-digit plan number (PN) ▶ 101
1c	Effective date of plan 01/01/2017
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) CHARTER COMMUNICATIONS, INC. 7820 CRESCENT EXECUTIVE DRIVE CHARLOTTE, NC 28217
2b	Employer Identification Number (EIN) 84-1496755
2c	Plan Sponsor's telephone number 314-965-0555
2d	Business code (see instructions)

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			
	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	Filed with authorized/valid electronic signature.	10/13/2025	PAUL WEBER
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
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.....	6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
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:

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
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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 10
- (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 CHARTER COMMUNICATIONS, INC. DEFINED CONTRIBUTION PLANS MASTER TRUST	B Three-digit plan number (PN) ▶	101
C Plan sponsor's name as shown on line 2a of Form 5500 CHARTER COMMUNICATIONS, INC.	D Employer Identification Number (EIN) 84-1496755	

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 CO.

(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	108042	18061	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
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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	

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

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	(c) Amount	(d) Purpose	

(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	24951087
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	908991
	(4) Transferred from separate account	7c(4)	11180970
	(5) Other (specify below)..... ▶	7c(5)	
	(6) Total additions	7c(6)	12089961
d	Total of balance and additions (add lines 7b and 7c(6))	7d	37041048
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account	7e(3)	3787895
	(4) Other (specify below)..... ▶	7e(4)	
	(5) Total deductions	7e(5)	3787895
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	33253153

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 CHARTER COMMUNICATIONS, INC. DEFINED CONTRIBUTION PLANS MASTER TRUST	B Three-digit plan number (PN) ▶	101
C Plan sponsor's name as shown on line 2a of Form 5500 CHARTER COMMUNICATIONS, INC.	D Employer Identification Number (EIN) 84-1496755	

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
JPMORGAN 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
13-2624428	00000	ATWC-6-09	18061	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	68888347
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)	1867471
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	1867471
d Total of balance and additions (add lines 7b and 7c(6))	7d	70755818
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	7717404
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	7717404
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	63038414

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 CHARTER COMMUNICATIONS, INC. DEFINED CONTRIBUTION PLANS MASTER TRUST	B Three-digit plan number (PN) ▶ 101
C Plan sponsor's name as shown on line 2a of Form 5500 CHARTER COMMUNICATIONS, INC.	D Employer Identification Number (EIN) 84-1496755

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 INS. CO.

(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	1434228	18061	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	

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

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

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	43947106
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)	1191346
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	1191346
d Total of balance and additions (add lines 7b and 7c(6))	7d	45138452
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	4923293
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	4923293
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	40215159

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 CHARTER COMMUNICATIONS, INC. DEFINED CONTRIBUTION PLANS MASTER TRUST	B Three-digit plan number (PN) ▶	101
C Plan sponsor's name as shown on line 2a of Form 5500 CHARTER COMMUNICATIONS, INC.	D Employer Identification Number (EIN) 84-1496755	

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 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	063271001	18061	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	53437244
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)	1448612
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	1448612
d Total of balance and additions (add lines 7b and 7c(6))	7d	54885856
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	5986451
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	5986451
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	48899405

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 CHARTER COMMUNICATIONS, INC. DEFINED CONTRIBUTION PLANS MASTER TRUST	B Three-digit plan number (PN) ▶	101
C Plan sponsor's name as shown on line 2a of Form 5500 CHARTER COMMUNICATIONS, INC.	D Employer Identification Number (EIN) 84-1496755	

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

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-1000740	92657	FID_TWC_IP_1013	18061	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	54330804
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)	1472836
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	1472836
d Total of balance and additions (add lines 7b and 7c(6))	7d	55803640
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	6086555
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	6086555
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	49717085

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 CHARTER COMMUNICATIONS, INC. DEFINED CONTRIBUTION PLANS MASTER TRUST	B Three-digit plan number (PN) ▶	101
C Plan sponsor's name as shown on line 2a of Form 5500 CHARTER COMMUNICATIONS, INC.	D Employer Identification Number (EIN) 84-1496755	

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
TRANSAMERICA PREMIER 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
52-0419790	66281	FDA00081TR-00	18061	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	46610574
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)	1263551
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	1263551
d Total of balance and additions (add lines 7b and 7c(6))	7d	47874125
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	5221676
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	5221676
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	42652449

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 CHARTER COMMUNICATIONS, INC. DEFINED CONTRIBUTION PLANS MASTER TRUST	B Three-digit plan number (PN) ▶	101
C Plan sponsor's name as shown on line 2a of Form 5500 CHARTER COMMUNICATIONS, INC.	D Employer Identification Number (EIN) 84-1496755	

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 CO.
--

(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
35-0472300	65676	BVW0032F	18061	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	36890402
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	236248
(4) Transferred from separate account	7c(4)	
(5) Other (specify below).....	7c(5)	3228218
▶ ADJUSTMENT		
(6) Total additions	7c(6)	3464466
d Total of balance and additions (add lines 7b and 7c(6))	7d	40354868
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3228218
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	37126650
(4) Other (specify below).....	7e(4)	
▶		
(5) Total deductions	7e(5)	40354868
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 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 CHARTER COMMUNICATIONS, INC. DEFINED CONTRIBUTION PLANS MASTER TRUST	B Three-digit plan number (PN) ▶	101
C Plan sponsor's name as shown on line 2a of Form 5500 CHARTER COMMUNICATIONS, INC.	D Employer Identification Number (EIN) 84-1496755	

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

(a) Name of insurance carrier PACIFIC LIFE INSURANCE CO.

(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-027835.08	18061	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	45927184
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	1245025
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	1245025
d Total of balance and additions (add lines 7b and 7c(6))	7d	47172209
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	5145118
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	5145118
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	42027091

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 CHARTER COMMUNICATIONS, INC. DEFINED CONTRIBUTION PLANS MASTER TRUST	B Three-digit plan number (PN) ▶	101
C Plan sponsor's name as shown on line 2a of Form 5500 CHARTER COMMUNICATIONS, INC.	D Employer Identification Number (EIN) 84-1496755	

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 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	38094	18061	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	44207894
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)	1198522
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	1198522
d Total of balance and additions (add lines 7b and 7c(6))	7d	45406416
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	4952428
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	4952428
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	40453988

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 CHARTER COMMUNICATIONS, INC. DEFINED CONTRIBUTION PLANS MASTER TRUST	B Three-digit plan number (PN) ▶	101
C Plan sponsor's name as shown on line 2a of Form 5500 CHARTER COMMUNICATIONS, INC.	D Employer Identification Number (EIN) 84-1496755	

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

1 Coverage Information:

(a) Name of insurance carrier MASSACHUSETTS MUTUAL LIFE INS CO

(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	30146	18061	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	1240670
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)	567277
	7c(4)	25100000
	7c(5)	
(6) Total additions	7c(6)	25667277
d Total of balance and additions (add lines 7b and 7c(6))	7d	26907947
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	2433497
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	2433497
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	24474450

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 CHARTER COMMUNICATIONS, INC. DEFINED CONTRIBUTION PLANS MASTER TRUST	B Three-digit plan number (PN) ▶	101
C Plan sponsor's name as shown on line 2a of Form 5500 CHARTER COMMUNICATIONS, INC.	D Employer Identification Number (EIN) 84-1496755	

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
--

(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)

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?
15 37 64 65 71	RECORDKEEPER	5154996	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

STRATEGIC ADVISORS, INC.

04-2654524

(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?
27 51	INV. ADVISORY	4404237	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON

52-1868818

(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?
16 50	CONSULTANT	229772	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ARMANINO LLP

33-2514127

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	77963	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADV

81-4017137

(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?
27 51	INV. ADVISORY	9973	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:	ARMANINO LLP	b EIN:	94-6214841
c Position:	ACCOUNTANT		
d Address:	6 CITYPLACE DRIVE SUITE 900 ST. LOUIS, MO 63141	e Telephone:	314-983-1200

Explanation: CHANGE IN EIN ONLY FOR ARMANINO LLP

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 CHARTER COMMUNICATIONS, INC. DEFINED CONTRIBUTION PLANS MASTER TRUST	B Three-digit plan number (PN) ▶	101
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CHARTER COMMUNICATIONS, INC.	D Employer Identification Number (EIN) 84-1496755	

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: SMARTRETIREMENT PB INCOME JPM CHASE			
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.			
c EIN-PN 26-1164871-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 133822319	
a Name of MTIA, CCT, PSA, or 103-12 IE: SMARTRETIREMENT PB 2025 JPM CHASE			
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.			
c EIN-PN 26-1165154-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 398834622	
a Name of MTIA, CCT, PSA, or 103-12 IE: SMARTRETIREMENT PB 2030 JPM CHASE			
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.			
c EIN-PN 26-1165198-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 681565727	
a Name of MTIA, CCT, PSA, or 103-12 IE: SMARTRETIREMENT PB 2035 JPM CHASE			
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.			
c EIN-PN 26-1165348-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 836503681	
a Name of MTIA, CCT, PSA, or 103-12 IE: SMARTRETIREMENT PB 2040 JPM CHASE			
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.			
c EIN-PN 26-1165392-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 825852806	
a Name of MTIA, CCT, PSA, or 103-12 IE: SMARTRETIREMENT PB 2045 JPM CHASE			
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.			
c EIN-PN 26-1165449-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 847675194	
a Name of MTIA, CCT, PSA, or 103-12 IE: SMARTRETIREMENT PB 2050 JPM CHASE			
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.			
c EIN-PN 26-1165477-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 690302053	

a Name of MTIA, CCT, PSA, or 103-12 IE: SMARTRETIREMENT PB 2055 JPM CHASE

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN 45-5590883-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 536259753
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMARTRETIREMENT PB 2060 JPM CHASE

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN 81-3239155-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 338169300
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMARTRETIREMENT PB 2065 JPM CHASE

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN 92-0285683-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63489875
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a Name of MTIA, CCT, PSA, or 103-12 IE: SS S&P INDEX NL SERIES FD CLASS K

b Name of sponsor of entity listed in (a): STATE STREET BANK AND 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) 2456485864
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a Name of MTIA, CCT, PSA, or 103-12 IE: SS GLBL ALL-CAP EQ EX-US INDEX FD K

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 90-0337987-456	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 156007128
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a Name of MTIA, CCT, PSA, or 103-12 IE: SS RUSSELL SM-MID CAP INDEX FD K

b Name of sponsor of entity listed in (a): STATE STREET BANK AND 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) 249495362
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a Name of MTIA, CCT, PSA, or 103-12 IE: SS US BOND INDEX NL SF CLASS M

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 04-0025081-495	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 420035422
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a Name of MTIA, CCT, PSA, or 103-12 IE: MAWER INTERNATIONAL EQUITY CIF

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

c EIN-PN 38-7140710-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 177036071
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, 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 CHARTER COMMUNICATIONS, INC. RETIREMENT ACCUMULATION PLAN**b** Name of plan sponsor CHARTER COMMUNICATIONS, INC.**c** EIN-PN 84-1496755-003**a** Plan name CHARTER COMMUNICATIONS, INC. 401(K) SAVINGS PLAN**b** Name of plan sponsor CHARTER COMMUNICATIONS, INC.**c** EIN-PN 84-1496755-004**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 CHARTER COMMUNICATIONS, INC. DEFINED CONTRIBUTION PLANS MASTER TRUST	B Three-digit plan number (PN) ▶ 101
C Plan sponsor's name as shown on line 2a of Form 5500 CHARTER COMMUNICATIONS, INC.	D Employer Identification Number (EIN) 84-1496755

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)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	16895420	7756681
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	19429603	24013223
(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)	461561876	458655026
(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)		
(9) Value of interest in common/collective trusts	1c(9)	7573841996	8811535177
(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)	373539916	459906297
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	420431316	384731195
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	78071820	63772418
(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	8943771947	10210370017
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	17362364	8056127
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	17362364	8056127
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	8926409583	10202313890

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3529782	
(B) U.S. Government securities.....	2b(1)(B)	53115	
(C) Corporate debt instruments.....	2b(1)(C)	11310	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		3594207
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	13223	
(B) Common stock.....	2b(2)(B)	4895541	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	10040536	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		14949300
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	375306043	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	351032926	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		24273117
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	36638655	
(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)		1155490279
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		21661035
c Other income	2c		6671275
d Total income. Add all income amounts in column (b) and enter total	2d		1263277868

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	5154996	
(4) IQPA audit fees	2i(4)	77963	
(5) Investment advisory and investment management fees	2i(5)	4332865	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(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)	229772	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		9795596
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9795596

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1253482272
l Transfers of assets:			
(1) To this plan	2l(1)		1098152972
(2) From this plan	2l(2)		1075730937

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:

(2) EIN:

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.)			
4a			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

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

Schedule C, Line 2(h) Formula Descriptions

Charter Communications, Inc. Defined Contribution Plans Master Trust

EIN: 84-1496755, PN: 101

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
AB LARGE CAP GROWTH CLASS A	8000 IH 10 W	SUITE 1400, 14TH FLOOR	SAN ANTONIO	TX	78230	0.40%
ADV PREFERRED GOLD BULLION STRAT INV	1445 RESEARCH BLVD	SUITE 530	ROCKVILLE	MD	20850	0.40%
ADVISORS CAPITAL SMALL MID CAP INVSTR	100 SALEM ST		SMITHFIELD	RI	02917	0.40%
ADVISORS CAPITAL SMALL MID CAP INVSTR	100 SALEM ST		SMITHFIELD	RI	02917	0.40%
ADVISORS CAPITAL TACTICAL FX INC INVS	100 SALEM ST		SMITHFIELD	RI	02917	0.40%
ADVISORS CAPITAL TACTICAL FX INC INVS	100 SALEM ST		SMITHFIELD	RI	02917	0.40%
ADVISORS CAPITAL US DIVIDEND FD INVESTOR	100 SALEM ST		SMITHFIELD	RI	02917	0.40%
ADVISORS CAPITAL US DIVIDEND FD INVESTOR	100 SALEM ST		SMITHFIELD	RI	02917	0.40%
AKRE FOCUS FUND RETAIL	777 E. WISCONSIN AVE.	4TH FLOOR	MILWAUKEE	WI	53202	0.40%
ALGER CAPITAL APPRECIATION CL A	600 PLAZA ONE	6TH FLOOR	JERSEY CITY	NJ	07311	0.40%
ALGER CAPITAL APPRECIATION INSTL	600 PLAZA ONE	6TH FLOOR	JERSITY CITY	NJ	07311	0.40%
ALGER FOCUS EQUITY 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 SPECTRA FUND CLASS CL A	600 PLAZA ONE	6TH FLOOR	JERSEY CITY	NJ	07311	0.40%
ALLSPRING DISCOVERY INNOVATION FD CL A	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.40%
ALLSPRING GROWTH FUND A	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.40%
ALLSPRING INDEX FUND ADMIN	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.10%
ALLSPRING PRECIOUS METALS FUND A	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.40%
ALLSPRING SMALL COMPANY VLUE FD 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 UTILITY & TELECOMMS FUND A	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.40%
AMANA MUTUAL FUND TRUST GROWTH	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
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%
AMER CENTURY ZERO COUPON 2025 INVT CL	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.25%
AMERICAN 2045 TARGETDATE RETIREMNT F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN AMCAP CLASS A	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	\$18.00
AMERICAN AMCAP FUND CLASS 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%

Schedule C, Line 2(h) Formula Descriptions

Charter Communications, Inc. Defined Contribution Plans Master Trust

EIN: 84-1496755, PN: 101

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
AMERICAN BALANCED CLASS A	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	\$18.00
AMERICAN BEACON ARK TRANS INNOVTN INVSTR	220 E LAS COLINAS BLVD	SUITE 1200	IRVING	TX	75039	0.40%
AMERICAN BEACON LARGE CAP INVESTOR	220 E LAS COLINAS BLVD	SUITE 1200	IRVING	TX	75039	0.40%
AMERICAN BEACON LARGE CAP VALUE C	220 E LAS COLINAS BLVD	SUITE 1200	IRVING	TX	75039	0.10%
AMERICAN BEACON SMALL CAP INVESTOR	220 E LAS COLINAS BLVD	SUITE 1200	IRVING	TX	75039	0.40%
AMERICAN BOND FUND OF AMERICA CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN CAPITAL INCOME BUILDER CL F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN CAPITAL WORLD GRWTH & INC F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN CAPITAL WORLD GRWTH & INC 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 CENTURY GLOBAL GOLD INV CL	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY HERITAGE INVESTOR CL	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY HIGH INCOME INVESTOR	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.25%
AMERICAN CENTURY LARGE CAP EQUITY INV	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY ONECHOICE 2025 INV	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY ULTRA INVESTOR CLASS	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY UTILITIES INVESTOR	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN EUROPACIFICGROWTH CLASS A	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	\$18.00
AMERICAN EUROPACIFICGROWTH CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN EUROPACIFICGROWTH CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN FUNDAMENTAL INVESTORS CL F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN FUNDAMENTAL INVESTORS CL F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN FUNDAMENTAL INVESTORS CL F2	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.15%
AMERICAN GROWTH FUND OF AMERICA CL F2	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.15%
AMERICAN GROWTH FUND OF AMERICA CLASS A	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	\$18.00
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	0.37%
AMERICAN INTERNATL GROWTH & INCOME F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN INTERNATL GROWTH & INCOME F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%

Schedule C, Line 2(h) Formula Descriptions

Charter Communications, Inc. Defined Contribution Plans Master Trust

EIN: 84-1496755, PN: 101

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
AMERICAN NEW PERSPECTIVE CLASS A	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	\$18.00
AMERICAN NEW PERSPECTIVE CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN NEW PERSPECTIVE CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN NEW WORLD CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN NEW WORLD FUND CLASS A	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	\$18.00
AMG FRONTIER SMALL CAP GROWTH I	600 STEAMBOAT RD	SUITE 300	GREENWICH	CT	06830	0.15%
AMG GW&K ESG BOND FUND N	600 STEAMBOAT RD	SUITE 300	GREENWICH	CT	06830	0.40%
AMG YACKTMAN FOCUSED N	600 STEAMBOAT RD	SUITE 300	GREENWICH	CT	06830	0.40%
AMG YACKTMAN FUND I	600 STEAMBOAT RD	SUITE 300	GREENWICH	CT	06830	0.40%
APPLIED FIN EXPLORERFUND INVESTOR	8730 STONY POINT	SUITE 205	RICHMOND	VA	23235	0.40%
AQR DIVERSIFYING STRATEGIES FUND CL I	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.12%
AQR LARGE CAP DEFENSIVE STYLE CL N	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.40%
AQR MANAGED FUTURES FUND CL I	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.12%
AQR RISK BALANCED COMMOD STRATEGY FD I	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.12%
AQR STYLE PREMIA ALTERNATIVE CL I	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.12%
ARIEL APPRECIATION	811 E. WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
ARTISAN GLOBAL OPPORTUNITIES INV	875 E WISCONSIN AVE	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN INTL VALUE FUND ADVISOR	875 E WISCONSIN AVE	SUITE 800	MILWAUKEE	WI	53202	0.15%
ARTISAN INTL VALUE FUND INV CL	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%
AVANTIS US SMALL CAP VALUE FUND	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.04%
AZZAD ETHICAL MID CAP FUND CL A	8000 TOWN CENTRE	SUITE 400	BROADVIEW HEIGHTS	OH	44147-4031	0.40%
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%
BARON ASSET	767 5TH AVE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON FIFTH AVE FUND INSTL CLASS	767 5TH AVE	49TH FLOOR	NEW YORK	NY	10153	0.10%
BARON FOCUSED GROWTH CLASS I	767 5TH AVE	49TH FLOOR	NEW YORK	NY	10153	0.10%
BARON FOCUSED GROWTHFUND	767 5TH AVE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON FOCUSED GROWTHFUND	767 5TH AVE	49TH FLOOR	NEW YORK	NY	10153	0.40%

Schedule C, Line 2(h) Formula Descriptions

Charter Communications, Inc. Defined Contribution Plans Master Trust

EIN: 84-1496755, PN: 101

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
BARON GLOBAL ADVANTAGE FD RETAIL	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 OPPORTUNITY FUND	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 OPPORTUNITY FUND INSTL CLASS	767 5TH AVE	49TH FLOOR	NEW YORK	NY	10153	0.10%
BARON PARTNERS 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 PARTNERS FUND INSTL CLASS	767 5TH AVE	49TH FLOOR	NEW YORK	NY	10153	0.10%
BERKSHIRE FOCUS FUND	475 MILAN DR	SUITE 103	SAN JOSE	CA	95134	0.40%
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%
BITCOIN STRATEGY FD INVESTOR	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
BLACKROCK EQUITY DIVIDEND FD SRV CL	40 EAST 52ND ST		NEW YORK	NY	10022	0.08%
BLACKROCK FOCUS GROWTH FD INC 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 MID CAP GROWTH EQUITY CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK SYSTEMATICMULTI-STRATEGY INSTL	40 EAST 52ND ST		NEW YORK	NY	10022	0.15%
BLACKROCK TECHNOLOGYOPPORTUNITIES CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK TECHNOLOGYOPPORTUNITIES CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BNY MELLON APPRECIATION INVSTR	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 OPPORT SMALL CAP INVESTOR	144 GLENN CURTISS BLVD	8TH FLOOR	UNIONDALE	NY	11556	0.40%
BNY MELLON SMALL MIDCAP GROWTH A	144 GLENN CURTISS BLVD	8TH FLOOR	UNIONDALE	NY	11556	0.40%
BNY MELLON SMALL MIDCAP GROWTH 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%
BOSTON PARTNERS ALL CAP VALUE INVS	223 WILMINGTON W CHESTER PIKE	#216	CHADDS FORD	PA	19317	0.40%
BRANDES INTL SMALL CAP EQUITY A	11988 EL CAMINO RALO	STE 500	SAN DIEGO	CA	92130	0.40%

Schedule C, Line 2(h) Formula Descriptions

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EIN: 84-1496755, PN: 101

Plan Year Ending: December 31, 2024

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PAYOR NAME	EIN / ADDRESS	ADDRESS	CITY	STATE	ZIP CODE	COMPENSATION
BRANDES INTL SMALL CAP EQUITY A	11988 EL CAMINO RALO	STE 500	SAN DIEGO	CA	92130	0.40%
BROWN ADVISORY SUSTAIN GROWTH INV	777 E. WISCONSIN AVE.	4TH FLOOR	MILWAUKEE	WI	53202	0.08%
BUFFALO INTERNATIONAL FUND	615 E. MICHIGAN ST		MILWAUKEE	WI	53202	0.40%
BULL PRO FUND INVESTORS SHARES	7501 WISCONSIN AVE	STE 1000 E TOWER	BETHESDA	MD	20814	0.40%
CALAMOS MARKET NEUTRAL INCOME CL A	2020 CALAMOS COURT		NAPERVILLE	IL	60563	0.40%
CALAMOS MARKET NEUTRAL INCOME CL I	2020 CALAMOS COURT		NAPERVILLE	IL	60563	0.15%
CALVERT BALANCED FUND CL I	4550 MONTGOMERY AVE	SUITE 1000 N	BETHESDA	MD	20814	0.10%
CALVERT CORE BOND FUND CL A	4550 MONTGOMERY AVE	SUITE 1000 N	BETHESDA	MD	20814	0.40%
CALVERT EQUITY FUND CLASS A	4550 MONTGOMERY AVE	SUITE 1000 N	BETHESDA	MD	20814	0.40%
CALVERT GLOBAL WATER FUND CLASS I	4550 MONTGOMERY AVE	SUITE 1000 N	BETHESDA	MD	20814	0.10%
CALVERT MODERATE ALLOCATION CLASS I	4550 MONTGOMERY AVE	SUITE 1000 N	BETHESDA	MD	20814	0.10%
CALVERT U.S. LRG CAP CORE RESPNSBL INDX	4550 MONTGOMERY AVE	SUITE 1000 N	BETHESDA	MD	20814	0.10%
CAMPBELL SYSTEMATIC MACRO FUND CL A	47 HULFISH ST	SUITE 510	BALTIMORE	MD	21209	0.40%
CARILLON CLARIVEST INTERNATIONAL STK I	P.O. BOX 33022		ST PETERSBURG	FL	33733-8022	0.40%
CENTER COAST BROOK FIELD MIDSTRM FC A	71 SOUTH WACKER DR	STE 3400	CHICAGO	IL	60606-2841	0.40%
CLEARBRIDGE GROWTH FUND A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	0.40%
CLEARBRIDGE LARGE CAP GROWTH 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 SELECT FUND CL A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	0.40%
COHEN & STEERS REAL ESTATE SECURITIES I	280 PARK AVE	10TH FLOOR	NEW YORK	NY	10017	0.15%
COLUMBIA DIVIDEND INCOME CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA DIVIDEND INCOME FUND CL I2	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.15%
COLUMBIA DIVIDEND OPPORTUNITY CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA GLOBAL TECHGROWTH CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA INCOME BUILDER FUND CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA INCOME BUILDER FUND CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA MORTGAGE OPPORTUNITIES I2 CL	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.15%
COLUMBIA SELECT LARGE CAP VALUE CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA SELECT LRG CAP GROWTH CLASS A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%

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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 FD CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COUNTERPOINT TACTICAL INC CL A	12760 HIGH BLUFF DR	SUITE 280	SAN DIEGO	CA	92130	0.10%
COUNTERPOINT TACTICAL INC CL A	12760 HIGH BLUFF DR	SUITE 280	SAN DIEGO	CA	92130	0.10%
COUNTERPOINT TACTICAL INCOME CL I	12760 HIGH BLUFF DR	SUITE 280	SAN DIEGO	CA	92130	0.15%
COUNTERPOINT TACTICL EQUITY CL I	12760 HIGH BLUFF DR	SUITE 280	SAN DIEGO	CA	92130	0.10%
DFA EMERGING MARKETS PORTFOLIO	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA EMERGING MARKETS SMALL CAP	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA EMERGING MRKTS CORE EQU PORTF	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA FIVE YEAR GLBL FIXED INC PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA GLOBAL REAL ESTATE SEC PORTFOLIO	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INFLATION PROTECTED SEC PORT	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INTERNATIONAL CORE EQUITY	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INTERNATIONAL SMALL COMPANY PORT	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INTERNATIONAL VALUE PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INT'L SMALL CAP VALUE	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INV'T TWO YEAR GLOBAL FIXED INCOME	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA ONE YEAR FIXED INCOME PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA SHORT TERM GOVERNMENT PORT	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US CORE EQUITY II	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US LARGE CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US LARGE COMPANY PORTFOLIO	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US MICRO CAP PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US SMALL CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US TARGETED VALUE PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DIMENSIONAL EMERGING MKTS VAL PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DOUBLELINE CORE FIXED INCOME CL I	777 E. WISCONSIN AVE.		MILWAUKEE	WI	53202	0.15%
DOUBLELINE SHILLER ENHANCED CAP CL N	777 E. WISCONSIN AVE.		MILWAUKEE	WI	53202	0.40%

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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%
DWS SCIENCE AND TECHNOLOGY FUND-A	280 PARK AVE	9TH FLOOR	NEW YORK	NY	10026	0.40%
EATON VANCE FLOATINGRATE ADVANTAGE CL A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	\$16.00
EATON VANCE GLOBAL MACRO ABSLTE RT CL A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	\$16.00
EATON VANCE HIGH INCOPPORTUNITIES CL A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	\$16.00
EATON VANCE TAX MNGDEQUITY ASSET ALLOC I	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	\$16.00
EDGEWOOD GROWTH FUND INSTL CL	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.12%
EMERALD FINANCE AND BANKING INNOV INV	3175 OREGON PIKE		LEOLA	PA	17540	0.40%
ENERGY ULTRASECTOR PROFUND INVESTOR CL	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
EP EMERGING MARKETS CLASS A	LOTS 81 82, ST C	SUITE 204	DORADO	PR	00646	0.08%
EP EMERGING MARKETS CLASS I	LOTS 81 82, ST C	SUITE 204	DORADO	PR	00646	0.10%
EUROPAC GOLD FUND CLASS A	LOTS 81 82, ST C	SUITE 204	DORADO	PR	00646	0.08%
EUROPAC GOLD FUND CLASS A	LOTS 81 82, ST C	SUITE 204	DORADO	PR	00646	0.08%
EUROPAC INTERNATNL DIVIDEND INC CL A	LOTS 81 82, ST C	SUITE 204	DORADO	PR	00646	0.08%
EUROPAC INTERNATNL DIVIDEND INC CL I	LOTS 81 82, ST C	SUITE 204	DORADO	PR	00646	0.10%
EVENTIDE HEALTHCARE AND LIFE SCIENCES N	80 ARKAY	STE 110	HAUPPAUGE	NY	11788	0.40%
FAIRHOLME FUND	4400 BISCAYNE BOULEVARD		SOUTH MIAMI	FL	33143	0.10%
FEDERATED HERMES INTL LEADERS 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%
FIRSTHAND TECHNOLOGYOPPORTUNITIES FUND	150 ALMADEN BLVD.	SUITE 1250	SAN JOSE	CA	95113	0.40%
FMI INTERNATIONAL	777 E. WISCONSIN AVE.		MILWAUKEE	WI	53202	0.40%
FPA NEW INCOME FUND	11601 WILSHIRE BLVD	SUITE 1200	LOS ANGELES	CA	90025	0.10%
FRANKLIN DYNATECH FUND A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	\$16.00
FRANKLIN DYNATECH FUND A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	\$16.00
FRANKLIN INTL GROWTH CL A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	\$16.00
FRANKLIN MUTUAL GLBLDISCOVERY CLASS A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	\$16.00
FRANKLIN MUTUAL SHARES FD CLASS A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	\$16.00
FRANKLIN NATURAL RESOURCES FD CL C	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	\$19.00

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FRANKLIN RISING DIVIDENDS CLASS A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	\$16.00
FRANKLIN S&P 500 INDEX FUND CL A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	0.40%
FRANKLIN SMALL CAP GROWTH CL A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	\$16.00
FRANKLIN SMALL CAP VALUE CLASS A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	\$16.00
FRANKLIN SMALL-MID CAP GROWTH A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	\$16.00
GABELLI GROWTH FUND CLASS AAA	401 THEODORE FREMD. AVE.		RYE	NY	10580	0.40%
GOLD AND PRECIOUS METALS FUND	3 CANAL PLAZA	SUITE 600	PORTLAND	ME	04101	0.40%
GOLDMAN SACHS GQG PART INTERNTL OPP A	71 S. WACKER DR	4TH FLOOR	CHICAGO	IL	60606	0.40%
GOLDMAN SACHS GQG PARTNERS INTL OPP I	71 S. WACKER DR	4TH FLOOR	CHICAGO	IL	60606	0.17%
GQG PARTNERS EMRGING MARKETS EQUITY 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 EQ INVESTOR	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.40%
GUGGENHEIM LIMITED DURATION CL INSTL	9601 BLACKWELL RD	SUITE 500	ROCKVILLE	MD	20850	0.15%
GUGGENHEIM MACRO OPPORTUNITIES CL P	9601 BLACKWELL RD	SUITE 500	ROCKVILLE	MD	20850	0.40%
GUGGENHEIM MACRO OPPORTUNITIES CL P	9601 BLACKWELL RD	SUITE 500	ROCKVILLE	MD	20850	0.40%
GUGGENHEIM TOTAL RETURN BOND CL P	9601 BLACKWELL RD	SUITE 500	ROCKVILLE	MD	20850	0.40%
GUGGENHEIM TOTAL RETURN BOND FD INSTL	9601 BLACKWELL RD	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 ENERGY	2220 E. ROUTE 66	SUITE 226	GLENDORA	CA	91740	0.40%
HARBOR CAP APP INV	111 SOUTH WACKER DR.	34TH FLOOR	CHICAGO	IL	60606	0.35%
HARDING LOEVNER EMERG MRKTS PORT ADV	P.O. BOX 4766		CHICAGO	IL	60680	0.40%
HCM DIVIDEND SECTOR PLUS FUND INVESTOR	1145 HEMBREE ROAD		ROSWELL	GA	30076	0.40%
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 INCOME PLUS FUNDINVESTOR	1145 HEMBREE ROAD		ROSWELL	GA	30076	0.40%
HCM TACTICAL GROWTH FUND INVESTOR	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%
HENNESSY CORNERSTONE MID CAP 30 INSTL CL	7250 REDWOOD BLVD.	SUITE 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 CORNERSTONEMID CAP 30 INV CL	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 LARGE CAP FINANCIAL INVSTR CL	7250 REDWOOD BLVD.	SUITE 200	NOVATO	CA	94945	0.40%
HOLBROOK INCOME FUND CL I	2933 NE 16TH ST		PORTLAND	OR	97212	0.10%
HOOD RIVER SMALL CAPGROWTH INVESTOR	6001 SHADY OAK ROAD	STE 200	MINNETONKA	MN	55343	0.40%
ICON CONSUMER SELECT FUND INSTL	P.O. BOX 87		DENVER	CO	80201-0087	0.15%
IMAN FUND RETAIL SHARES	721 ENTERPRISE DR		OAKBROOK	IL	60523	0.40%
IMAN FUND RETAIL SHARES	721 ENTERPRISE DR		OAKBROOK	IL	60523	0.40%
INTERNET ULTRASECTORPRO FD INVESTOR	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
INTREPID CAPITAL FUND INVESTOR CLASS	1400 MARSH LANDING PKWY.	STE 106	JACKSONVILLE BEACH	FL	32250	0.40%
INVESCO CHARTER CLASS A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO CHARTER CLASS 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 EQV EUROPEANSMALL COMPANY CL A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO GOLD & SPEC MINERALS A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO OPPENHEIMER INTL GROWTH A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO S&P 500 INDEX CLASS A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO S&P 500 INDEX CLASS 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%
ISHARES MSCI EAFE INTL IDX CL 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 MICRO CAP GROWTH INV CL	727 2ND ST	SUITE 106	HERMOSA BEACH	CA	90254	0.40%
JACOB MICRO CAP GROWTH INV CL	727 2ND ST	SUITE 106	HERMOSA BEACH	CA	90254	0.40%
JACOB SMALL CAP GROWTH FUND	727 2ND ST	SUITE 106	HERMOSA BEACH	CA	90254	\$12.00
JANUS HENDERSON CONTRARIAN T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON ENTERPRISE I	151 DETROIT ST.		DENVER	CO	80206	\$15.00

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JANUS HENDERSON FORTY 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 GLOB TECH & INNOV T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON GROWTH & INCOME T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON MULTI-SECTOR INCME I	151 DETROIT ST.		DENVER	CO	80206	\$15.00
JANUS HENDERSON OVERSEAS T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON RESEARCH T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON SM MID CAP VALUE T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON TRITON 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%
JOHN HAN DISCIPLINEDVALUE MID CAP CL I	601 CONGRESS ST.	9TH FLOOR	BOSTON	MA	02210	0.15%
JOHN HANCOCK BOND CLASS A	601 CONGRESS ST.	9TH FLOOR	BOSTON	MA	02210	0.40%
JOHN HANCOCK DISCIPLINED VALUE MID CAP A	601 CONGRESS ST.	9TH FLOOR	BOSTON	MA	02210	0.40%
JOHN HANCOCK DIVERSIFIED MACRO A	601 CONGRESS ST.	9TH FLOOR	BOSTON	MA	02210	0.40%
JOHN HANCOCK DIVERSIFIED MACRO A	601 CONGRESS ST.	9TH FLOOR	BOSTON	MA	02210	0.40%
JOHN HANCOCK FINC'L INDUSTRIES CLASS 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%
JP MORGAN SMART RETIREMENT 2045 CL A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JP MORGAN SMART RETIREMENT 2050 CL A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JP MORGAN SMART RETIREMENT 2050 CL A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN DIVERS MID CAP GROWTH 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%
JPMORGAN GROWTH ADVANTAGE FUND CL A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN INTERNATNL FOCUS FUND CL I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.08%
JPMORGAN LARGE CAP GROWTH CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN MORTGAGED BACK SECURITIES CL A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.33%
JPMORGAN SMART RET 2030 FUND CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN SMART RET 2040 CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%

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EIN: 84-1496755, PN: 101

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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
JPMORGAN SMART RETIREMENT 2060 CL A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
KINETICS MARKET OPPORTUNITIES FD	470 PARK AVE SOUTH		NEW YORK	NY	10016	0.40%
KINETICS PARADIGM CLASS C	470 PARK AVE SOUTH		NEW YORK	NY	10016	0.10%
KINETICS SMALL CAP OPPORTUNITIES	470 PARK AVE SOUTH		NEW YORK	NY	10016	0.40%
LAZARD GLOBAL LISTEDINFRASTRUCTE INSTL	30 ROCKEFELLER PLAZA	57TH FLOOR	NEW YORK	NY	10112	0.15%
LAZARD GLOBAL LISTEDINFRASTRUCTURE OPEN	30 ROCKEFELLER PLAZA	57TH FLOOR	NEW YORK	NY	10112	0.40%
LAZARD INTERNATIONAL QUALITY GROWTH OPEN	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%
LEUTHOLD SELECT INDUSTRIES	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 INVST GRADE BOND CL A	399 BOYLSTON ST	8TH FLOOR	BOSTON	MA	02116	0.40%
LORD ABBETT DEVELOP GROWTH CLASS A	90 HUDSON ST	10TH FLOOR	JERSEY CITY	NJ	07302	0.45%
LORD ABBETT SHORT DURATION HIGH YLD I	90 HUDSON ST	10TH FLOOR	JERSEY CITY	NJ	07302	0.15%
LORD ABBETT SHORT DURATION INCOME CL A	90 HUDSON ST	10TH FLOOR	JERSEY CITY	NJ	07302	0.37%
MACQUARIE MID CAP GROWTH CL A	2005 MARKET ST		PHILADELPHIA	PA	19103	0.40%
MAIRS & POWER GROWTH FUND	777 E. WISCONSIN AVE.	4TH FLOOR	MILWAUKEE	WI	53202	0.12%
MANNING & NAPIER OVERSEAS SERIES CL S	290 WOODCLIFF DR.		FAIRPORT	NY	14450	0.40%
MARSICO INTERNAT'L OPPORTUNITIES	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 GROWTH & INCOME FUND	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 SMALLCOMPANIES INVESTOR	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%
MERIDIAN GROWTH FUND LEGACY	100 FILLMORE ST.		DENVER	CO	80206	0.12%
MFS EMERGING MARKETSDEBT CL A	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.40%
MFS GLOBAL EQUITY CLASS A	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.40%
MFS GOVERNMENT SECS CLASS A	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.40%

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MFS GROWTH ALLOCATION CL I	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.15%
MFS GROWTH FUND CLASS I	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.15%
MFS INTERNATIONAL DIVERSIFICATION FD A	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.40%
MFS INTERNATIONAL EQUITY FUND CL I	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.15%
MFS INTERNATIONAL INTRINSIC VALUE CL A	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.40%
MORGAN STA INST INC.INCEPTION PORT CL A	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.40%
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 A	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY GLOBAL OPPORTUNITY A	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY GROWTH PORTFOLIO A	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.40%
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 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 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%
MSIF GLOBAL INSIGHT PORT CL A	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.40%
NATIONWIDE AMUNDI STRAT INC INSTL SRV	1000 CONTINENTAL DR	STE 400	COLUMBUS	OH	43215	0.15%
NAVIGATOR TACTICAL FIXED INCOME CL I	1650 MARKET ST.	53RD FLOOR	PHILADELPHIA	PA	19103	0.15%
NEEDHAM AGGRESSIVE GROWTH	445 PARK AVE	15TH FL	NEW YORK	NY	10022	0.40%
NEEDHAM AGGRESSIVE GROWTH FUND CL I	445 PARK AVE	15TH FL	NEW YORK	NY	10022	\$16.00
NEEDHAM GROWTH FUND	445 PARK AVE	15TH FL	NEW YORK	NY	10022	0.40%
NEUBERGER BERMAN GENESIS TRUST CLASS	1290 AVE OF THE AMERICAS	22ND FLOOR	NEW YORK	NY	10104-0002	0.40%
NEUBERGER BERMAN SMALL CAP GROWTH A	1290 AVE OF THE AMERICAS	22ND FLOOR	NEW YORK	NY	10104-0002	0.40%
NEUBERGER BERMAN SUSTAINABLE EQTY TRT	1290 AVE OF THE AMERICAS	22ND FLOOR	NEW YORK	NY	10104-0002	0.40%
NUVEEN DIVIDEND GROWTH CLASS A	333 WEST WACKER DR		CHICAGO	IL	60606	0.40%
NYLI MACKAY HIGH YIELD CORP BD CL A	30 HUDSON ST	23RD FL	ARLINGTON	NJ	07032	0.40%
OAKMARK FUND ADVISORCLASS	111 SOUTH WACKER DR.		CHICAGO	IL	60606	0.15%

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OAKMARK FUND INVESTOR CLASS	111 SOUTH WACKER DR.		CHICAGO	IL	60606	0.35%
OAKMARK INTERNAT'L SMALL CAP INVESTOR	111 SOUTH WACKER DR.		CHICAGO	IL	60606	0.35%
OAKMARK INTL INVESTOR CL	111 SOUTH WACKER DR.		CHICAGO	IL	60606	0.35%
OBERWEIS CHINA OPPORTUNITIES FUND	3333 WARRENVILLE RD	SUITE 500	LISLE	IL	60532	0.40%
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%
OCM GOLD FUND ATLAS CLASS SHARES	235 W. GALENA ST		MILWAUKEE	WI	53212	0.40%
PARADIGM MICRO CAP FUND	9 ELK ST		ALBANY	NY	12207	0.40%
PARNASSUS CORE EQUITY INVESTOR	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%
PERFORMANCE TRUST TOTAL RETRN BND INST	500 WEST MADISON	SUITE 470	CHICAGO	IL	60661	0.40%
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 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 AMERICAN FUNDS GROWTH STRAT CL R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG BNY MELLON DIVERSIFIER STRAT R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG BNY MELLON DIVERSIFIER STRAT 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 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 EQUITY INDEX FOCUSED STRATEGY R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG FIDELITY INST AMCORE PLUS BD STRG R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG GLOBAL EQUITY INDEX STRATEGY CL R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG INVESCO EQ FACTRROTATION STRATEGY R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG INVESCO EQ FACTRROTATION STRATEGY R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG JANUS HENDERSON BALANCED STRATEGY R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG JANUS HENDERSON BALANCED STRATEGY R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%

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PFG JP MORGAN TACTICAGGRESSIVE STRAT R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG JP MORGAN TACTICAGGRESSIVE STRAT R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG JP MORGAN TACTICMODERATE STRATEGY R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG MEEDER TACTICAL STRATEGY FUND R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG MEEDER TACTICAL STRATEGY FUND R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG MFS AGGRESSIVE GROWTH STRATEGY R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG MFS AGGRESSIVE GROWTH 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 SECTOR EQUITY BUS CYCLE STRAT R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG TACTICAL INCOME STRATEGY CL R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG TACTICAL INCOME STRATEGY CL R	777 108TH AVE NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PGIM FLOATING RATE INCOME CL Z	655 BROAD ST		NEWARK	NJ	07102	0.15%
PGIM GLOBAL TOTAL RETURN CL Z	655 BROAD ST		NEWARK	NJ	07102	0.15%
PGIM SHORT-TERM CORP BOND CL A	655 BROAD ST		NEWARK	NJ	07102	0.40%
PGIM SHORT-TERM CORP BOND CL Z	655 BROAD ST		NEWARK	NJ	07102	0.15%
PGIM SHRT DUR MULTI-SECT BND CL A	655 BROAD ST		NEWARK	NJ	07102	0.40%
PGIM TOTAL RETURN BOND CL A	655 BROAD ST		NEWARK	NJ	07102	0.40%
PGIM TOTAL RETURN BOND CL Z	655 BROAD ST		NEWARK	NJ	07102	0.15%
PHARMACEUTICAL ULTRASECTOR PRO FUND INV	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
PIMCO DYNAMIC BOND FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO EMERGING MARKETS BOND FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO GNMA AND GOVT SECURITIES FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO HIGH YIELD CLASS A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
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 LOW DURATION CLASS A	1633 BROADWAY		NEW YORK	NY	10019	0.38%
PIMCO RAE PLUS 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 STOCKSPUS CLASS A	1633 BROADWAY		NEW YORK	NY	10019	0.40%

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PIMCO STOCKSPUS CLASS A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO TOTAL RETURN CLASS A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIONEER MULTI-ASSET ULTRASHORT INCOME Y	60 STATE ST	1TH FLOOR	BOSTON	MA	02109	0.15%
PLUMB BALANCED	P.O. BOX 44966		MADISON	WI	53717	0.40%
PRECIOUS METALS ULTRA SEC PRO INVST	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
PRIMECAP ODYSSEY AGGRESSIVE GRWTH FD	2020 E. FINANCIAL WAY	SUITE 100	GLENDORA	CA	91741	0.10%
PRINCIPAL BLUE CHIP FUND CL A	620 COOLIDGE DR	SUITE 300	FOLSOM	CA	95630	0.40%
PRINCIPAL DIVERSIFIED REAL ASSET FD CL A	620 COOLIDGE DR	SUITE 300	FOLSOM	CA	95630	0.40%
PRINCIPAL MID CAP FUND CLASS 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%
PRO FUNDS ULTRA SHORT MID-CAP-INV CL	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
PUTNAM FOCUSED EQ FUND CLASS A	1 POST OFFICE SQ	MAILZONE G3C	BOSTON	MA	02109	0.40%
PUTNAM LARGE CAP VAL FUND CL Y	1 POST OFFICE SQ	MAILZONE G3C	BOSTON	MA	02109	0.15%
QUANTIFIED COMMON GROUND FD INVST	1445 RESEARCH BLVD	STE 530	ROCKVILLE	MD	20850	0.40%
QUANTIFIED GOVT'T INC TACTICAL INVSTR	1445 RESEARCH BLVD	STE 530	ROCKVILLE	MD	20850	0.40%
RED OAK TECHNOLOGY SELECT	225 PICTORIA DR	SUITE 450	CINCINNATI	OH	45246	0.40%
RMB MENDON FINANCIAL SRVC CL A	1251 AVE OF THE AMERICAS	8TH FLOOR, SUITE A	NEW YORK	NY	10020	0.10%
ROYCE SMALLER CO GROWTH SERVICE CL	745 FIFTH AVE	SUITE 2400	NEW YORK	NY	10151	0.40%
RYDEX ELECTRONICS INV CLASS	9601 BLACKWELL RD	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX INVERSE DOW 2XSTRATEGY CL H	9601 BLACKWELL RD	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX INVERSE RUSSEL2000 STRATEGY CL H	9601 BLACKWELL RD	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX INVERSE S&P 500 2X STRATEGY CL H	9601 BLACKWELL RD	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX INVERSE S&P 500 STRATEGY INV CL	9601 BLACKWELL RD	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX NASDAQ 100 2X STRATEGY CL H	9601 BLACKWELL RD	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX NASDAQ 100 INV CLASS	9601 BLACKWELL RD	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX S&P SMALLCAP 600 PURE GROWTH H	9601 BLACKWELL RD	SUITE 500	ROCKVILLE	MD	20850	0.40%
SEQUOIA FD INC	9 WEST 57TH ST	STE 5000	NEW YORK	NY	10019	0.10%
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%

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SPROTT GOLD EQUITY FUND INVESTOR	200 BAY ST	SUITE 2600	TORONTO	CA	M5J 2J1	0.40%
STANDPOINT MULTI ASSET FUND INSTL	225 PICTORIA DR	STE 450	CINCINNATI	OH	45246	0.12%
STANDPOINT MULTI ASSET FUND INVESTOR	225 PICTORIA DR	STE 450	CINCINNATI	OH	45246	0.40%
STANDPOINT MULTI ASSET FUND INVESTOR	225 PICTORIA DR	STE 450	CINCINNATI	OH	45246	0.40%
STONE RIDGE DIVERSIFIED ALTERN J	510 MADISON AVE		NEW YORK	NY	10022	0.40%
STONE RIDGE HIGH YLD REINSRNC RSK PREM	510 MADISON AVE		NEW YORK	NY	10022	0.10%
T ROWE PRICE BLUE CHIP GROWTH INC	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 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 EXTEND EQU MKT INDEX FUND	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE FINANCIAL SERVICES	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE FLOATING RATE INVEST	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE 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 GLOBAL TECHNOLOGY	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE HEALTH SCIENCES	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE INFLATION PROT BD FD	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE INTL DISCOVERY 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 RETIREMENT 2045 FD	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE SCIENCE& TECHNOLOGY	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE SPECT MOD GRWTH ALLOC	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 US LARGE CAP CORE FUND	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 VALUE FUND ADVISOR CL	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.40%
T.ROWE PRICE ASIA OPPORTUNITI INVESTOR	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%

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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 TOTAL RETURN BOND CL M	865 S FIGUEROA ST	1400	LOS ANGELES	CA	90071	0.35%
TCW SELECT EQUITIES CLASS N	865 S FIGUEROA ST	22ND FLOOR	LOS ANGELES	CA	90071	0.40%
THE INTERNET FUND	470 PARK AVE SOUTH		NEW YORK	NY	10016	0.40%
THOMPSON BOND FUND	1255 FOURIER DR	SUITE 200	MADISON	WI	53717	0.25%
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%
TIMOTHY LARGE/MID GROWTH CL C	80 ARKAY DR	SUITE 100	HAUPPAUGE	NY	11788	0.08%
TIMOTHY PLAN GROWTH & INCOME CL A	80 ARKAY DR	SUITE 100	HAUPPAUGE	NY	11788	0.08%
TIMOTHY PLAN ISRAEL COMMON VALUES CL A	80 ARKAY DR	SUITE 100	HAUPPAUGE	NY	11788	0.08%
TIMOTHY PLAN ISRAEL COMMON VALUES CL C	80 ARKAY DR	SUITE 100	HAUPPAUGE	NY	11788	0.08%
TIMOTHY PLAN LARGE / MID CAP GROWTH CL A	80 ARKAY DR	SUITE 100	HAUPPAUGE	NY	11788	0.08%
ULTRA BEAR PRO FUND INVESTORS SHARES	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
ULTRA BULL PRO FUND INVESTORS SHARES	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
ULTRA NASDAQ-100 PRO FUND INVESTOR CLASS	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%
ULTRA SMALL CAP PROFUND INVESTOR SHS	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%
UTILITIES ULTRA SECTOR PRO FUND INV	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
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	0.40%
VAN ECK INTERNAT'L INVESTORS GOLD FD Y	666 3RD AVE	9TH FLOOR	NEW YORK	NY	10017	0.10%
VARIANT ALTERNATIVE INCOME FUND INSTL	10300 SW GREENBURG ROAD	SUITE 308	PORTLAND	OR	97223	0.20%
VERSUS CAPITAL REAL ASSETS CL I	5555 DTC PARKWAY	SUITE 330	GREENWOOD VILLAGE	CO	80111	0.20%
VERSUS CAPITAL REAL ESTATE FUND	5555 DTC PARKWAY	SUITE 330	GREENWOOD VILLAGE	CO	80111	0.20%
VICTORY NASDAQ-100 INDEX FUND	4900 TIEDEMAN RD	4TH FLOOR	BROOKLYN	OH	44114	0.15%
VICTORY RS SCIENCE AND TECHNOLOGY CL A	4900 TIEDEMAN RD	4TH FLOOR	BROOKLYN	OH	44114	0.40%
VIRTUS ALPHASIMPLEX MANAG FUTURE STRAT I	100 SUMMIT LAKE DR	#201	GREENFIELD	MA	01301	0.10%

Schedule C, Line 2(h) Formula Descriptions

Charter Communications, Inc. Defined Contribution Plans Master Trust

EIN: 84-1496755, PN: 101

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
VIRTUS INCOME & GROWTH FUND A	100 SUMMIT LAKE DR	#201	GREENFIELD	MA	01301	0.40%
VIRTUS KAR INTL SMALL MID CAP A	100 SUMMIT LAKE DR	#201	GREENFIELD	MA	01301	0.40%
VIRTUS ZEVENBERGEN INNOVATIVE GR STK A	100 SUMMIT LAKE DR	#201	GREENFIELD	MA	01301	0.40%
WASATCH CORE GROWTH	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH HOISINGTON US TREASURY	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.25%
WASATCH MICROCAP	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%
WESTERN ASSET CORP BOND A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	0.40%
WORLD PRECIOUS MINERALS FUND	3 CANAL PLAZA	SUITE 600	PORTLAND	ME	04101	0.40%
ZACKS DIVIDEND FUND INVESTOR CLASS	SUITE 1600 10 SOUTH RIVERSIDE PLAZA	ATTENTION: ACCOUNTS PAYABLE	CHICAGO	IL	60606	0.40%

Charter Communications, Inc. Defined Contribution Plans Master Trust
EIN: #84-1496755 Plan: #101

Schedule H, Part IV, Line 4(i)-Schedule of Assets (Held at End of Year)
December 31, 2024

Face Amount or Number of Shares	Security Description	Current value**
Cash and cash equivalents		
1,053,755	FID BANK TRST ST INV FUND	1,060,733
127,629	FIDELITY GOVERNMENT PORTFOLIOINSTITUTION	128,189
	FIDELITY STF	4,756,654
10,808,985	SSBK GOVT STIF FUND	10,855,286
7,212,361	VANG VMMR-FED MMTT	7,212,361
	Total Cash and cash equivalents	\$ 24,013,223
186,050	Charter Communications, Inc. common stock*	\$ 63,772,418
Other common stocks		
78,334	1 800 FLOWERS.COM INC CL A	640,419
282,979	8X8 INC	756,062
38,031	ACADIA HEALTHCARE CO INC	1,508,942
58,025	ACI WORLDWIDE INC	3,014,101
23,317	ADVANCED ENERGY INDUSTRIES INC	2,697,956
37,867	AERCAP HOLDINGS NV	3,626,306
26,166	AGIOS PHARMACEUTICALS INC	860,393
142,122	ALAMOS GOLD INC A	2,622,490
22,606	ALBANY INTERNATIONAL CORP CL A	1,815,123
12,579	ALLETE INC	815,667
38,972	AMETEK INC NEW	7,029,812
121,915	AMPHENOL CORPORATION CL A	8,492,814
14,111	APTARGROUP INC	2,218,327
42,616	ARVINAS INC	817,498
24,868	ASGN INC	2,073,891
54,643	AXOGEN INC	901,122
67,347	BANKUNITED INC	2,572,362
16,698	BANNER CORP	1,115,674
43,160	BARNES GROUP INC	2,041,112
27,480	BELDEN INC	3,097,984
19,043	BERKSHIRE HILLS BANCORP INC	541,756
78,182	BIO TECHNE CORP	5,635,232
58,123	BWX TECHNOLOGIES INC	6,478,670
40,992	CABOT CORP	3,745,493
123,892	CARGURUS INC CL A	4,530,055
6,859	CARLISLE COS INC	2,531,573
23,102	CARTERS INC	1,252,738
26,735	CHARLES RIVER LABS INTL INC	4,938,596
4,424	CHEMED CORP	2,345,409
25,708	CIENA CORP	2,181,760
20,855	CIMPRESS PLC	1,496,726
40,547	CLEAN HARBORS INC	9,337,755
11,421	COHEN & STEERS INC	1,055,323
34,204	COOPER COMPANIES INC	3,146,486
55,502	COPART INC	3,187,400
69,899	DESIGNER BRANDS INC	373,512
17,847	DYCOM INDUSTRIES INC	3,108,536
24,431	ENCOMPASS HEALTH CORP	2,257,719
71,135	ENTEGRIS INC	7,051,366
60,065	EURONET WORLDWIDE INC	6,181,234
55,455	FIRST AMERICAN FINANCIAL CORP	3,464,936
15,684	FLOWERVE CORP	906,045
61,450	FMC CORP NEW	3,024,755
19,117	FOX FACTORY HOLDING CORP	579,061
13,417	FTI CONSULTING INC	2,566,114
6,008	GARTNER INC	2,912,651
20,734	GENERAC HOLDINGS INC	3,216,966
31,776	GRACO INC	2,680,198
22,148	HAEMONETICS CORP MASS	1,730,478
174,459	HALOZYME THERAPEUTICS INC	8,346,488

Charter Communications, Inc. Defined Contribution Plans Master Trust
EIN: #84-1496755 Plan: #101

Schedule H, Part IV, Line 4(i)-Schedule of Assets (Held at End of Year)
December 31, 2024

Face Amount or Number of Shares	Security Description	Current value**
51,565	HEALTHEQUITY INC	4,950,985
60,444	HEARTLAND EXPRESS INC	679,847
22,620	HEICO CORP CL A	4,211,957
62,764	HENRY SCHEIN INC	4,346,186
39,144	HEXCEL CORPORATION	2,455,978
28,844	HURON CONSULTING GROUP INC	3,586,563
24,168	IDEX CORPORATION	5,061,519
41,004	INGREDION INC	5,644,299
8,247	IPG PHOTONICS CORP	600,125
27,208	ITRON INC	2,956,229
61,156	JBG SMITH PROPERTIES	951,309
34,534	KBR INC	2,007,082
14,250	KEYSIGHT TECHNOLOGIES INC	2,290,515
18,249	KIRBY CORP	1,932,041
25,302	KNIGHT-SWIFT TRANSPORTATION HOLDINGS INC	1,342,919
99,544	KNOWLES CORP	1,985,245
143,163	LKQ CORP	5,264,774
30,235	MACOM TECHNOLOGY SOLUTIONS HOLDINGS INC	3,930,467
5,392	MATSON INC	727,545
43,377	MATTHEWS INTL CORP CL A	1,201,482
66,086	MERIT MEDICAL SYSTEMS INC	6,396,131
20,360	MID AMERICA APT CMNTY INC	3,149,159
10,338	MIDDLEBY CORP	1,401,223
31,990	MONRO INC	793,885
15,443	NASDAQ INC	1,194,700
51,986	NATIONAL BK HLDGS CORP	2,240,021
99,862	NEVRO CORPORATION	371,737
30,716	NU SKIN ENTERPRISES INC CL A	211,775
84,596	OCEANEERING INTERNATIONAL INC	2,207,746
27,124	OMNICELL INC	1,208,371
21,536	ON SEMICONDUCTOR CORP	1,358,757
37,553	PACIFIC PREMIER BANCORP INC	936,450
25,918	PRESTIGE CONSUMER HEALTHCARE INC	2,025,296
46,060	PROSPERITY BANCSHARES INC	3,499,685
60,882	RANGE RESOURCES CORP	2,192,005
5,782	ROGERS CORP	587,904
94,050	SALLY BEAUTY HLDGS INC	983,482
107,946	SENSATA TECHNOLOGIES HOLDING PLC	2,959,707
17,703	SILGAN HOLDINGS INC	922,060
11,646	SKECHERS USA INC CL A	783,603
65,410	SOTERA HEALTH CO	895,410
27,468	SPRINGWORKS THERAPEUTICS INC	993,086
32,495	STAG INDUSTRIAL INC	1,103,730
34,281	STERIS PLC	7,051,535
61,009	SUPERNUS PHARMACEUTICALS INC	2,207,567
9,490	TEXAS CAPITAL BANCSHARES INC	742,616
29,240	TREEHOUSE FOODS INC	1,027,891
66,144	TRIMBLE INC	4,676,874
118,711	TRONOX HOLDINGS PLC	1,196,223
156,114	UGI CORP NEW	4,468,641
21,471	VOYA FINANCIAL INC	1,478,842
48,503	WASTE CONNECTIONS INC	8,327,735
5,401	WESTINGHOUSE AIR BRAKE TECH CORP	1,024,664
120,162	WISDOMTREE INVESTMENTS INC	1,262,548
83,319	WOLVERINE WORLD WIDE INC	1,850,924
21,357	WOODWARD INC	3,556,619
14,904	WSFS FINANCIAL CORP	792,381
102,124	ACV AUCTIONS INC CL A	2,207,360
553,381	ALIGHT INC CL A	3,831,968
27,289	CONSENSUS CLOUD SOLUTION	651,553
76,259	ZIFF DAVIS INC	4,146,698

Charter Communications, Inc. Defined Contribution Plans Master Trust
EIN: #84-1496755 Plan: #101

Schedule H, Part IV, Line 4(i)-Schedule of Assets (Held at End of Year)
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Face Amount or Number of Shares	Security Description	Current value**
92,584	N-ABLE INC	865,316
75,690	SMARTSHEET INC	4,243,760
44,644	TENABLE HOLDINGS INC	1,759,262
57,886	VERACYTE INC	2,293,826
137,326	ZIPRECRUITER INC	994,908
58,655	SPORTRADAR GROUP AG	1,017,761
56,560	GLOBALFOUNDRIES INC	2,428,620
63,236	BOX INC CL A	1,999,600
29,410	EHEALTH INC	276,640
323,672	HUNTINGTON BANCSHARES INC	5,319,884
8,662	J&J SNACKS FOOD CORP	1,351,399
24,831	KB HOME	1,632,989
18,149	MERCURY SYSTEMS INC	762,770
81,122	SLR INVESTMENT CORP	1,311,812
3,373	TELEDYNE TECHNOLOGIES INC	1,566,562
36,828	UNITED COMMUNITY BANKS GA	1,199,556
58,790	BROWN & BROWN INC	6,001,785
3,097	ALIGN TECHNOLOGY INC	646,189
151,860	CERTARA INC	1,618,395
36,827	CHURCHILL DOWNS INC	4,936,253
52,533	QUIDELORTHO CORP	2,341,917
62,266	DOXIMITY INC	3,326,615
51,625	DYNATRACE INC	2,807,704
24,002	LEGEND BIOTECH CORP SPON ADR	781,550
34,874	PEDIATRIX MEDICAL GROUP INC	457,854
44,046	OKTA INC CL A	3,473,156
13,556	TELEFLEX INC	2,414,318
52,816	AZEK CO INC	2,508,859
10,584	JACOBS SOLUTIONS INC	1,415,184
10,587	SAFEHOLD INC	197,655
40,610	SONOS INC	611,184
55,456	SUMMIT MATERIALS INC CL A	2,807,959
45,099	COHERENT CORP	4,275,098
48,596	DOLBY LABORATORIES INC CL A	3,797,897
96,734	SS&C TECHNOLOGIES HOLDINGS INC	7,335,426
4,988	APPLIED INDUSTRIAL TECH INC	1,195,278
5,857	CURTISS WRIGHT CORPORATION	2,079,870
9,798	ELASTIC NV	971,438
22,311	GXO LOGISTICS INC	971,180
52,843	HERBALIFE LTD	353,757
43,226	IAC INC	1,866,023
56,326	IRIDIUM COMMUNICATIONS INC	1,635,678
1,136	MARKEL GROUP INC	1,962,314
47,841	NCR VOYIX CORP	662,564
78,790	NNN REIT INC	3,220,733
25,001	NORTHERN OIL AND GAS INC	940,169
15,379	NORTHWESTERN ENERGY GROUP INC	822,713
79,290	PATTERSON-UTI ENERGY INC	655,375
5,376	POOL CORP	1,834,124
62,683	RB GLOBAL INC	5,658,431
112,743	REMITLY GLOBAL INC	2,546,318
62,203	TANDEM DIABETES CARE INC	2,242,057
17,407	TKO GROUP HOLDINGS INC	2,475,371
26,286	TORO CO	2,116,918
5,908	TRANSMEDICS GROUP INC	368,611
59,088	VIPER ENERGY INC	2,901,396
29,838	BLACKBAUD INC	2,207,107
77,612	CHEWY INC	2,600,972
12,680	CONMED CORP	870,940
18,585	CORE & MAIN INC	946,798
17,597	DYNE THERAPEUTICS INC	414,863

Charter Communications, Inc. Defined Contribution Plans Master Trust
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Schedule H, Part IV, Line 4(i)-Schedule of Assets (Held at End of Year)
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Face Amount or Number of Shares	Security Description	Current value**
3,308	EAGLE MATERIALS INC	817,499
11,763	EXACT SCIENCES CORP	661,407
13,972	FEDERAL SIGNAL CORP	1,291,740
17,407	GLOBUS MEDICAL INC	1,440,700
54,285	CRESCENT ENERGY INC A	793,637
13,822	JBT MAREL CORP	1,757,956
5,687	MADRIGAL PHARMACEUTICALS INC	1,756,017
58,723	NCINO INC	1,973,243
4,126	NUVALENT INC-A	323,200
39,996	SPROUT SOCIAL INC	1,229,102
16,626	STANDARDAERO INC	411,937
8,902	TRINET GROUP INC	808,578
79,395	WAYSTAR HOLDING CORP	2,915,753
24,575	GFL ENVIRONMENTAL INC	1,095,305
35,217	AMENTUM HOLDINGS INC	741,110
35,515	AMERICOLD REALTY TRUST	768,350
29,196	BALDWIN INSURANCE GROUP INC/THE	1,132,397
9,251	BXP INC	697,765
13,558	CHART INDUSTRIES INC	2,589,147
10,716	COLUMBUS MCKINNON CORP NY	399,332
26,618	FIRST INTST BANCYST INC CL A	864,867
75,598	HA SUSTAINABLE INFRASTRUCTURE CAPITAL INC	2,061,050
38,377	HEALTHPEAK PROPERTIES INC	778,425
2,622	INSIGHT ENTERPRISES INC	399,074
4,049	LITTELFUSE INC	954,788
182,711	PERMIAN RESOURCES CORP CL A	2,629,149
33,023	WILLSCOT HOLDINGS CORP	1,105,361
31,169	AXALTA COATING SYSTEMS LTD	1,067,319
100,313	RENTOKIL INITIAL PLC SPON ADR	2,541,631
15,845	WEX INC	2,779,811
Total other common stocks		\$ 458,655,026
Mutual Funds		
—	FIDELITY BROKERAGE LINK*	282,906,181
3,547,097	DODGE & COX INTERNATIONAL STOCK FUND CLASS I	177,000,116
Total mutual funds		\$ 459,906,297
Commingled Trust Funds		
4,157,264	JPMCB SR PB INC CFE	133,822,319
9,761,004	JPMCB SR PB 2025 CFE	398,834,622
15,166,127	JPMCB SR PB 2030 CFE	681,565,727
17,123,924	JPMCB SR PB 2035 CFE	836,503,681
15,906,256	JPMCB SR PB 2040 CFE	825,852,806
15,750,189	JPMCB SR PB 2045 CFE	847,675,194
12,696,378	JPMCB SR PB 2050 CFE	690,302,053
12,740,788	JPMCB SR PB 2055 CFE	536,259,753
10,637,600	JPMCB SR PB 2060 CFE	338,169,300
9,989,960	MAWER INTERNATIONAL EQUITY COLLECTIVE INVESTMENT T	177,036,071
11,149,738	SS GACEQ EXUS IDX II	156,007,128
13,547,014	SS RSL SMMDCP IDX II	249,495,362
94,914,643	SS S&P 500 INDEX II	2,456,485,864
39,022,243	SS US BOND INDX XIV	420,035,422
3,327,562	JPMCB SR PB 2065 CFE	63,489,875
Total commingled trust funds		\$ 8,811,535,177
Synthetic investment contracts		
—	PRUDENTIAL INS CO AMERICA ACT	48,899,405
—	STATE ST BK & TR CO BOSTON ACT	33,253,153
—	AMERICAN GENERAL LIFE ACT	40,215,159
—	MASSACHUSETTS MUTUAL ACT	24,474,449
—	METROPOLITAN LIFE INC CO ACT	40,453,989

Charter Communications, Inc. Defined Contribution Plans Master Trust
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Schedule H, Part IV, Line 4(i)-Schedule of Assets (Held at End of Year)
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Face Amount or Number of Shares	Security Description	Current value**
—	JP MORGAN CHASE ACT	63,038,414
—	TRANSAMERICA PREMIER LIFE ACT	42,652,449
—	NATIONWIDE LIFE INS CO ACT	49,717,085
—	PACIFIC LIFE INS CO ACT	42,027,092
	Total synthetic investment contracts	<u>\$ 384,731,195</u>
	Total	<u><u>\$ 10,202,613,336</u></u>

* Indicates party-in-interest to the Plan.