

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>WELLINGTON MANAGEMENT COMPANY LLP DEFINED BENEFIT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>007</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WELLINGTON MANAGEMENT COMPANY LLP</u> <u>280 CONGRESS STREET</u> <u>BOSTON, MA 02210</u>	1c Effective date of plan <u>01/01/2001</u> 2b Employer Identification Number (EIN) <u>30-0835489</u> 2c Plan Sponsor's telephone number <u>617-951-5000</u> 2d Business code (see instructions) <u>523900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	WALE MAJEKODUNMI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	160
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)	149
	6a(2)	130
	6b	0
	6c	17
	6d	147
	6e	0
	6f	147
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 1C 1I 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

- a Pension Schedules**
- (1) **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 0
 - (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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 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

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

A Name of plan <u>WELLINGTON MANAGEMENT COMPANY LLP DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WELLINGTON MANAGEMENT COMPANY LLP</u>	D Employer Identification Number (EIN) <u>30-0835489</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>207879528</u>
	b Actuarial value	2b	<u>207879528</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
	b For terminated vested participants	<u>11</u>	<u>29384035</u>
	c For active participants	<u>149</u>	<u>158344774</u>
	d Total	<u>160</u>	<u>187728809</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>4.86 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>0</u>

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

SIGN HERE			
	Signature of actuary	<u>09/30/2025</u>	Date
	<u>CHRIS O'NEIL, FSA, EA</u>	<u>23-07866</u>	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>781-302-0221</u>	Telephone number (including area code)
	<u>700 DISTRICT AVENUE 10TH FLOOR BURLINGTON, MA 01803</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>12.00</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>4.98</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	110.73 %
15	Adjusted funding target attainment percentage	15	110.73 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	108.31 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
					0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 60
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

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

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 WELLINGTON MANAGEMENT COMPANY LLP DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	007
C Plan sponsor's name as shown on line 2a of Form 5500 WELLINGTON MANAGEMENT COMPANY LLP	D Employer Identification Number (EIN) 30-0835489	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

THE VANGAURD GROUP, INC. **PO BOX 2600**
VALLEY FORGE, PA 19482

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 WELLINGTON MANAGEMENT COMPANY LLP DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶ 007
C Plan sponsor's name as shown on line 2a of Form 5500 WELLINGTON MANAGEMENT COMPANY LLP	D Employer Identification Number (EIN) 30-0835489

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	1269
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(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)		
(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)	207879528	189905763
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	207879528	189907032
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	207879528	189907032

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)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	13447067	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		13447067
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-2035528
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		11411539

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	29384035	
(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)		29384035
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)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		29384035

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-17972496
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

d The opinion of an independent qualified public accountant is **not attached** 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.)		X	
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	
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	
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	
e Was this plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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		
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		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 550431.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 <u>WELLINGTON MANAGEMENT COMPANY LLP DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WELLINGTON MANAGEMENT COMPANY LLP</u>	D Employer Identification Number (EIN) <u>30-0835489</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 04-3581074

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	11
--	---	----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

Wellington Management
Company LLP
Defined Benefit Plan

Financial Statements and Supplemental Schedules
December 31, 2024 and 2023

Wellington Management Company LLP Defined Benefit Plan
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December 31, 2024 and 2023

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



Report of Independent Auditors

To the Administrator of Wellington Management Company LLP Defined Benefit Plan

Opinion

We have audited the accompanying financial statements of Wellington Management Company LLP Defined Benefit Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2024, including the related notes (collectively referred to as the "financial statements").

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve

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collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

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

Supplemental Schedules Required by ERISA

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

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

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


PricewaterhouseCoopers LLP

Boston, Massachusetts

October 15, 2025

Wellington Management Company LLP Defined Benefit Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
Assets		
Investments, at fair value (Note 5)		
Vanguard Global Wellington Fund Admiral Shares	\$ 189,905,763	\$ 207,878,259
Cash	1,269	1,269
Total assets	<u>189,907,032</u>	<u>207,879,528</u>
Net assets available for benefits	<u>\$ 189,907,032</u>	<u>\$ 207,879,528</u>

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

Wellington Management Company LLP Defined Benefit Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024

Additions (reductions)

Investment income	
Net appreciation (depreciation) in fair value of Investments (Note 5)	\$ (2,035,528)
Dividends	<u>13,447,067</u>
Total additions (reductions)	11,411,539

Deductions

Benefits paid as rollover to other retirement vehicles (Note 7)	<u>(29,384,035)</u>
Total deductions	<u>(29,384,035)</u>

Net increase (decrease) in net assets during the year	(17,972,496)
---	--------------

Net assets available for benefits

Beginning of year	<u>207,879,528</u>
End of year	<u>\$ 189,907,032</u>

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

Wellington Management Company LLP Defined Benefit Plan
 Statements of Accumulated Plan Benefits
 December 31, 2024 and 2023

	2024	2023
Actuarial present value of accumulated plan benefits (Note 2)		
Vested benefits		
Participants with deferred benefits	\$ 31,528,244	\$ 29,384,035
Vested benefits for other participants	<u>136,952,511</u>	<u>158,296,452</u>
Total vested plan benefits	<u>168,480,755</u>	<u>187,680,487</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 168,480,755</u>	<u>\$ 187,680,487</u>

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

Wellington Management Company LLP Defined Benefit Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2024

Actuarial present value of accumulated benefits at beginning of year	<u>\$ 187,680,487</u>
Increase (decrease) during the year attributable to	
Interest accumulation	9,812,701
Benefits paid	(29,384,035)
Assumption changes	185,074
Additional benefits earned and experience gains and losses	<u>186,528</u>
Net change	<u>(19,199,732)</u>
Actuarial present value of accumulated benefits at end of year	<u>\$ 168,480,755</u>

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

Wellington Management Company LLP Defined Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan

The following brief description of the Wellington Management Company LLP Defined Benefit Plan (the "Plan") as amended is provided for general information purposes only. Participants should refer to the plan document for more complete information.

General

The Plan, established January 1, 2001, is a defined benefit pension plan covering partners of Wellington Management Group LLP (the "Partnership") who either (i) are citizens of the United States or (ii) are permanent residents of the United States and such other individuals as the managing partners of the Partnership shall designate in writing from time to time as eligible employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Under the original Plan, benefits accrued over a ten-year period. The Plan was amended in 2011 to accrue benefits over an eleven year period and amended every subsequent year thereafter to accrue benefits over the additional year period, up to and including the 2022 plan year. These amendments had no impact on the actuarial present value of accumulated plan benefits. The Plan is frozen to benefit accruals effective January 1, 2023. Participants will no longer receive further annual accruals including mortality adjustments under the Plan unless and until further action is taken by Wellington. A 204(h) notice was sent to participants on November 9, 2022.

Pension Benefits

The amount of a participant's Normal Retirement Benefit, as defined under the Plan, as of any date shall equal the participant's accrued benefit as of the last day of the Plan year immediately preceding such date. The normal form of benefit payment for an unmarried participant is a single life annuity. The normal form of benefit payment for a married participant is a qualified joint and survivor annuity that is the actuarial equivalent of the single life annuity. There is also a single lump sum payment available as an optional form of benefit, which is the typical form elected by participants. The Plan generally allows for rollover distributions to the Partnership's defined contribution plan and Individual Retirement Accounts.

If a participant continues employment after his normal retirement date, such participant may, regardless of whether or not his or her employment has terminated, elect to receive all of his or her available accrued benefit. This election is made on an annual basis.

Death Benefits

If the participant dies following a valid benefit election, the benefit shall continue or be terminated in accordance with the terms of the election. If a participant has elected a single life annuity or single lump sum, then no further payments will be due, according to the nature of the election made. If a qualified joint and survivor annuity was elected, 50% of the monthly benefit that was being paid to the participant will be paid monthly to the spouse for the remainder of the spouse's lifetime.

If the participant dies prior to making a valid benefit election and there is an available accrued benefit, the participant's beneficiary will receive a benefit in accordance with the terms of the Plan. A non-spouse beneficiary will receive a lump sum payment. A surviving spouse will receive a life annuity or lump sum payment, based on the beneficiary's election.

Wellington Management Company LLP Defined Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

Lump Sum Value of Accrued Benefits

Benefits are expressed to participants in terms of a lump sum balance, which is the actuarial equivalent of the single life annuity. The balance is adjusted each year by the Plan's investment performance.

Expenses

The Plan shall pay all expenses authorized and incurred in the administration of the Plan except to the extent paid by Wellington Management Company LLP ("Wellington"). During the year ended December 31, 2024, Wellington paid all Plan fees including actuary, legal and recordkeeping/custody expenses.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Fair Value

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

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

At December 31, 2024, the Plan determined that the fair value of its holdings in a registered investment company, the Vanguard Global Wellington Fund Admiral Shares (VGWAX) (the "Vanguard Global Wellington Fund"), is based on the Net Asset Value ("NAV") per share of that holding. The Plan considers the published NAV of its investment in the Vanguard Global Wellington Fund to be readily determinable fair value in accordance with US GAAP.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of

Wellington Management Company LLP Defined Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Security Transactions

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

Risks and Uncertainties

Contributions to the Plan and the actuarial present value of accumulated benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics. Due to the changing nature of those assumptions, it is at least reasonably possible that changes in those assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

Investment Risk

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including single lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The annual benefit accrual is determined based on the participant's age on December 31 of the year in which he or she first became a partner. Benefits accrued under the Plan are immediately 100% vested.

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2024, and 2023 are:

- (a) As of both measurement dates, the Benefit Payment Form Election Assumption is 100% lump sum cash-out at retirement, termination or death. The Lump Sum Assumed Yield for Benefit Growth is set equal to the Lump Sum Interest Rate. The Lump Sum Mortality Assumption is the latest promulgated mortality table required under Internal Revenue Code Section 417(e)(3) as of the valuation date.
- (b) As of both measurement dates, the Cost-of-Living Adjustment for the Maximum Benefit is 2.20%, and the Expected Return on Assets and Lump Sum Interest Rate assumptions for ASC 960 are both 6.15%
- (c) As of both measurement dates, 100% of participants who die are assumed to have an eligible spouse, and all surviving spouses are assumed to elect a lump sum payment.

Wellington Management Company LLP Defined Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

As of both measurement dates, the Mortality assumption is the Pri-2012 Mortality Table for Retirees and Employees projected generationally using Scale MP-2021.

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

For the years ended December 31, 2024, and 2023, Aon Consulting provided actuarial services to the Plan.

Employer Contributions

Employer contributions are recorded when due related to benefits accrued during the plan year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

3. Funding Policy

The total cost of maintaining the Plan is paid by Wellington. The amount of the contribution has been determined with the advice of the Plan's actuaries. The amounts contributed by Wellington are held in a trust, which is the funding vehicle for the Plan. Although notional account balances are maintained to track the lump sum value of each participant's accrued benefit, the Plan's assets are commingled and are not allocated to individual participants or held in individual subaccounts. Wellington's contributions for the year ended December 31, 2024, met the minimum funding requirements of ERISA. Although it has not expressed any intention to do so, Wellington has the right under the Plan to discontinue its contributions at any time and to terminate or freeze the Plan subject to the provisions set forth in ERISA.

4. Plan Termination

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

- a. First, to pay any due and accrued expenses of the trust fund incurred in the termination of the Plan, to the extent not paid by the employer.
- b. Second, to distribute to the participants the amount of their benefits in the Plan at the time and in a form authorized under the Plan in accordance with the priorities prescribed by Section 4044 of ERISA.
- c. Third, any balance remaining in the trust fund may be returned to the employer.

Benefits under this Plan are insured by the Pension Benefits Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan

Wellington Management Company LLP Defined Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in 50% joint and survivor annuity or a 75% joint and survivor annuity, the corresponding ceilings are actuarially adjusted downward.

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

Wellington Management Company LLP Defined Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

5. Investments

The Vanguard Global Wellington Fund is the Plan's primary investment. The Vanguard Global Wellington Fund is a balanced fund with approximately 60%-70% of its assets invested in value stocks and 30% - 40% of its assets invested in foreign fixed income securities.

The trade date for any redemption from the Vanguard Global Wellington Fund will be the same day for redemption requests received in good order by Vanguard on a business day before the close of regular trading on the NYSE (generally 4 p.m., Eastern time). If the redemption request is received on a business day after the close of regular trading on the NYSE, or on a non-business day, the trade date will be the next business day.

As of December 31, 2024, there were no unfunded commitments relating to the Plan's investment.

The following tables present the fair value of investments in the Vanguard Global Wellington Fund as of December 31, 2024, and 2023:

Assets at Fair Value as of December 31, 2024

	Quoted in Active Market for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Vanguard Global Wellington Fund	\$ 189,905,763	\$ -	\$ -	\$ 189,905,763

Assets at Fair Value as of December 31, 2023

	Quoted in Active Market for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Vanguard Global Wellington Fund	\$ 207,878,259	\$ -	\$ -	\$ 207,878,259

The Plan presents in the statement of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

Wellington Management Company LLP Defined Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

6. Tax Status

The Plan obtained its latest determination letter on April 30, 2014, in which the Internal Revenue Service stated that the Plan as then designated was in compliance with the applicable requirements. The Plan administration continues to believe that the Plan is designed and being operated in compliance with the applicable requirements. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan is subject to potential examinations by certain taxing authorities for all open tax years (2021 to 2024) and the ongoing interpretation of laws by taxing authorities. The tax treatment of the Plan's investments may change over time based on factors including, but not limited to, new tax laws, regulations and interpretations thereof. The Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

7. Related Party and Party-in-Interest Transactions

At December 31, 2024, essentially all of the Plan's investments were invested in the Vanguard Global Wellington Fund. Wellington acts as investment advisor for the Vanguard Global Wellington Fund.

Benefits paid of \$16,610,167 during the year were rolled over to the Wellington Retirement and Pension Plan, and benefits paid of \$12,773,868 were rolled over to Individual Retirement Accounts.

Aon Consulting performs actuarial services and assists with some recordkeeping tasks. State Street is the custodian for the Plan. Aon Consulting and State Street are parties-in-interest.

Certain staff employed by Wellington assist with financial reporting, recordkeeping, and administrative tasks for the Plan and are paid by Wellington.

8. Subsequent Events

Events or transactions occurring after the period end through the date these financial statements were available to be issued, October 15, 2025, have been evaluated in the preparation of these financial statements.

In January 2025, the Plan distributed \$31,528,244 as a benefit payment for the year ended December 31, 2024, to one or more eligible participants.

Wellington Management Company LLP Defined Benefit Plan
 Supplemental Schedule
 Schedule H, line 4i – Schedule of Assets (Held At End of Year)
 Schedule H, line 4j – Schedule of Reportable Transactions

Schedule H, line 4i – Schedule of Assets (Held At End of Year)				
As of December 31, 2024				
(a)	(b) Identity of issuer	(c) Description of investment	(d) Cost	(e) Current Value
*	Vanguard Global Wellington Fund	Mutual Fund (6,032,585 shares)	\$177,527,492	\$189,905,763

* Party-in-interest

Schedule H, line 4j – Schedule of Reportable Transactions
 for the Year Ended December 31, 2024

Single Transaction in Excess of 5% of Plan Assets

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Vanguard Global Wellington Fund*	Mutual Fund		\$29,384,035			\$26,924,619	\$29,384,035	\$2,459,416

* Party-in-interest

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Wellington Management Company LLP Defined Benefit Plan
 EIN: 30-0835489 PN: 007

Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39		3								
40-44		9	5	1						
45-49		9	16	1	2					
50-54		11	20	20	3	1				
55-59		4	11	11	7	6				
60-64			1	1	3	2	1	1		
65-69										
70+										

N-149

Schedule SB Attachment (Form 5500) —2024 Plan Year
Wellington Management Company LLP Defined Benefit Plan
EIN: 30-0835489 PN: 007

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Assumed Yield for Benefit Growth	According to the segment rates for the specified valuation.
Optional Payment Form	100% lump sum
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	100% immediate retirement at the current age
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.
Inflation Rate for IRC 415(b) Limits	2.20%
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	None
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year
Wellington Management Company LLP Defined Benefit Plan
EIN: 30-0835489 PN: 007

Table 1

Retirement Rates

Age	Rate
15 – 54	0.00%
55	15.00%
56	4.50%
57	4.50%
58	4.50%
59	4.50%
60	4.50%
61	4.50%
62+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Wellington Management Company LLP Defined Benefit Plan
 EIN: 30-0835489 PN: 007

Table 2

Withdrawal Rates — Male

Age	Years of Service			
	0	1	2	3+
15 – 20	17.50%	17.50%	17.50%	17.50%
20	17.50%	17.50%	17.50%	17.50%
21	17.50%	17.50%	17.50%	16.80%
22	16.70%	16.70%	16.70%	14.60%
23	15.80%	15.80%	15.80%	13.20%
24	15.10%	15.10%	15.10%	11.80%
25	14.30%	14.30%	14.30%	10.40%
26	13.60%	13.60%	13.60%	9.00%
27	12.80%	12.80%	12.80%	7.60%
28	12.70%	12.10%	12.10%	7.20%
29	12.70%	11.90%	11.50%	6.80%
30	12.70%	11.90%	11.00%	6.40%
31	12.70%	11.90%	11.00%	6.00%
32	12.70%	11.90%	11.00%	5.60%
33	12.70%	11.90%	11.00%	5.40%
34	12.70%	11.90%	11.00%	5.20%
35	12.70%	11.90%	11.00%	5.00%
36	12.70%	11.90%	11.00%	4.80%
37	12.70%	11.90%	11.00%	4.60%
38	12.70%	11.90%	11.00%	4.30%
39	12.70%	11.90%	11.00%	4.10%
40	12.70%	11.90%	11.00%	3.90%
41	12.70%	11.90%	11.00%	3.70%
42	12.70%	11.90%	11.00%	3.50%
43	12.70%	11.90%	11.00%	3.30%
44	12.70%	11.90%	11.00%	3.10%

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Wellington Management Company LLP Defined Benefit Plan
 EIN: 30-0835489 PN: 007

Table 2 (continued)

Withdrawal Rates — Male

Age	Years of Service			
	0	1	2	3+
45	12.70%	11.90%	11.00%	2.80%
46	12.70%	11.90%	11.00%	2.60%
47	12.70%	11.90%	11.00%	2.40%
48	12.70%	11.90%	11.00%	2.20%
49	12.70%	11.90%	11.00%	1.90%
50	12.70%	11.90%	11.00%	1.70%
51	12.70%	11.90%	11.00%	1.40%
52	12.70%	11.90%	11.00%	1.10%
53	12.70%	11.90%	11.00%	0.90%
54	12.70%	11.90%	11.00%	0.60%
55+	12.70%	11.90%	11.00%	0.30%

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Wellington Management Company LLP Defined Benefit Plan
 EIN: 30-0835489 PN: 007

Table 2 (continued)

Withdrawal Rates — Female

Age	Years of Service			
	0	1	2	3+
15 – 20	17.50%	17.50%	17.50%	17.50%
20	17.50%	17.50%	17.50%	17.50%
21	17.50%	17.50%	17.50%	17.50%
22	16.70%	16.70%	16.70%	16.70%
23	15.80%	15.80%	15.80%	15.80%
24	15.10%	15.10%	15.10%	15.10%
25	14.30%	14.30%	14.30%	14.10%
26	13.60%	13.60%	13.60%	12.00%
27	12.80%	12.80%	12.80%	9.90%
28	12.70%	12.10%	12.10%	9.60%
29	12.70%	11.90%	11.50%	9.30%
30	12.70%	11.90%	11.00%	9.00%
31	12.70%	11.90%	11.00%	8.70%
32	12.70%	11.90%	11.00%	8.30%
33	12.70%	11.90%	11.00%	8.00%
34	12.70%	11.90%	11.00%	7.70%
35	12.70%	11.90%	11.00%	7.40%
36	12.70%	11.90%	11.00%	7.10%
37	12.70%	11.90%	11.00%	6.80%
38	12.70%	11.90%	11.00%	6.50%
39	12.70%	11.90%	11.00%	6.20%
40	12.70%	11.90%	11.00%	5.90%
41	12.70%	11.90%	11.00%	5.60%
42	12.70%	11.90%	11.00%	5.20%
43	12.70%	11.90%	11.00%	4.90%
44	12.70%	11.90%	11.00%	4.60%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Wellington Management Company LLP Defined Benefit Plan
 EIN: 30-0835489 PN: 007

Table 2 (continued)

Withdrawal Rates – Female

Age	Years of Service			
	0	1	2	3+
45	12.70%	11.90%	11.00%	4.30%
46	12.70%	11.90%	11.00%	3.90%
47	12.70%	11.90%	11.00%	3.60%
48	12.70%	11.90%	11.00%	3.30%
49	12.70%	11.90%	11.00%	2.90%
50	12.70%	11.90%	11.00%	2.50%
51	12.70%	11.90%	11.00%	2.10%
52	12.70%	11.90%	11.00%	1.70%
53	12.70%	11.90%	11.00%	1.20%
54	12.70%	11.90%	11.00%	0.80%
55+	12.70%	11.90%	11.00%	0.40%

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: WELLINGTON MANAGEMENT COMPANY LLP DEFINED BENEFIT PLAN
1b Three-digit plan number (PN): 007
1c Effective date of plan: 01/01/2001
2a Plan sponsor's name (employer, if for a single-employer plan): WELLINGTON MANAGEMENT COMPANY LLP
2b Employer Identification Number (EIN): 30-0835489
2c Plan Sponsor's telephone number: 617-951-5000
2d Business code (see instructions): 523900

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: WALE MAJEKODUNMI, 14 Dec 25. Row 2: Signature of employer/plan sponsor. Row 3: Signature of DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																																	
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">160</td> </tr> </table>	5	160																															
5	160																																	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td style="text-align: center;"></td> <td style="text-align: right;">149</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: center;"></td> <td style="text-align: right;">130</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: center;"></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: center;"></td> <td style="text-align: right;">17</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: center;"></td> <td style="text-align: right;">147</td> </tr> <tr> <td style="text-align: center;">6e</td> <td style="text-align: center;"></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: center;"></td> <td style="text-align: right;">147</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: center;"></td> <td style="text-align: right;">0</td> </tr> </table>				6a(1)		149	6a(2)		130	6b		0	6c		17	6d		147	6e		0	6f		147	6g(1)			6g(2)			6h		0
6a(1)		149																																
6a(2)		130																																
6b		0																																
6c		17																																
6d		147																																
6e		0																																
6f		147																																
6g(1)																																		
6g(2)																																		
6h		0																																
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																																
7																																		

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1B 1C 1I 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
---	---

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

Wellington Management Company LLP Defined Benefit Plan
 Supplemental Schedule
 Schedule H, line 4i – Schedule of Assets (Held At End of Year)
 Schedule H, line 4j – Schedule of Reportable Transactions

Schedule H, line 4i – Schedule of Assets (Held At End of Year)				
As of December 31, 2024				
(a)	(b) Identity of issuer	(c) Description of investment	(d) Cost	(e) Current Value
*	Vanguard Global Wellington Fund	Mutual Fund (6,032,585 shares)	\$177,527,492	\$189,905,763

* Party-in-interest

Schedule H, line 4j – Schedule of Reportable Transactions
 for the Year Ended December 31, 2024

Single Transaction in Excess of 5% of Plan Assets

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Vanguard Global Wellington Fund*	Mutual Fund		\$29,384,035			\$26,924,619	\$29,384,035	\$2,459,416

* Party-in-interest

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

▶ **Round off amounts to nearest dollar.**

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

A Name of plan WELLINGTON MANAGEMENT COMPANY LLP DEFINED BENEFIT PLAN		B Three-digit plan number (PN) ▶	007
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Wellington Management Company, Llp		D Employer Identification Number (EIN) 30-0835489	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:	
a Market value	2a 207,879,528
b Actuarial value	2b 207,879,528

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	11	29,384,035	29,384,035
c For active participants	149	158,344,774	158,344,774
d Total	160	187,728,809	187,728,809

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)


a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b

5 Effective interest rate **5** 4.86%

6 Target normal cost	
a Present value of current plan year accruals	6a 0
b Expected plan-related expenses	6b 0
c Target normal cost	6c 0

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/30/2025</u>
	Signature of actuary	Date
<u>Chris O'Neil, FSA, EA</u>	Type or print name of actuary	<u>2307866</u>
		Most recent enrollment number
<u>AON CONSULTING, INC.</u>	Firm name	<u>781-302-0221</u>
		Telephone number (including area code)
<u>700 District Avenue</u>		
<u>10th Floor</u>		
<u>Burlington</u>	<u>MA</u>	<u>01803</u>
Address of the firm		

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

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

Schedule SB (Form 5500) 2024
v. 240311

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	-----------------------	---

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 60

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

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

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

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

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

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

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

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

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

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Wellington Management Company LLP Defined Benefit Plan
 EIN: 30-0835489 PN: 007

Schedule SB, line 22 – Description of Weighted Average Retirement Age

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	15.00%	1.0000	8.25
56	4.50%	0.8500	2.14
57	4.50%	0.8118	2.08
58	4.50%	0.7752	2.02
59	4.50%	0.7403	1.97
60	4.50%	0.7070	1.91
61	4.50%	0.6752	1.85
62	100.00%	0.6448	39.98
		Weighted Average	60.20

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Wellington Management Company LLP Defined Benefit Plan
 EIN: 30-0835489 PN: 007

Schedule SB, Part V – Statement of Actuarial
 Assumptions/Methods

Interest Rates	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Assumed Yield for Benefit Growth	According to the segment rates for the specified valuation.
Optional Payment Form	100% lump sum
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	100% immediate retirement at the current age
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.
Inflation Rate for IRC 415(b) Limits	2.20%
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	None
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year
Wellington Management Company LLP Defined Benefit Plan
EIN: 30-0835489 PN: 007

Table 1

Retirement Rates

Age	Rate
15 – 54	0.00%
55	15.00%
56	4.50%
57	4.50%
58	4.50%
59	4.50%
60	4.50%
61	4.50%
62+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Wellington Management Company LLP Defined Benefit Plan
 EIN: 30-0835489 PN: 007

Table 2

Withdrawal Rates — Male

Age	Years of Service			
	0	1	2	3+
15 – 20	17.50%	17.50%	17.50%	17.50%
20	17.50%	17.50%	17.50%	17.50%
21	17.50%	17.50%	17.50%	16.80%
22	16.70%	16.70%	16.70%	14.60%
23	15.80%	15.80%	15.80%	13.20%
24	15.10%	15.10%	15.10%	11.80%
25	14.30%	14.30%	14.30%	10.40%
26	13.60%	13.60%	13.60%	9.00%
27	12.80%	12.80%	12.80%	7.60%
28	12.70%	12.10%	12.10%	7.20%
29	12.70%	11.90%	11.50%	6.80%
30	12.70%	11.90%	11.00%	6.40%
31	12.70%	11.90%	11.00%	6.00%
32	12.70%	11.90%	11.00%	5.60%
33	12.70%	11.90%	11.00%	5.40%
34	12.70%	11.90%	11.00%	5.20%
35	12.70%	11.90%	11.00%	5.00%
36	12.70%	11.90%	11.00%	4.80%
37	12.70%	11.90%	11.00%	4.60%
38	12.70%	11.90%	11.00%	4.30%
39	12.70%	11.90%	11.00%	4.10%
40	12.70%	11.90%	11.00%	3.90%
41	12.70%	11.90%	11.00%	3.70%
42	12.70%	11.90%	11.00%	3.50%
43	12.70%	11.90%	11.00%	3.30%
44	12.70%	11.90%	11.00%	3.10%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Wellington Management Company LLP Defined Benefit Plan
 EIN: 30-0835489 PN: 007

Table 2 (continued)

Withdrawal Rates – Male

Age	Years of Service			
	0	1	2	3+
45	12.70%	11.90%	11.00%	2.80%
46	12.70%	11.90%	11.00%	2.60%
47	12.70%	11.90%	11.00%	2.40%
48	12.70%	11.90%	11.00%	2.20%
49	12.70%	11.90%	11.00%	1.90%
50	12.70%	11.90%	11.00%	1.70%
51	12.70%	11.90%	11.00%	1.40%
52	12.70%	11.90%	11.00%	1.10%
53	12.70%	11.90%	11.00%	0.90%
54	12.70%	11.90%	11.00%	0.60%
55+	12.70%	11.90%	11.00%	0.30%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Wellington Management Company LLP Defined Benefit Plan
 EIN: 30-0835489 PN: 007

Table 2 (continued)

Withdrawal Rates – Female

Age	Years of Service			
	0	1	2	3+
15 – 20	17.50%	17.50%	17.50%	17.50%
20	17.50%	17.50%	17.50%	17.50%
21	17.50%	17.50%	17.50%	17.50%
22	16.70%	16.70%	16.70%	16.70%
23	15.80%	15.80%	15.80%	15.80%
24	15.10%	15.10%	15.10%	15.10%
25	14.30%	14.30%	14.30%	14.10%
26	13.60%	13.60%	13.60%	12.00%
27	12.80%	12.80%	12.80%	9.90%
28	12.70%	12.10%	12.10%	9.60%
29	12.70%	11.90%	11.50%	9.30%
30	12.70%	11.90%	11.00%	9.00%
31	12.70%	11.90%	11.00%	8.70%
32	12.70%	11.90%	11.00%	8.30%
33	12.70%	11.90%	11.00%	8.00%
34	12.70%	11.90%	11.00%	7.70%
35	12.70%	11.90%	11.00%	7.40%
36	12.70%	11.90%	11.00%	7.10%
37	12.70%	11.90%	11.00%	6.80%
38	12.70%	11.90%	11.00%	6.50%
39	12.70%	11.90%	11.00%	6.20%
40	12.70%	11.90%	11.00%	5.90%
41	12.70%	11.90%	11.00%	5.60%
42	12.70%	11.90%	11.00%	5.20%
43	12.70%	11.90%	11.00%	4.90%
44	12.70%	11.90%	11.00%	4.60%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Wellington Management Company LLP Defined Benefit Plan
 EIN: 30-0835489 PN: 007

Table 2 (continued)

Withdrawal Rates – Female

Age	Years of Service			
	0	1	2	3+
45	12.70%	11.90%	11.00%	4.30%
46	12.70%	11.90%	11.00%	3.90%
47	12.70%	11.90%	11.00%	3.60%
48	12.70%	11.90%	11.00%	3.30%
49	12.70%	11.90%	11.00%	2.90%
50	12.70%	11.90%	11.00%	2.50%
51	12.70%	11.90%	11.00%	2.10%
52	12.70%	11.90%	11.00%	1.70%
53	12.70%	11.90%	11.00%	1.20%
54	12.70%	11.90%	11.00%	0.80%
55+	12.70%	11.90%	11.00%	0.40%

Schedule SB Attachment (Form 5500) –2024 Plan Year
Wellington Management Company LLP Defined Benefit Plan
EIN: 30-0835489 PN: 007

Schedule SB, Part V – Summary of Plan Provisions

Effective Date

The effective date of the plan was January 1, 2001.

Employees Eligibility for Participation

Eligible Employees are Partners of the Employer who are performing substantial services in the United States and are either citizens of the United States or permanent residents of the United States. Eligible Employees shall also include such other persons as the Plan Administrator may designate in writing including, without limitation: (a) Partners or Employees of the Employer who are citizens of the United States or lawfully admitted to the United States for permanent residence and are performing substantial services outside the United States; (b) partners or employees of an Affiliated Employer; and (c) Partners or Employees of the Employer who are neither citizens of the United States nor permanent residents of the United States. No other Partner or Employee shall be an Eligible Employee absent affirmative action by the Plan Administrator. An Eligible Employee becomes a Participant on the first day of the calendar month coincident or next following the date he or she becomes an Eligible Employee.

Definitions

Accrued Benefit

The accrued benefit is the single life annuity payable at normal retirement age determined as the sum of:

- (1) The Participant's Adjusted Accrued Benefit; and
- (2) The Incremental Accrued Benefit

Adjusted Accrued Benefit

The Adjusted Accrued Benefit is the sum of:

- (1) The Participant's the Participant's Elected Accrued Benefit as of the end of the previous year, multiplied by $(1 + \text{Yield for the period beginning on the first day of the current Plan Year and ending on the determination date})/1.05$
- (2) The Participant's Available Accrued Benefit at the end of the previous Plan Year, multiplied by $(1 + \text{Yield for the period beginning on the first day of the current Plan Year and ending on the determination date})/1.05$

The above is subject to limits under Section 415 of the Internal Revenue Code. In addition, if a lump sum benefit is elected with respect to any portion of the Available Accrued Benefit in the Plan Year, the Participant's

Schedule SB Attachment (Form 5500) —2024 Plan Year
Wellington Management Company LLP Defined Benefit Plan
EIN: 30-0835489 PN: 007

Available Accrued Benefit at the end of the previous Plan Year shall be reduced by the portion of the Accrued Benefit corresponding to such lump sum election.

Incremental Accrued Benefit

The Incremental Accrued Benefit is the lesser of:

- (1) The Incremental AB_y , which is the product of $m/12$, the Y-Factor and the Reciprocal Factor, where m is the number of whole months in the Plan Year during which the Participant is an Eligible Employee.
- (2) The Maximum Accrual Margin is the excess, if any, of the limit under Section 415(b)(1)(A) as adjusted by Section 415(d) of the Internal Revenue Code, expressed as an annuity commencing at the later of the Normal Retirement Age or the attained age, over the sum of the Adjusted Accrued Benefit and any other benefit payable from any other defined benefit pension plan maintained by Wellington Management Company LLP.

A Participant's Accrued Benefit shall receive no Incremental AB within the meaning of Section 5.1(b)(2) subsequent to his completion of ten Years of Plan Participation (eleven Years of Plan Participation, effective for the Plan Year beginning January 1, 2011; twelve Years of Plan Participation, effective for Plan Years beginning on or after January 1, 2012; thirteen Years of Plan Participation, effective for Plan Years beginning on or after January 1, 2013; fourteen Years of Plan Participation, effective for Plan Years beginning on or after January 1, 2014; fifteen Years of Plan Participation, effective for Plan Years beginning on or after January 1, 2015; sixteen Years of Plan Participation, effective for Plan Years beginning on or after January 1, 2016; seventeen Years of Plan Participation, effective for Plan Years beginning on or after January 1, 2017; eighteen Years of Plan Participation, effective for Plan Years beginning on or after January 1, 2018; nineteen Years of Plan Participation, effective for Plan Years beginning on or after January 1, 2019; twenty Years of Plan Participation, effective for Plan Years beginning on or after January 1, 2020; twenty one Years of Plan Participation, effective for Plan Years beginning on or after January 1, 2021; twenty two Years of Plan Participation, effective for Plan Years beginning on or after January 1, 2022) herein.

Schedule SB Attachment (Form 5500) –2024 Plan Year
Wellington Management Company LLP Defined Benefit Plan
EIN: 30-0835489 PN: 007

Effective January 1, 2023, there are no further incremental benefit accruals for any participants.

Reciprocal Factor

The Reciprocal Factor is the product of:

- (1) 1000 and 1.05 raised to the power equal to the number of years from age on birthday coincident with or immediately preceding the last day of the Plan Year to Normal Retirement Age, or zero if age on birthday coincident with or immediately preceding the last day of the Plan year is greater than Normal Retirement Age.
- (2) 1 divided by the present value of \$1 per annum payable for life commencing at the later of age on birthday coincident with or immediately preceding the last day of the Plan Year or Normal Retirement Age, on the basis of the Applicable Mortality Table as defined in Code Section 417(e)(3)(B) and five percent interest per annum.

Elected Accrued Benefit

The portion of the Accrued Benefit previously subject to an election other than a lump sum.

Available Accrued Benefit

The portion of the Accrued Benefit not subject to a previous benefit election.

Age (Y)

In the case of an Eligible Employee who is a Partner, his age on his birthday as of the last day of the year in which he first became a Partner. In the case of an Eligible Employee who is not a Partner, his age as of the last day of the year in which he first becomes a Participant.

Normal Retirement Age

The date on which the participant attains age 62.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Wellington Management Company LLP Defined Benefit Plan
 EIN: 30-0835489 PN: 007

Y Factors for Eligible Employees who are not Partners of the Employer or an Affiliated Employer

Y	Y Factor	Y	Y Factor
21	9.903	46	82.374
22	10.893	47	86.806
23	11.982	48	91.524
24	13.180	49	96.555
25	14.498	50	101.928
26	15.948	51	107.677
27	17.542	52	113.848
28	19.297	53	119.541
29	21.227	54	125.519
30	23.349	55	131.795
31	25.684	56	138.385
32	28.252	57	145.305
33	31.078	58	152.571
34	34.186	59	160.200
35	37.604	60	168.210
36	41.364	61	176.621
37	45.500	62	185.453
38	50.051	63	186.453
39	55.056	64	187.453
40	60.561	65	188.453
41	63.709	66	189.453
42	67.032	67	190.173
43	70.546	68	199.682
44	74.264	69	209.666
45	78.201	70	220.149

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Wellington Management Company LLP Defined Benefit Plan
 EIN: 30-0835489 PN: 007

Y Factors for Eligible Employees who are Partners of the Employer or an Affiliated Employer

Y	Y Factor	Y	Y Factor
21	37.403	46	109.874
22	38.393	47	114.306
23	39.482	48	119.024
24	40.680	49	124.055
25	41.998	50	129.428
26	43.448	51	135.177
27	45.042	52	141.348
28	46.797	53	147.041
29	48.727	54	153.019
30	50.849	55	159.295
31	53.184	56	165.885
32	55.752	57	172.805
33	58.578	58	180.071
34	61.686	59	187.700
35	65.104	60	195.710
36	68.864	61	204.121
37	73.000	62	212.953
38	77.551	63	213.953
39	82.556	64	214.953
40	88.061	65	215.953
41	91.209	66	216.953
42	94.532	67	217.673
43	98.046	68	227.182
44	101.764	69	237.166
45	105.701	70	247.649

Schedule SB Attachment (Form 5500) –2024 Plan Year
Wellington Management Company LLP Defined Benefit Plan
EIN: 30-0835489 PN: 007

Normal Retirement

Eligibility	The first day of the calendar month coincident with or next following the date on which the Participant attains age 62.
Benefit	The accrued benefit payable as an annuity or its Actuarial Equivalent single sum value, subject to IRS maximums.

Postponed Retirement

Eligibility	Retirement after Normal Retirement Date.
Benefit	The accrued benefit payable as an annuity or its Actuarial Equivalent single sum value, subject to IRS maximums.

Termination Benefit

Eligibility	Termination of employment after having earned an Accrued Benefit.
Benefit	The accrued benefit payable as an annuity or its Actuarial Equivalent single sum value, subject to IRS maximums.

Death Benefit

Eligibility	Beneficiary of an active or terminated Participant in the event of the Participant's death before benefit payments commence.
Benefit	The Actuarial Equivalent of the accrued benefit payable as a lump sum, subject to IRS maximums.

Forms of Payment

The normal form of payment for a participant who is married at the Pension Starting Date is a reduced qualified joint and survivor annuity, with 50 percent of the benefit continuing to the surviving spouse upon the earlier death of the participant. The normal form with respect to all other participants is a straight life annuity.

In lieu of the automatic form of payment, a Participant may elect, with the proper spousal consent, a single lump sum payment, or a 75 percent joint and survivor annuity.

Schedule SB Attachment (Form 5500) –2024 Plan Year
Wellington Management Company LLP Defined Benefit Plan
EIN: 30-0835489 PN: 007

**Other Information to Fully and Fairly Disclose the Actuarial Position of
the Plan**

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Wellington Management Company LLP Defined Benefit Plan
 EIN: 30-0835489 PN: 007

Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39		3								
40-44		9	5	1						
45-49		9	16	1	2					
50-54		11	20	20	3	1				
55-59		4	11	11	7	6				
60-64			1	1	3	2	1	1		
65-69										
70+										

N-149

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Wellington Management Company LLP Defined Benefit Plan
 EIN: 30-0835489 PN: 007

Schedule SB, line 22 – Description of Weighted Average Retirement Age

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	15.00%	1.0000	8.25
56	4.50%	0.8500	2.14
57	4.50%	0.8118	2.08
58	4.50%	0.7752	2.02
59	4.50%	0.7403	1.97
60	4.50%	0.7070	1.91
61	4.50%	0.6752	1.85
62	100.00%	0.6448	39.98
		Weighted Average	60.20

Schedule SB Attachment (Form 5500) —2024 Plan Year
Wellington Management Company LLP Defined Benefit Plan
EIN: 30-0835489 PN: 007

Schedule SB, Part V — Summary of Plan Provisions

Effective Date

The effective date of the plan was January 1, 2001.

Employees Eligibility for Participation

Eligible Employees are Partners of the Employer who are performing substantial services in the United States and are either citizens of the United States or permanent residents of the United States. Eligible Employees shall also include such other persons as the Plan Administrator may designate in writing including, without limitation: (a) Partners or Employees of the Employer who are citizens of the United States or lawfully admitted to the United States for permanent residence and are performing substantial services outside the United States; (b) partners or employees of an Affiliated Employer; and (c) Partners or Employees of the Employer who are neither citizens of the United States nor permanent residents of the United States. No other Partner or Employee shall be an Eligible Employee absent affirmative action by the Plan Administrator. An Eligible Employee becomes a Participant on the first day of the calendar month coincident or next following the date he or she becomes an Eligible Employee.

Definitions

Accrued Benefit

The accrued benefit is the single life annuity payable at normal retirement age determined as the sum of:

- (1) The Participant's Adjusted Accrued Benefit; and
- (2) The Incremental Accrued Benefit

Adjusted Accrued Benefit

The Adjusted Accrued Benefit is the sum of:

- (1) The Participant's the Participant's Elected Accrued Benefit as of the end of the previous year, multiplied by $(1 + \text{Yield for the period beginning on the first day of the current Plan Year and ending on the determination date})/1.05$
- (2) The Participant's Available Accrued Benefit at the end of the previous Plan Year, multiplied by $(1 + \text{Yield for the period beginning on the first day of the current Plan Year and ending on the determination date})/1.05$

The above is subject to limits under Section 415 of the Internal Revenue Code. In addition, if a lump sum benefit is elected with respect to any portion of the Available Accrued Benefit in the Plan Year, the Participant's

Schedule SB Attachment (Form 5500) —2024 Plan Year
Wellington Management Company LLP Defined Benefit Plan
EIN: 30-0835489 PN: 007

Available Accrued Benefit at the end of the previous Plan Year shall be reduced by the portion of the Accrued Benefit corresponding to such lump sum election.

Incremental Accrued Benefit

The Incremental Accrued Benefit is the lesser of:

- (1) The Incremental Aby, which is the product of $m/12$, the Y-Factor and the Reciprocal Factor, where m is the number of whole months in the Plan Year during which the Participant is an Eligible Employee.
- (2) The Maximum Accrual Margin is the excess, if any, of the limit under Section 415(b)(1)(A) as adjusted by Section 415(d) of the Internal Revenue Code, expressed as an annuity commencing at the later of the Normal Retirement Age or the attained age, over the sum of the Adjusted Accrued Benefit and any other benefit payable from any other defined benefit pension plan maintained by Wellington Management Company LLP.

A Participant's Accrued Benefit shall receive no Incremental AB within the meaning of Section 5.1(b)(2) subsequent to his completion of ten Years of Plan Participation (eleven Years of Plan Participation, effective for the Plan Year beginning January 1, 2011; twelve Years of Plan Participation, effective for Plan Years beginning on or after January 1, 2012; thirteen Years of Plan Participation, effective for Plan Years beginning on or after January 1, 2013; fourteen Years of Plan Participation, effective for Plan Years beginning on or after January 1, 2014; fifteen Years of Plan Participation, effective for Plan Years beginning on or after January 1, 2015; sixteen Years of Plan Participation, effective for Plan Years beginning on or after January 1, 2016; seventeen Years of Plan Participation, effective for Plan Years beginning on or after January 1, 2017; eighteen Years of Plan Participation, effective for Plan Years beginning on or after January 1, 2018; nineteen Years of Plan Participation, effective for Plan Years beginning on or after January 1, 2019; twenty Years of Plan Participation, effective for Plan Years beginning on or after January 1, 2020; twenty one Years of Plan Participation, effective for Plan Years beginning on or after January 1, 2021; twenty two Years of Plan Participation, effective for Plan Years beginning on or after January 1, 2022) herein.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Wellington Management Company LLP Defined Benefit Plan
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Effective January 1, 2023, there are no further incremental benefit accruals for any participants.

Reciprocal Factor

The Reciprocal Factor is the product of:

- (1) 1000 and 1.05 raised to the power equal to the number of years from age on birthday coincident with or immediately preceding the last day of the Plan Year to Normal Retirement Age, or zero if age on birthday coincident with or immediately preceding the last day of the Plan year is greater than Normal Retirement Age.
- (2) 1 divided by the present value of \$1 per annum payable for life commencing at the later of age on birthday coincident with or immediately preceding the last day of the Plan Year or Normal Retirement Age, on the basis of the Applicable Mortality Table as defined in Code Section 417(e)(3)(B) and five percent interest per annum.

Elected Accrued Benefit

The portion of the Accrued Benefit previously subject to an election other than a lump sum.

Available Accrued Benefit

The portion of the Accrued Benefit not subject to a previous benefit election.

Age (Y)

In the case of an Eligible Employee who is a Partner, his age on his birthday as of the last day of the year in which he first became a Partner. In the case of an Eligible Employee who is not a Partner, his age as of the last day of the year in which he first becomes a Participant.

Normal Retirement Age

The date on which the participant attains age 62.

Schedule SB Attachment (Form 5500) –2024 Plan Year
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**Other Information to Fully and Fairly Disclose the Actuarial Position of
the Plan**

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Wellington Management Company LLP Defined Benefit Plan
 Supplemental Schedule
 Schedule H, line 4i – Schedule of Assets (Held At End of Year)
 Schedule H, line 4j – Schedule of Reportable Transactions

Schedule H, line 4i – Schedule of Assets (Held At End of Year)				
As of December 31, 2024				
(a)	(b) Identity of issuer	(c) Description of investment	(d) Cost	(e) Current Value
*	Vanguard Global Wellington Fund	Mutual Fund (6,032,585 shares)	\$177,527,492	\$189,905,763

* Party-in-interest

Schedule H, line 4j – Schedule of Reportable Transactions
 for the Year Ended December 31, 2024

Single Transaction in Excess of 5% of Plan Assets

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Vanguard Global Wellington Fund*	Mutual Fund		\$29,384,035			\$26,924,619	\$29,384,035	\$2,459,416

* Party-in-interest