# 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

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
PFIZER SAVINGS PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 07/01/1965

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PFIZER INC.

ATTENTION US BENEFITS
66 HUDSON BOULEVARD EAST
NEW YORK, NY 10001-2192

**2b** Employer Identification Number (EIN)
13-5315170

**2c** Plan Sponsor's telephone number
212-733-2323

**2d** Business code (see instructions)
325410

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 09/30/2026 | STEPHEN PENNACCHIO |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor

THE SAVINGS PLAN COMMITTEE
PFIZER INC.
ATTENTION US BENEFITS
66 HUDSON BOULEVARD EAST
NEW YORK, NY 10001-2192

**3b** Administrator's EIN: 13-2875255

**3c** Administrator's telephone number: 212-733-2323

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
**a** Sponsor's name
**c** Plan Name

**4b** EIN

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 57113 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 29469 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 26049 |
| **b** | Retired or separated participants receiving benefits | **6b** | 1535 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 24110 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 51694 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 159 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 51853 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | 57024 |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | 51714 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 1125 |
| **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 Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2O 2R 3F 3H 2S 2T

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

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | [X] | Insurance |
| **(2)** | [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** | [X] | Trust |
| **(4)** | [ ] | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | [X] | Insurance |
| **(2)** | [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** | [X] | Trust |
| **(4)** | [ ] | General assets of the sponsor |

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

**a Pension Schedules**

- **(1)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 9
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
PFIZER SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PFIZER INC.

**D** Employer Identification Number (EIN)
13-5315170

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

**1** Coverage Information:

**(a)** Name of insurance carrier
AMERICAN GENERAL LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 25-0598210 | 60488 | GA-266-1658155 | 14211 | 01/01/2025 | 12/31/2025 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 113352626 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 3493180 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | 3493180 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 116845806 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | 10025237 | | |
| | ▶ ADJUSTMENTS | | | | |
| | (5) Total deductions | | | 7e(5) | 10025237 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 106820569 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
PFIZER SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PFIZER INC.

**D** Employer Identification Number (EIN)
13-5315170

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

**1** Coverage Information:

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

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 22-1211670 | 68241 | GA-63191 | 14211 | 01/01/2025 | 12/31/2025 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 151571291 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 4419047 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | 4419047 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 155990338 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ CASH | 7e(4) | 13388454 | | |
| | (5) Total deductions | | | 7e(5) | 13388454 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 142601884 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
PFIZER SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PFIZER INC.

**D** Employer Identification Number (EIN)
13-5315170

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

**1** Coverage Information:

**(a)** Name of insurance carrier
ROYAL BANK OF CANADA

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 41-1416330 | 00000 | TRPPFIZER01 | 14211 | 01/01/2025 | 12/31/2025 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 99898264 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 3057017 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | 3057017 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 102955281 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 8832671 | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ | 7e(4) | | | |
| | (5) Total deductions | | | 7e(5) | 8832671 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 94122610 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
PFIZER SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PFIZER INC.

**D** Employer Identification Number (EIN)
13-5315170

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

**1** Coverage Information:

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

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 04-1867554 | 00000 | 96028 | 14211 | 01/01/2025 | 12/31/2025 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 176446255 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 5087526 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | ▶ | | | | |
| | (6)Total additions | | | 7c(6) | 5087526 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 181533781 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 69957021 | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | 69957021 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 111576760 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
PFIZER SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PFIZER INC.

**D** Employer Identification Number (EIN)
13-5315170

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

**1** Coverage Information:

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

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 13-4994650 | 00000 | ATRPPFIZER01 | 14211 | 01/01/2025 | 12/31/2025 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 113305795 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 230173 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 3355778 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | 3585951 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 116891746 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ | 7e(4) | | | |
| | (5) Total deductions | | | 7e(5) | 0 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 116891746 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE A
## (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
PFIZER SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PFIZER INC.

**D** Employer Identification Number (EIN)
13-5315170

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

**1** Coverage Information:

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

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 13-5582869 | 66915 | GA29302 | 14211 | 01/01/2025 | 12/31/2025 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 127295937 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 10000000 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 3685769 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | 13685769 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 140981706 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 11356830 | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ | 7e(4) | | | |
| | (5) Total deductions | | | 7e(5) | 11356830 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 129624876 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
PFIZER SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PFIZER INC.

**D** Employer Identification Number (EIN)
13-5315170

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

**1** Coverage Information:

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

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 04-1590850 | 65935 | GC 30011 | 14211 | 01/01/2025 | 12/31/2025 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 130100050 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 10000000 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 3701368 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | 13701368 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 143801418 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 11598555 | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ | 7e(4) | | | |
| | (5) Total deductions | | | 7e(5) | 11598555 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 132202863 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE A
## (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
PFIZER SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PFIZER INC.

**D** Employer Identification Number (EIN)
13-5315170

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

**1** Coverage Information:

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

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 13-5581829 | 65978 | 38127 | 14211 | 01/01/2025 | 12/31/2025 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 162460299 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 4947061 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | 4947061 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 167407360 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 14364779 | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ | 7e(4) | | | |
| | (5) Total deductions | | | 7e(5) | 14364779 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 153042581 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
PFIZER SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PFIZER INC.

**D** Employer Identification Number (EIN)
13-5315170

## Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
PACIFIC LIFE

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 95-1079000 | 67466 | G-027852 | 14211 | 05/01/2025 | 12/31/2025 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 100998592 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 25000000 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 3015853 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | 28015853 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 129014445 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 9209956 | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ | 7e(4) | | | |
| | (5) Total deductions | | | 7e(5) | 9209956 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 119804489 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
PFIZER SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PFIZER INC.

**D** Employer Identification Number (EIN)
13-5315170

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

AMERIPRISE TRUST COMPANY

86-2128340

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

BOSTON PARTNERS TRUST COMPANY

61-1603964

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

FID INV INST OPS CO

04-2647786

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

NUVEEN FUND ADVISORS

88-4235186

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

PRUDENTIAL TRUST COMPANY

23-6994310

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

THE VANGUARD GROUP, INC

23-1945930

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

ACADIAN ASSET MANAGEMENT LLC

04-2929221

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

COLUMBIA MANAGEMENT INVESTMENT

04-3369476

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

JENNISON INVESTMENT MANAGEMENT

55 EAST 52ND STREET
NEW YORK, NY 10055

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

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

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

**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)

WELLINGTON TRUST COMPANY

04-2755549

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 51 52 | INV. MGMT | 2861458 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

FID INV INST OPS CO

04-2647786

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 14 21 37 50 64 65 71 | RECORDKEEPER | 2320526 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

T. ROWE PRICE ASSOCIATES INC.

52-0556948

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 50 51 | INV. MGMT | 1228929 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

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

SEI INVESTMENTS COMPANY

23-1707341

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 51 | INV. MGMT | 468951 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

STATE STREET GLOBAL ADVISORS

04-1867445

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 51 52 | INV. MGMT | 205680 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

THE NORTHERN TRUST COMPANY

36-1561860

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 18 21 28 50 51 | TRUSTEE | 85059 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FID INV INST OPS CO | 60 | 0 |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| MULTIPLE MUTUAL FUND COMPANIES<br><br>04-2647786 | SUB-TRANSFER AGENCY FEES SEE ATTACHMENT TO LINE 2(H) FOR FORMULAS | |

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
PFIZER SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
PFIZER INC.

**D** Employer Identification Number (EIN)
13-5315170

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: ACADIAN INTERNATIONAL EQUITY FUND,

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-2929221-017 | C | 476702923 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY LARGE CAP GROWTH FUND

**b** Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-3022712-142 | C | 1857328858 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WTF-CTF INTL RESEARCH EQ PORTFOLIO

**b** Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-6657586-001 | C | 476081371 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON SMALL-MID CAP EQUITY FUND

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 23-6994310-232 | C | 181231504 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORT TERM INV FUND

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 45-6138589-069 | C | 46487615 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON PARTNERS LARGE CAP VAL EQ FD

**b** Name of sponsor of entity listed in (a): BOSTON PARTNERS TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 61-1603964-001 | C | 828386447 |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 47-6930815-001 | C | 365509108 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD TARGET RET 2020 TRUST SEL | | |
| **b** Name of sponsor of entity listed in (a): | VANGUARD FIDUCIARY TRUST COMPANY | | |
| **c** EIN-PN 47-6935530-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 369664568 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD TARGET RET 2025 TRUST SEL | | |
| **b** Name of sponsor of entity listed in (a): | VANGUARD FIDUCIARY TRUST COMPANY | | |
| **c** EIN-PN 47-6938034-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 615470100 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD TARGET RET 2030 TRUST SEL | | |
| **b** Name of sponsor of entity listed in (a): | VANGUARD FIDUCIARY TRUST COMPANY | | |
| **c** EIN-PN 47-6938065-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1641290621 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD TARGET RET 2035 TRUST SEL | | |
| **b** Name of sponsor of entity listed in (a): | VANGUARD FIDUCIARY TRUST COMPANY | | |
| **c** EIN-PN 47-6941311-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1425624475 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD TARGET RET 2040 TRUST SEL | | |
| **b** Name of sponsor of entity listed in (a): | VANGUARD FIDUCIARY TRUST COMPANY | | |
| **c** EIN-PN 47-6941351-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1737376103 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD TARGET RET 2045 TRUST SEL | | |
| **b** Name of sponsor of entity listed in (a): | VANGUARD FIDUCIARY TRUST COMPANY | | |
| **c** EIN-PN 47-6944355-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1101549908 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD TARGET RET 2050 TRUST SEL | | |
| **b** Name of sponsor of entity listed in (a): | VANGUARD FIDUCIARY TRUST COMPANY | | |
| **c** EIN-PN 47-6944390-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 729856441 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD TARGET RET 2055 TRUST SEL | | |
| **b** Name of sponsor of entity listed in (a): | VANGUARD FIDUCIARY TRUST COMPANY | | |
| **c** EIN-PN 47-6948719-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 538222705 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD TARGET RET 2060 TRUST SEL | | |
| **b** Name of sponsor of entity listed in (a): | VANGUARD FIDUCIARY TRUST COMPANY | | |
| **c** EIN-PN 47-6948754-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 328732671 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD TARGET RET 2065 TRUST SEL | | |
| **b** Name of sponsor of entity listed in (a): | VANGUARD FIDUCIARY TRUST COMPANY | | |
| **c** EIN-PN 82-6200492-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 61098823 |

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

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

| **c** EIN-PN 99-6216430-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4746048 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA INTERNATIONAL INDEX NL SER FD

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

| **c** EIN-PN 90-0337987-157 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 267765284 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA US BOND INDEX NL SER FD

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

| **c** EIN-PN 90-0337987-177 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 161177657 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 INDEX NL SER FD

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

| **c** EIN-PN 90-0337987-388 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3924098281 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SM-MID CAP INDEX NL SE

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

| **c** EIN-PN 90-0337987-461 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1158604388 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA TRUST US SMALLER COMPANIES

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

| **c** EIN-PN 86-2128340-200 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 181775742 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN QUANT SMALL-MID CAP EQUITY F

**b** Name of sponsor of entity listed in (a): NUVEEN FUND ADVISORS

| **c** EIN-PN 88-4235186-073 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 181231504 |
|---|---|---|

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

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

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

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

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

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

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

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

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

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
PFIZER SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PFIZER INC.

**D** Employer Identification Number (EIN)
13-5315170

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 386798806 | 380090062 |
| **(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) | 1742801873 | 1857952761 |
| **(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) | 103497073 | 97790098 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 16252995728 | 18660013144 |
| **(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) | 1247268133 | 1053728619 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 1192286119 | 1160362041 |
| **(15)** Other | 1c(15) | 2727230 | 4999876 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | 1058777838 | 938916327 |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 21987152800 | 24153852928 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | 5359750 | 2970298 |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | 8713111 | 2533315 |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 14072861 | 5503613 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 21973079939 | 24148349315 |

## 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) | 560571550 | |
| **(B)** Participants | 2a(1)(B) | 619780887 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 77722967 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1258075404 |
| **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) | 8117331 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 8117331 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | 67031018 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 25492518 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 92523536 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 368969162 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | -377902549 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 746871711 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | -704866418 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | -704866418 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 2946089356 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 226177978 |
| (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) | | 118040625 |
| c Other income | 2c | | 37759800 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 4728789323 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 2548702783 | |
| (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) | | 2548702783 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | -217005 |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | 2275889 | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 2343028 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 85059 | |
| (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) | 330193 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 5034169 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 2553519947 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 2175269376 |
| 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)** [X] 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)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

**(1)** Name: KPMG LLP **(2)** EIN: 13-5565207

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **4a** | | 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.) | **4b** | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 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? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | | X | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
PFIZER SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PFIZER INC.

**D** Employer Identification Number (EIN)
13-5315170

## Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

| | | |
|---|---|---|
| **a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14b** | |
| **c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14c** | |

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

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

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

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

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

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

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

# FORM 11-K

FOR ANNUAL REPORTS OF EMPLOYEE STOCK PURCHASE, SAVINGS AND SIMILAR PLANS PURSUANT TO SECTION 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

X ANNUAL REPORT PURSUANT TO SECTION 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

**For the fiscal year ended December 31, 2025**

OR

__ TRANSITION REPORT PURSUANT TO SECTION 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from _____ to _____

COMMISSION FILE NUMBER 1-3619

A. Full title of the plan and the address of the plan, if different from that of the issuer named below:

**PFIZER SAVINGS PLAN**

B. Name of issuer of the securities held pursuant to the plan and the address of its principal executive office:

**PFIZER INC.**
**66 HUDSON BOULEVARD EAST**
**NEW YORK, NEW YORK 10001-2192**

# PFIZER SAVINGS PLAN

## Table of Contents


| | Page |
|---|---|
| Report of Independent Registered Public Accounting Firm | 1 |
| **Financial Statements** | |
| Statements of Net Assets Available for Plan Benefits as of December 31, 2025 and 2024 | 3 |
| Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2025 | 4 |
| Notes to Financial Statements | Beginning on page 5 |
| **Supplemental Schedule*** | |
| Schedule H, Line 4i - Schedule of Assets (Held at End of Year) | Beginning on page 12 |
| Exhibit Index | 16 |
| Signature | 17 |


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

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

## Report of Independent Registered Public Accounting Firm

To the Plan Participants and Savings Plan Committee
Pfizer Savings Plan:

*Opinion on the Financial Statements*

We have audited the accompanying statements of net assets available for plan benefits of Pfizer Savings Plan (the Plan) as of December 31, 2025 and 2024, the related statement of changes in net assets available for plan benefits for the year ended December 31, 2025, and the related notes (collectively, the financial statements). In our opinion, the financial statements present fairly, in all material respects, the net assets available for plan benefits of the Plan as of December 31, 2025 and 2024, and the changes in net assets available for plan benefits for the year ended December 31, 2025, in conformity with U.S. generally accepted accounting principles.

*Basis for Opinion*

These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits. We are a public accounting firm registered with the Public Company Accounting Oversight Board (United States) (PCAOB) and are required to be independent with respect to the Plan in accordance with the U.S. federal securities laws and the applicable rules and regulations of the Securities and Exchange Commission and the PCAOB.

We conducted our audits in accordance with the standards of the PCAOB. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether due to error or fraud. Our audits included performing procedures to assess the risks of material misstatement of the financial statements, whether due to error or fraud, and performing procedures that respond to those risks. Such procedures included examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements. Our audits also included evaluating the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that our audits provide a reasonable basis for our opinion.

*Accompanying Supplemental Information*

The Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 has been subjected to audit procedures performed in conjunction with the audit of the Plan's financial statements. The supplemental information is the responsibility of the Plan's management. Our audit procedures included determining whether the supplemental information reconciles to the financial statements or the underlying accounting and other records, as applicable, and performing procedures to test the completeness and accuracy of the information presented in the supplemental information. In forming our opinion on the supplemental information, we evaluated whether the supplemental information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the

KPMG LLP, a Delaware limited liability partnership, and its subsidiaries are part of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee.

Employee Retirement Income Security Act of 1974. In our opinion, the supplemental information is fairly stated, in all material respects, in relation to the financial statements as a whole.

KPMG LLP

We have not been able to determine the specific year that we or our predecessor firms began serving as the Plan's auditor; however, we are aware that we or our predecessor firms have served as the Plan's auditor since at least 1977.

Memphis, Tennessee
June 16, 2026

PFIZER SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

| (THOUSANDS OF DOLLARS) | As of December 31, 2025 | 2024 |
|---|---|---|
| Assets | | |
| Investments, at fair value | | |
| Pfizer Inc. common stock | $ 938,916 | $ 1,058,778 |
| Common/collective trust funds | 18,660,013 | 16,252,996 |
| Mutual funds | 566,228 | 838,470 |
| Self-directed brokerage account | 487,501 | 408,798 |
| Separate account | 1,857,953 | 1,742,802 |
| Total investments, at fair value | 22,510,611 | 20,301,844 |
| Investments, at contract value | | |
| T. Rowe Price Stable Value Fund | 1,202,651 | 1,277,792 |
| Total investments | 23,713,262 | 21,579,635 |
| Receivables | | |
| Company contributions | 380,090 | 386,799 |
| Notes receivable from participants | 101,255 | 107,179 |
| Securities sold | 1,970 | — |
| Interest and other | 3,030 | 2,727 |
| Total receivables | 486,345 | 496,705 |
| Total assets | 24,199,607 | 22,076,340 |
| Liabilities | | |
| Investment management fees payable | 2,231 | 4,641 |
| Payable to Plan Sponsor | 302 | 4,072 |
| Total liabilities | 2,533 | 8,713 |
| Net assets available for plan benefits | $ 24,197,074 | $ 22,067,627 |

Amounts may not add due to rounding.

See accompanying Notes to Financial Statements.

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

| (THOUSANDS OF DOLLARS) | Year Ended December 31, 2025 |
|---|---|
| Additions/(reductions) to net assets attributed to: | |
| Investment gain | |
| Net appreciation in investments | $ 3,274,729 |
| Pfizer Inc. common stock dividends | 67,031 |
| Interest income | 65,577 |
| Dividend income from other investments | 12,043 |
| Total investment gain | 3,419,380 |
| Interest income from notes receivable from participants | 8,117 |
| Less: Investment management, redemption and loan fees | (4,732) |
| Net investment and interest gain | 3,422,766 |
| Contributions | |
| Participant | 619,781 |
| Company | 560,572 |
| Rollovers into the Plan | 77,723 |
| Total contributions | 1,258,075 |
| Total additions | 4,680,841 |
| Deductions from net assets attributed to: | |
| Benefits paid to participants | 2,551,092 |
| Administrative expenses | 302 |
| Total deductions | 2,551,395 |
| Net increase | 2,129,447 |
| Net assets available for plan benefits | |
| Beginning of year | 22,067,627 |
| End of year | $ 24,197,074 |

Amounts may not add due to rounding.

See accompanying Notes to Financial Statements.

## 1. Description of the Plan and Recent Transactions and Events

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

### *General*

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

### *Recent Transactions and Events Impacting the Plan*

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

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

Effective January 1, 2025, the Plan was amended to accept rollovers from certain group annuity contracts with Metropolitan Life Insurance Company which the Company had entered into in relation to certain pension benefits provided through other Company sponsored pension plans, and also to provide that the mandatory small benefit cashout amount be increased to $7,000 for Plan participants and be eliminated for surviving spouses and alternate payees.

### *Plan Administration*

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

### *Administrative Costs*

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

### *Contributions*

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

Company matching contributions are deposited into the Plan each quarter, rather than with each pay date. In addition, participants generally must be actively employed on the last business day of the quarter to receive the match; however, if the participant separates from the Company prior to the last business day of the quarter due to retirement (defined, as at least age 62 with at least 5 years of service, at least age 55 with at least 10 years of service, or age 65), death or disability, such

participant will receive the matching contribution. In January 2025, the Company funded the fourth quarter 2024 Company matching contributions in the amount of approximately $45.7 million. In January 2026, the Company funded the fourth quarter 2025 Company matching contributions in the amount of approximately $37.8 million. These contributions are reported in the Company contributions receivable in the accompanying statements of net assets available for plan benefits.

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

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

The Plan also includes a Retirement Savings Contribution (RSC), which is an additional annual Company-provided contribution based on age and years of service. With the exception of certain participants who are specifically excluded by the Plan terms, participants generally are eligible to receive the RSC. The RSC contributions are deposited into the Plan annually, following the close of the Plan year, usually in February. In general, participants must be actively employed on the last business day of the year to receive the RSC; however, if the participant separates from the Company prior to the last day of the year due to retirement (defined, as at least age 62 with at least 5 years of service, at least age 55 with at least 10 years of service, or age 65), death or disability, such participant will receive the RSC. In February 2025, the Company funded the RSC for Plan year 2024 in the amount of approximately $341.1 million. In February 2026, the Company funded the RSC for Plan year 2025 in the amount of approximately $342.3 million. These contributions are reported in the Company contributions receivable in the accompanying statements of net assets available for plan benefits.

***Participant Accounts***

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

***Vesting***

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

***Forfeited Amounts***

Forfeited amounts of terminated participants are generally used to reduce future Company contributions. At December 31, 2025 and 2024, the market value of forfeitures available for use totaled approximately $2.5 million and $2.2 million, respectively. In 2025, Company contributions were reduced by approximately $12.0 million from forfeited amounts.

***Rollovers into the Plan***

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

***Investment Options***

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

***Eligibility***

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

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

***Notes Receivable from Participants***

Participants may borrow from their account balances with the interest rate set at 1% above the prime rate. The minimum loan is $1,000 and the maximum loan is the lesser of (i) 50% of the vested account balance reduced by any current outstanding loan balance or (ii) $50,000, reduced by the current outstanding loan balance. Loans must be repaid within five years, unless the funds are used to purchase a primary residence. Primary residence loans must be repaid within 15 years. Loans transferred to the Plan due to the merger of legacy plans into the Plan maintain the terms of the original loan. Interest rates on outstanding loans ranged from 3.25% to 10.50% at December 31, 2025 and 2024.

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

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

***Payment of Benefits***

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

**2. Summary of Significant Accounting Policies**

***Basis of Accounting***

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

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

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

***Use of Estimates***

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

***Investment Valuation and Income Recognition***

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

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

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

***Notes Receivable from Participants***

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

***Payment of Benefits***

Benefits are recorded when paid.

**3. Tax Status**

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

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Company's counsel has confirmed there are no uncertain positions taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is generally no longer subject to income tax examinations for years prior to 2022.

**4. Investment Contracts**

Participants in the Plan have a stable value investment option that invests in the T. Rowe Price Stable Value Fund, which is composed of fully benefit-responsive SICs held directly. The contract value of the investment contracts represents contributions made under the contract and related earnings offset by participant withdrawals. There are no reserves against contract value for credit risk of the contract issuers or otherwise. The value of SICs held by the Plan totaled approximately $1.2 billion and $1.3 billion as of December 31, 2025 and 2024, respectively.

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

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

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

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

## 5. Fair Value Measurements

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

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

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

| | Fair Value as of December 31, 2025 | | |
|---|---|---|---|
| (THOUSANDS OF DOLLARS) | Level 1 | Level 2 | Total |
| Pfizer Inc. common stock | $ 938,916 | $ — | $ 938,916 |
| Common/collective trust funds | — | 18,660,013 | 18,660,013 |
| Mutual funds | 566,228 | — | 566,228 |
| Self-directed brokerage account | 487,501 | — | 487,501 |
| Separate account: | | | |
| Common stock | 1,761,828 | — | 1,761,828 |
| Common/collective trust funds | — | 38,734 | 38,734 |
| Other | 57,391 | — | 57,391 |
| Total | $ 3,811,864 | $ 18,698,747 | $ 22,510,611 |

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

Amounts may not add due to rounding.

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

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

The Plan reimburses the Plan Sponsor for administrative expenses paid on behalf of the Plan. At December 31, 2025 and 2024, the Plan had payables to the Plan Sponsor of $0.3 million and $4.1 million, respectively, related to these administrative expenses.

**7. Plan Termination**

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

**8. Risks and Uncertainties**

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

**9. Subsequent Events**

Effective January 1, 2026, in accordance with the SECURE 2.0 ACT, catch-up contributions for participants who have attained, or will attain, age 50 by the end of the Plan year and whose prior-year FICA wages exceeded $150,000 (indexed) are required to be designated as Roth (after-tax) catch-up contributions.

Effective January 1, 2026, the Plan was amended to make former Metsera employees who were employees of the Company on the effective date, eligible for participation in the Plan.

The Plan Sponsor has evaluated subsequent events from the statement of net assets available for plan benefits date through June 16, 2026, the date at which the financial statements were issued, and no additional events were noted which warrant adjustments to, or disclosure in, the financial statements.

**10. Reconciliation of Financial Statements to Form 5500**

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

Fund representing fully benefit-responsive investment contracts are reported on Form 5500 at fair value, whereas the net assets available for plan benefits in the financial statements report such investments at contract value.

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

| (THOUSANDS OF DOLLARS) | December 31, 2025 | December 31, 2024 |
|---|---|---|
| Net assets available for plan benefits per the financial statements | $ 24,197,074 | $ 22,067,627 |
| Adjustment of T. Rowe Price Stable Value Fund from contract value to fair value | (42,289) | (85,505) |
| Amounts allocated to withdrawing participants | (2,970) | (5,360) |
| Deemed distributions | (3,465) | (3,682) |
| Net assets available for plan benefits per Form 5500 | $ 24,148,350 | $ 21,973,080 |

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

| (THOUSANDS OF DOLLARS) | Year Ended December 31, 2025 |
|---|---|
| Benefits paid to participants, including rollovers, per the financial statements | $ 2,551,092 |
| Amounts allocated to withdrawing participants and deemed distributions at end of year | 6,435 |
| Amounts allocated to withdrawing participants and deemed distributions at beginning of year | (9,042) |
| Benefits paid to participants, including rollovers, per Form 5500 | $ 2,548,485 |

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

| (THOUSANDS OF DOLLARS) | Year Ended December 31, 2025 |
|---|---|
| Net appreciation in investments per the financial statements | $ 3,274,729 |
| Adjustment of T. Rowe Price Stable Value Fund from contract value to fair value at end of year | (42,289) |
| Adjustment of T. Rowe Price Stable Value Fund from contract value to fair value at beginning of year | 85,505 |
| Net appreciation in investments per Form 5500 | $ 3,317,945 |

PFIZER SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2025
(THOUSANDS OF DOLLARS)

| | Identity of Issuer, Borrower, Lessor or Similar Party | Description of Investment | Rate of Interest | Maturity Date | Cost**** | Current Value |
|---|---|---|---|---|---|---|
| * | Pfizer Inc. | Common stock | | | | $ 938,916 |
| * | NTGI Collective Government Short-Term Investment Fund | Collective trust fund | | | | 46,488 |
| * | Fidelity Large Cap Growth Fund | Collective trust fund | | | | 1,857,329 |
| | Boston Partners Large Cap Value Fund | Collective trust fund | | | | 828,386 |
| * | SSGA S&P 500 Index Fund | Collective trust fund | | | | 3,924,098 |
| * | SSGA International Equity Index Fund | Collective trust fund | | | | 267,765 |
| * | SSGA Small-Mid Cap Equity Index Fund | Collective trust fund | | | | 1,158,604 |
| | Wellington International Equity Fund | Collective trust fund | | | | 476,081 |
| | Jennison Small-Mid Cap Equity Fund | Collective trust fund | | | | 181,232 |
| | Acadian International Equity Fund | Collective trust fund | | | | 476,703 |
| * | SSGA Bond Index Fund | Collective trust fund | | | | 161,178 |
| | Vanguard Target Retirement Income Trust Select | Collective trust fund | | | | 365,509 |
| | Vanguard Target Retirement 2020 Trust Select | Collective trust fund | | | | 369,665 |
| | Vanguard Target Retirement 2025 Trust Select | Collective trust fund | | | | 615,470 |
| | Vanguard Target Retirement 2030 Trust Select | Collective trust fund | | | | 1,641,291 |
| | Vanguard Target Retirement 2035 Trust Select | Collective trust fund | | | | 1,425,624 |
| | Vanguard Target Retirement 2040 Trust Select | Collective trust fund | | | | 1,737,376 |
| | Vanguard Target Retirement 2045 Trust Select | Collective trust fund | | | | 1,101,550 |
| | Vanguard Target Retirement 2050 Trust Select | Collective trust fund | | | | 729,856 |
| | Vanguard Target Retirement 2055 Trust Select | Collective trust fund | | | | 538,223 |
| | Vanguard Target Retirement 2060 Trust Select | Collective trust fund | | | | 328,733 |
| | Vanguard Target Retirement 2065 Trust Select | Collective trust fund | | | | 61,099 |
| | Vanguard Target Retirement 2070 Trust Select | Collective trust fund | | | | 4,746 |
| | Columbia Trust U.S. Smaller Companies Fund | Collective trust fund | | | | 181,776 |
| | Nuveen Quant Small-Mid Cap Equity Fund | Collective trust fund | | | | 181,232 |
| | Total common/collective trust funds | | | | | 18,660,013 |
| | SEI Diversified Bond Fund – Core | Mutual fund | | | | 509,605 |
| | SEI Diversified Bond Fund – High Yield | Mutual fund | | | | 14,156 |
| | SEI Diversified Bond Fund - Emerging Markets | Mutual fund | | | | 28,311 |
| | SEI Diversified Bond Fund - Opportunities Income | Mutual fund | | | | 14,156 |
| | Total mutual funds | | | | | 566,228 |
| | Self-Directed Brokerage Account | Self-directed brokerage account | | | | 487,501 |

PFIZER SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2025
(THOUSANDS OF DOLLARS)
(continued)

| Identity of Issuer, Borrower, Lessor or Similar Party | Description of Investment | Rate of Interest | Maturity Date | Cost**** | Current Value |
|---|---|---|---|---|---|
| Separate Account – | | | | | |
| Abbott Laboratories | Common stock | | | | 14,368 |
| Alphabet Inc. | Common stock | | | | 149,197 |
| Amazon.com Inc. | Common stock | | | | 137,812 |
| Apple Inc. | Common stock | | | | 73,464 |
| Applied Materials Inc. | Common stock | | | | 11,156 |
| Applovin Corp - Class A | Common stock | | | | 19,160 |
| Argenx SE | Common stock | | | | 4,886 |
| Astera Labs Inc. | Common stock | | | | 6,107 |
| Broadcom Inc. | Common stock | | | | 104,078 |
| Broadridge Financial Solutions Inc. | Common stock | | | | 9,735 |
| Cadence Design Sys Inc. | Common stock | | | | 13,991 |
| Cava Group Inc. | Common stock | | | | 7,149 |
| CBOE Global Markets Inc. | Common stock | | | | 17,195 |
| Celsius Holdings Inc. | Common stock | | | | 14,560 |
| Chipotle Mexican Grill Inc. | Common stock | | | | 18,060 |
| Copart Inc. | Common stock | | | | 7,709 |
| Costco Wholesale Corp. | Common stock | | | | 32,026 |
| Dexcom Inc. | Common stock | | | | 6,701 |
| Eli Lilly and Company | Common stock | | | | 60,271 |
| Ferrari NV | Common stock | | | | 13,336 |
| Garmin Ltd. | Common stock | | | | 4,848 |
| Home Depot Inc. | Common stock | | | | 26,909 |
| Intuit Inc. | Common stock | | | | 14,355 |
| Intuitive Surgical Inc. | Common stock | | | | 30,675 |
| Manhattan Associates Inc. | Common stock | | | | 8,790 |
| McKesson Corp. | Common stock | | | | 23,653 |
| Meta Platforms Inc. - Class A | Common stock | | | | 97,435 |
| Mettler-Toledo International Inc. | Common stock | | | | 15,697 |
| Microsoft Corp. | Common stock | | | | 158,106 |
| Monster Beverage Corp. | Common stock | | | | 35,861 |
| Motorola Solutions Inc. | Common stock | | | | 5,365 |
| Netflix Inc. | Common stock | | | | 53,106 |
| Nvidia Corp. | Common stock | | | | 180,721 |
| On Holding AG Class A | Common stock | | | | 8,406 |
| Otis Worldwide Corp. | Common stock | | | | 8,412 |
| Procore Technologies Inc. | Common stock | | | | 8,084 |
| Progressive Corp. | Common stock | | | | 13,771 |
| Qualcomm Inc. | Common stock | | | | 14,900 |
| Reddit Inc. - Class A | Common stock | | | | 9,840 |
| SAIA Inc. | Common stock | | | | 11,928 |
| Servicenow Inc. | Common stock | | | | 12,900 |
| Sherwin-Williams Co. / The | Common stock | | | | 17,998 |

PFIZER SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2025
(THOUSANDS OF DOLLARS)
(continued)

| | Identity of Issuer, Borrower, Lessor, or Similar Party | Description of Investment | Rate of Interest | Maturity Date | Cost**** | Current Value |
|---|---|---|---|---|---|---|
| | Spotify Inc. | Common stock | | | | 11,901 |
| | Stryker Corp. | Common stock | | | | 23,998 |
| | Texas Instruments Inc. | Common stock | | | | 19,185 |
| | Texas Roadhouse Inc. | Common stock | | | | 8,648 |
| | TJX Companies Inc. | Common stock | | | | 22,143 |
| | Toast Inc. | Common stock | | | | 6,016 |
| | Tractor Supply Co. | Common stock | | | | 13,061 |
| | Trex Co Inc. | Common stock | | | | 3,642 |
| | United Rentals Inc. | Common stock | | | | 10,049 |
| | Unitedhealth Group Inc. | Common stock | | | | 10,840 |
| | Veeva Sys Inc. - Class A | Common stock | | | | 21,793 |
| | Verisk Analytics Inc. | Common stock | | | | 20,037 |
| | Vertex Pharmaceuticals Inc. | Common stock | | | | 23,861 |
| | Visa Inc. - Class A Shares | Common stock | | | | 74,673 |
| | Waters Corp. | Common stock | | | | 9,258 |
| | Total common stock | | | | | 1,761,828 |
| * | NTGI Collective Government Short-Term Investment Fund | Collective trust fund | | | | 38,734 |
| | ASML Holding NV - NY Reg Shs | New York registry shares | | | | 12,033 |
| | Taiwan Semiconductor SP ADR | American depositary receipt | | | | 39,572 |
| | Genmab A/S - SP ADR | American depositary receipt | | | | 5,786 |
| | Total other | | | | | 57,391 |
| | Total separate account | | | | | 1,857,953 |

PFIZER SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2025
(THOUSANDS OF DOLLARS)
(continued)

| | Identity of Issuer, Borrower, Lessor, or Similar Party | Description of Investment | Rate of Interest | Maturity Date | Cost**** | Current Value |
|---|---|---|---|---|---|---|
| | T. Rowe Price Stable Value Fund – | | | | | |
| *** | American General Life Insurance Company Contract #GA-IM-266-1658155 | Synthetic investment contract | 3.24% | ** | | 106,822 |
| *** | JPMorgan Chase Bank, N.A. Contract #ATRPPFIZER 01 | Synthetic investment contract | 3.15% | ** | | 116,878 |
| *** | New York Life Insurance and Annuity Corporation Contract #GA-29352 | Synthetic investment contract | 3.05% | ** | | 129,613 |
| *** | The Prudential Insurance Company of America Contract #GA-63191 | Synthetic investment contract | 3.06% | ** | | 142,603 |
| *** | Royal Bank of Canada Contract #TRPPFIZER01 | Synthetic investment contract | 3.25% | ** | | 94,123 |
| *** | State Street Bank and Trust Company Contract #96028 | Synthetic investment contract | 3.11% | ** | | 111,656 |
| *** | Massachusetts Mutual Life Insurance Company Contract #30011 | Synthetic investment contract | 3.03% | ** | | 132,189 |
| *** | Metropolitan Tower Life Insurance Company Contract #38127 | Synthetic investment contract | 3.20% | ** | | 153,042 |
| *** | Pacific Life Insurance Company Contract #G-27852.01.001 | Synthetic investment contract | 3.07% | ** | | 119,769 |
| *** | Citibank N.A. Contract #TR24-100 | Synthetic investment contract | 3.06% | ** | | 95,956 |
| | Total T. Rowe Price Stable Value Fund | | | | | 1,202,651 |
| | Total investments | | | | | 23,713,262 |
| * | Notes receivable from participants | Interest Rates: 3.25% - 10.50%<br>Maturity Dates: 2026 - 2041 | | | | 101,255 |
| | Total | | | | | $ 23,814,517 |

* Party-in-interest as defined by ERISA

** Open-ended maturity

*** Current value represents contract value

**** Cost information omitted as all investments are fully participant-directed. This information is not required by ERISA or the Department of Labor to be reported for participant-directed investments.

Amounts may not add due to rounding.

See accompanying Report of Independent Registered Public Accounting Firm.

**Exhibit Index**

| | | |
|---|---|---|
| Exhibit 23.1 | - | Consent of Independent Registered Public Accounting Firm |

**SIGNATURE**

Pursuant to the requirements of the Securities Exchange Act of 1934, the members of the Savings Plan Committee have duly caused this annual report to be signed on its behalf by the undersigned thereunto duly authorized.

PFIZER SAVINGS PLAN

By: /s/ Colum Lane

Colum Lane
*Member, Savings Plan Committee*

Date: June 16, 2026

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

**Consent of Independent Registered Public Accounting Firm**

We consent to the incorporation by reference in the registration statements on Form S-8 of Pfizer Inc. dated October 5, 1994 (No. 33-55771), as amended, April 16, 2003 (No. 333-104582) and October 16, 2009 (No. 333-162519) of our report dated June 16, 2026, with respect to the financial statements of the Pfizer Savings Plan.

KPMG LLP

Memphis, Tennessee
June 16, 2026

KPMG LLP, a Delaware limited liability partnership, and its subsidiaries are part of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee.

# Schedule C, Line 2(h) Formula Descriptions

**Pfizer Savings Plan**

**EIN: 13-5315170, PN: 002**

**Plan Year Ending: December 31, 2025**

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

| PAYOR NAME | EIN / ADDRESS | ADDRESS | CITY | STATE | ZIP CODE | COMPENSATION |
|---|---|---|---|---|---|---|
| 1290 LOOMIS SAYLES MULTI ASSET INCOME A | 1290 BROADWAY | STE 1000 | DENVER | CO | 80203 | 0.40% |
| 1919 FINANCIAL SERVICES FUND CL A | 2020 E. FINANCIAL WAY | STE 100 | GLENDORA | CA | 91741 | 0.40% |
| AB HIGH INCOME CLASS A | 8000 IH 10 W | SUITE 1400, 14TH FL | SAN ANTONIO | TX | 78230 | 0.10% |
| AB LARGE CAP GROWTH CLASS A | 8000 IH 10 W | SUITE 1400, 14TH FL | SAN ANTONIO | TX | 78230 | 0.40% |
| AB SMALL CAP GROWTH PORT CLASS A | 8000 IH 10 W | SUITE 1400, 14TH FL | SAN ANTONIO | TX | 78230 | 0.40% |
| ABERDEEN U.S. SMALL CAP EQUITY FD CL A | 1735 MARKET ST | 32ND FLOOR | PHILADELPHIA | PA | 19103 | 0.40% |
| ABERDEEN U.S. SMALL CAP EQUITY INSTL SVC | 1735 MARKET ST | 32ND FLOOR | PHILADELPHIA | PA | 19103 | 0.10% |
| ADV PREFERRED GOLD BULLION STRAT INV | 1445 RESEARCH BLVD | SUITE 530 | ROCKVILLE | MD | 20850 | 0.40% |
| ADVISORS PREFERRED QUANTIFIED STF INVST | 1445 RESEARCH BLVD | SUITE 530 | ROCKVILLE | MD | 20850 | 0.40% |
| ADVISORS PRFD GOLD BULLION STRGY ADVSR | 1445 RESEARCH BLVD | SUITE 530 | ROCKVILLE | MD | 20850 | $12.00 |
| AEGIS VALUE FUND INC | 6862 ELM ST | STE 830 | MCLEAN | VA | 22101 | 0.10% |
| ALGER FOCUS EQUITY CL A | 600 PLAZA ONE | 6TH FL | JERSEY CITY | NJ | 07311 | 0.40% |
| ALGER FOCUS EQUITY CL I | 600 PLAZA ONE | 6TH FL | JERSITY CITY | NJ | 07311 | 0.40% |
| ALGER FOCUS EQUITY CL Z | 600 PLAZA ONE | 6TH FL | JERSEY CITY | NJ | 07311 | 0.10% |
| ALGER HEALTH SCIENCES FD CL A | 600 PLAZA ONE | 6TH FLOOR | JERSEY CITY | NJ | 07311 | 0.40% |
| ALGER SMALL CAP FOCUS CLASS A | 600 PLAZA ONE | 6TH FLOOR | JERSEY CITY | NJ | 07311 | 0.40% |
| ALLSPRING DIVRSFD CAP BUILDER FD A | 525 MARKET ST | MAC A0103 122 | SAN FRANCISCO | CA | 94105 | 0.40% |
| ALLSPRING DIVRSFD CAP BUILDER FD INST | 525 MARKET ST | MAC A0103 122 | SAN FRANCISCO | CA | 94105 | 0.10% |
| ALLSPRING PRECIOUS METALS FUND A | 525 MARKET ST | MAC A0103 122 | SAN FRANCISCO | CA | 94105 | 0.40% |
| ALLSPRING PRECIOUS METALS FUND INST | 525 MARKET ST | MAC A0103 122 | SAN FRANCISCO | CA | 94105 | 0.10% |
| ALLSPRING REAL RETURN FUND A | 525 MARKET ST | MAC A0103 122 | SAN FRANCISCO | CA | 94105 | 0.40% |
| ALLSPRING ULTRA SHRTTERM INCOME FUND A | 525 MARKET ST | MAC A0103 122 | SAN FRANCISCO | CA | 94105 | 0.40% |
| ALPS GLOBAL OPPORTUNITY CL INV | 1290 BROADWAY | STE 1100 | DENVER | CO | 80203 | 0.40% |
| AMANA DEVELOPING WORLD FUND | 1300 NORTH STATE ST | | BELLINGHAM | WA | 98225 | 0.40% |
| AMANA MUTUAL FUND TRUST GROWTH | 1300 NORTH STATE ST | | BELLINGHAM | WA | 98225 | 0.40% |
| AMANA MUTUAL FUND TRUST INCOME | 1300 NORTH STATE ST | | BELLINGHAM | WA | 98225 | 0.40% |
| AMANA PARTICIPATION FD INVESTOR CLASS | 1300 NORTH STATE ST | | BELLINGHAM | WA | 98225 | 0.40% |
| AMERICAN 2035 TARGETDATE RETIREMNT F1 | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | 0.37% |
| AMERICAN AMCAP FUND CLASS F1 | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | 0.37% |
| AMERICAN BALANCED CLASS F1 | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | 0.37% |
| AMERICAN BEACON ARK TRANS INNOVTN INVSTR | 220 E LAS COLINAS BLVD | STE 1200 | IRVING | TX | 75039 | 0.40% |
| AMERICAN BEACON DEV WORLD INCOME INV | 220 E LAS COLINAS BLVD | STE 1200 | IRVING | TX | 75039 | 0.40% |
| AMERICAN BEACON IMC INTL SMALL CAP INV | 220 E LAS COLINAS BLVD | STE 1200 | IRVING | TX | 75039 | 0.40% |
| AMERICAN BEACON MAN LG CAP VAL INVST | 220 E LAS COLINAS BLVD | STE 1200 | IRVING | TX | 75039 | 0.40% |
| AMERICAN BOND FUND OF AMERICA CLASS F1 | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | 0.37% |
| AMERICAN CEN FOCUSEDDYNAMIC GROWTH INV | 4400 MAIN ST | 1ST FLOOR | KANSAS CITY | MO | 64111 | 0.35% |
| AMERICAN CENTURY DISGROWTH FD INVT CL SH | 4400 MAIN ST | 1ST FLOOR | KANSAS CITY | MO | 64111 | 0.35% |
| AMERICAN CENTURY DIVERSIFIED BOND INV | 4400 MAIN ST | 1ST FLOOR | KANSAS CITY | MO | 64111 | 0.25% |
| AMERICAN CENTURY EQUITY INCOME INV CL | 4400 MAIN ST | 1ST FLOOR | KANSAS CITY | MO | 64111 | 0.35% |
| AMERICAN CENTURY GL REAL ESTATE INVSTOR | 4400 MAIN ST | 1ST FLOOR | KANSAS CITY | MO | 64111 | 0.35% |
| AMERICAN CENTURY GLOBAL GOLD INV CL | 4400 MAIN ST | 1ST FLOOR | KANSAS CITY | MO | 64111 | 0.35% |
| AMERICAN CENTURY INFLN ADJ BOND INV | 4400 MAIN ST | 1ST FLOOR | KANSAS CITY | MO | 64111 | 0.25% |
| AMERICAN CENTURY INTL OPPOR CL A | 4400 MAIN ST | 1ST FLOOR | KANSAS CITY | MO | 64111 | 0.09% |
| AMERICAN CENTURY MIDCAP VALUE INV SHS | 4400 MAIN ST | 1ST FLOOR | KANSAS CITY | MO | 64111 | 0.35% |
| AMERICAN CENTURY REAL ESTATE INV CL | 4400 MAIN ST | 1ST FLOOR | KANSAS CITY | MO | 64111 | 0.35% |
| AMERICAN CENTURY SMALL CAP VALUE INV | 4400 MAIN ST | 1ST FLOOR | KANSAS CITY | MO | 64111 | 0.35% |
| AMERICAN CENTURY ULTRA INVESTOR CLASS | 4400 MAIN ST | 1ST FLOOR | KANSAS CITY | MO | 64111 | 0.35% |
| AMERICAN EUPAC F1 | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | 0.37% |
| AMERICAN FDS TAX AWRCONS GR AND INC F1 | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | 0.37% |
| AMERICAN FUNDS CONV GRWTH & INCM PORT F1 | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | 0.37% |
| AMERICAN FUNDS GROWTH PORT F1 | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | 0.37% |
| AMERICAN FUNDS GRWTH& INC PORTFOLIO F1 | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | 0.37% |
| AMERICAN GROWTH FUNDOF AMERICA CLASS A | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | $18.00 |
| AMERICAN GROWTH FUNDOF AMERICA CLASS F1 | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | 0.37% |
| AMERICAN HIGH INCOMECLASS F1 | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | 0.37% |
| AMERICAN INTERNATL GROWTH & INCOME F1 | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | 0.37% |
| AMERICAN INVESTMENT CO OF AMERICA CL F1 | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | 0.37% |
| AMERICAN MUTUAL FUNDCLASS A | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | $18.00 |
| AMERICAN MUTUAL FUNDCLASS F1 | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | 0.37% |

# Schedule C, Line 2(h) Formula Descriptions

**Pfizer Savings Plan**

**EIN: 13-5315170, PN: 002**

**Plan Year Ending: December 31, 2025**

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

| PAYOR NAME | EIN / ADDRESS | ADDRESS | CITY | STATE | ZIP CODE | COMPENSATION |
|---|---|---|---|---|---|---|
| AMERICAN NEW PERSPECTIVE CLASS A | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | $18.00 |
| AMERICAN NEW PERSPECTIVE CLASS F1 | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | 0.37% |
| AMERICAN NEW WORLD CLASS F1 | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | 0.37% |
| AMERICAN NEW WORLD FUND CLASS A | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | $18.00 |
| AMERICAN SMALL CAP WORLD CLASS A | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | $18.00 |
| AMERICAN SMALLCAP WORLD CLASS F1 | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | 0.37% |
| AMERICAN US GOV'T SECURITIES CLASS F1 | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | 0.37% |
| AMERICAN WASHINGTON MUTUAL INVESTORS F1 | 3500 WISEMAN BLVD | | SAN ANTONIO | TX | 78251-4321 | 0.37% |
| AMG RIVER ROAD MID CAP VALUE CL N | 600 STEAMBOAT RD | SUITE 300 | GREENWICH | CT | 06830 | 0.40% |
| AMG TIMESSQUARE MID CAP GRWTH FD N | 600 STEAMBOAT RD | SUITE 300 | GREENWICH | CT | 06830 | 0.40% |
| AMG VERITAS GLOBAL REAL RETURN FD I | 600 STEAMBOAT RD | SUITE 300 | GREENWICH | CT | 06830 | 0.07% |
| AMG YACKTMAN FOCUSED N | 600 STEAMBOAT RD | SUITE 300 | GREENWICH | CT | 06830 | 0.40% |
| AMG YACKTMAN FUND I | 600 STEAMBOAT RD | SUITE 300 | GREENWICH | CT | 06830 | 0.40% |
| AMG YACKTMAN GLOBAL CLASS N | 600 STEAMBOAT RD | SUITE 300 | GREENWICH | CT | 06830 | 0.40% |
| ANGEL OAK MULTI STRATEGY INCOME CL A | 400 CITY CENTER | | OSHKOSH | WI | 54901 | 0.10% |
| APPLIED FIN EXPLORERFUND INVESTOR | 8730 STONY POINT PKWY | SUITE 205 | RICHMOND | VA | 23235 | 0.40% |
| AQR DIVERSIFYING STRATEGIES FUND CL N | 1 GREENWICH PLAZA | | GREENWICH | CT | 06830 | 0.40% |
| AQR EQUITY MARKET NEUTRAL FD CL I | 1 GREENWICH PLAZA | | GREENWICH | CT | 06830 | 0.12% |
| AQR EQUITY MARKET NEUTRAL FD CL N | 1 GREENWICH PLAZA | | GREENWICH | CT | 06830 | 0.40% |
| AQR GLOBAL EQUITY FUND CLASS N | 1 GREENWICH PLAZA | | GREENWICH | CT | 06830 | 0.40% |
| AQR LARGE CAP DEFENSIVE STYLE CL N | 1 GREENWICH PLAZA | | GREENWICH | CT | 06830 | 0.40% |
| AQR LARGE CAP DEFENSIVE STYLE FD I | 1 GREENWICH PLAZA | | GREENWICH | CT | 06830 | 0.15% |
| AQR LONG SHORT EQUITY CL N | 1 GREENWICH PLAZA | | GREENWICH | CT | 06830 | 0.40% |
| AQR RISK BALANCED COMMOD STRATEGY FD N | 1 GREENWICH PLAZA | | GREENWICH | CT | 06830 | 0.40% |
| AQR SMALL CAP MOMENTUM STYLE CL N | 1 GREENWICH PLAZA | | GREENWICH | CT | 06830 | 0.40% |
| AQR SMALL CAP MULTI STYLE FUND CL N | 1 GREENWICH PLAZA | | GREENWICH | CT | 06830 | 0.40% |
| ARIEL FUND | 811 E. WISCONSIN AVE | | MILWAUKEE | WI | 53202 | 0.40% |
| ARISTOTLE STRATEGIC INCOME FUND A | 2220 E. ROUTE 66 | SUITE 226 | GLENDORA | CA | 91740 | 0.40% |
| ARROW MANAGED FUTURES STRATEGY A | 6100 CHEVY CHASE DR | SUITE 100 | LAUREL | MD | 20707 | 0.10% |
| ARROW MANAGED FUTURES STRATEGY C | 6100 CHEVY CHASE DR | SUITE 100 | LAUREL | MD | 20707 | 0.10% |
| ARTISAN DEVELOPING WORLD FD INVESTOR CL | 875 E WISCONSIN AVE | SUITE 800 | MILWAUKEE | WI | 53202 | 0.39% |
| ARTISAN GLOBAL EQUITY FUND INVESTOR | 875 E WISCONSIN AVE | SUITE 800 | MILWAUKEE | WI | 53202 | 0.39% |
| ARTISAN GLOBAL OPPORTUNITIES INV | 875 E WISCONSIN AVE | SUITE 800 | MILWAUKEE | WI | 53202 | 0.39% |
| ARTISAN HIGH INCOME FUND INVESTOR | 875 E WISCONSIN AVE | SUITE 800 | MILWAUKEE | WI | 53202 | 0.39% |
| ARTISAN INTERNATL INVESTOR CLASS | 875 E WISCONSIN AVE | SUITE 800 | MILWAUKEE | WI | 53202 | 0.39% |
| ARTISAN INTL VALUE FUND INV CL | 875 E WISCONSIN AVE | SUITE 800 | MILWAUKEE | WI | 53202 | 0.39% |
| ARTISAN MID CAP VALUE | 875 E WISCONSIN AVE | SUITE 800 | MILWAUKEE | WI | 53202 | 0.39% |
| ARTISAN SUSTAINABLE EMERG MRKTS INVSTR | 875 E WISCONSIN AVE | SUITE 800 | MILWAUKEE | WI | 53202 | 0.39% |
| ARTISAN THEMATIC FD INVESTOR CLASS | 875 E WISCONSIN AVE | SUITE 800 | MILWAUKEE | WI | 53202 | 0.39% |
| ARTISAN VALUE FUND INVESTOR CL | 875 E WISCONSIN AVE | SUITE 800 | MILWAUKEE | WI | 53202 | 0.39% |
| ASTOR DYNAMIC ALLOCATION CL I | 111 S WACKER DR | SUITE 3910 | CHICAGO | IL | 60606 | 0.10% |
| ATAC ROTATION FUND INVESTOR | P.O. BOX 701 | | MILWAUKEE | WI | 53202 | 0.40% |
| AVANTIS EMERGING MARKETS EQUITY | 4400 MAIN ST | 1ST FLOOR | KANSAS CITY | MO | 64111 | 0.05% |
| AVANTIS INTERNATIONAL EQUTIY | 4400 MAIN ST | 1ST FLOOR | KANSAS CITY | MO | 64111 | 0.04% |
| AVANTIS INTL SMALL CAP VALUE FUND | 4400 MAIN ST | 1ST FLOOR | KANSAS CITY | MO | 64111 | 0.05% |
| AVANTIS US EQUITY FUND | 4400 MAIN ST | 1ST FLOOR | KANSAS CITY | MO | 64111 | 0.02% |
| AVANTIS US SMALL CAP VALUE FUND | 4400 MAIN ST | 1ST FLOOR | KANSAS CITY | MO | 64111 | 0.04% |
| AVE MARIA RISING DIVIDEND FUND | 801 W. ANN ARBOR TRAIL | SUITE 244 | PLYMOUTH | MI | 48170 | 0.40% |
| AVE MARIA VALUE FUND | 801 W. ANN ARBOR TRAIL | SUITE 244 | PLYMOUTH | MI | 48170 | 0.40% |
| AZZAD ETHICHAL MID CAP FUND CL A | 8000 TOWN CENTRE DR | SUITE 400 | BROADVIEW HEIGHTS | OH | 44147-4031 | 0.40% |
| BAIRD AGGREGATE BOND FUND INSTL | 777 E. WISCONSIN AVE | 18TH FLOOR | MILWAUKEE | WI | 53202 | 0.03% |
| BAIRD AGGREGATE BONDFUND INVESTOR CL | 777 E. WISCONSIN AVE | 18TH FLOOR | MILWAUKEE | WI | 53202 | 0.28% |
| BAIRD CORE PLUS BOND FD INVESTOR CL | 777 E. WISCONSIN AVE | 18TH FLOOR | MILWAUKEE | WI | 53202 | 0.28% |
| BAIRD INTERMEDIATE BOND FD CL INV | 777 E. WISCONSIN AVE | 18TH FLOOR | MILWAUKEE | WI | 53202 | 0.28% |
| BAIRD SHORT TERM BD FD INSTL | 777 E. WISCONSIN AVE | 18TH FLOOR | MILWAUKEE | WI | 53202 | 0.03% |
| BAIRD ULTRA SHORT BOND FD INVESTOR | 777 E. WISCONSIN AVE | 18TH FLOOR | MILWAUKEE | WI | 53202 | 0.28% |
| BARON DISCOVERY FUNDRETAIL SHARES | 767 5TH AVE | 49TH FL | NEW YORK | NY | 10153 | 0.40% |
| BARON DURABLE ADVANTAGE FD RETAIL | 767 5TH AVE | 49TH FL | NEW YORK | NY | 10153 | 0.40% |
| BARON FIFTH AVENUE GROWTH FUND | 767 5TH AVE | 49TH FL | NEW YORK | NY | 10153 | 0.40% |

# Schedule C, Line 2(h) Formula Descriptions

**Pfizer Savings Plan**

**EIN: 13-5315170, PN: 002**

**Plan Year Ending: December 31, 2025**

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

| PAYOR NAME | EIN / ADDRESS | ADDRESS | CITY | STATE | ZIP CODE | COMPENSATION |
|---|---|---|---|---|---|---|
| BARON FOCUSED GROWTH CLASS I | 767 5TH AVE | 49TH FL | NEW YORK | NY | 10153 | 0.10% |
| BARON FOCUSED GROWTHFUND | 767 5TH AVE | 49TH FL | NEW YORK | NY | 10153 | 0.40% |
| BARON GLOBAL OPPORTUNITY RETAIL | 767 5TH AVE | 49TH FL | NEW YORK | NY | 10153 | 0.40% |
| BARON GROWTH | 767 5TH AVE | 49TH FL | NEW YORK | NY | 10153 | 0.40% |
| BARON GROWTH FUND INSTL CLASS | 767 5TH AVE | 49TH FL | NEW YORK | NY | 10153 | 0.10% |
| BARON HEALTH CARE FDRETAIL | 767 5TH AVE | 49TH FL | NEW YORK | NY | 10153 | 0.40% |
| BARON OPPORTUNITY FUND | 767 5TH AVE | 49TH FL | NEW YORK | NY | 10153 | 0.40% |
| BARON PARTNERS FUND | 767 5TH AVE | 49TH FL | NEW YORK | NY | 10153 | 0.40% |
| BARON REAL ESTATE FUND INSTITUTIONAL | 767 5TH AVE | 49TH FL | NEW YORK | NY | 10153 | 0.15% |
| BARON REAL ESTATE FUND RETAIL | 767 5TH AVE | 49TH FL | NEW YORK | NY | 10153 | 0.40% |
| BARON SMALL CAP FD | 767 5TH AVE | 49TH FL | NEW YORK | NY | 10153 | 0.40% |
| BARON SMALL CAP FUNDINSTL CLASS | 767 5TH AVE | 49TH FL | NEW YORK | NY | 10153 | 0.15% |
| BBH INCOME FUND CL I | 140 BROADWAY | | NEW YORK | NY | 10005 | 0.05% |
| BBH LIMITED DURATION FUND CLASS I | 140 BROADWAY | | NEW YORK | NY | 10005 | 0.05% |
| BERKSHIRE FOCUS FUND | 475 MILAN DR | SUITE 103 | SAN JOSE | CA | 95134 | 0.40% |
| BIOTECHNOLOGY ULTRA SECTOR PRO FD INVS | 7501 WISCONSIN AVE | SUITE 1000 E TOWER | BETHESDA | MD | 20814 | 0.40% |
| BITCOIN STRATEGY FD INVESTOR | 7501 WISCONSIN AVE | SUITE 1000 E TOWER | BETHESDA | MD | 20814 | 0.40% |
| BLACK OAK EMERGING TECHNOLOGY FUND | 225 PICTORIA DR | SUITE 450 | CINCINNATI | OH | 45246 | 0.40% |
| BLACKROCK ADVANTAGE INTERNATIONAL CL A | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.40% |
| BLACKROCK ADVANTAGE SM CAP GROWTH INV A | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.40% |
| BLACKROCK ADVANTAGE SMALL CAP CORE INV A | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.40% |
| BLACKROCK COMMODITY STRATEGIES FUND CL A | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.40% |
| BLACKROCK EMERGING MARKETS FD INC A | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.40% |
| BLACKROCK ENERGY OPPORTUNITIES CL A | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.40% |
| BLACKROCK EQUITY DIVIDEND FD CL A | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.40% |
| BLACKROCK EQUITY DIVIDEND FD-INSTL | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.15% |
| BLACKROCK GLOBAL ALLOCATION CL A | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.40% |
| BLACKROCK HEALTH SCIENCES OPP PRT A | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.40% |
| BLACKROCK HIGH EQUITY INCOME CL A | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.40% |
| BLACKROCK HIGH YIELDPORTFOLIO INVESTOR A | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.40% |
| BLACKROCK INFLATION PRO BOND PORT INV A | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.40% |
| BLACKROCK INTERNATIONAL FD A | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.40% |
| BLACKROCK MID CAP GROWTH EQUITY CL A | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.40% |
| BLACKROCK REAL ESTATE SECURITIES A | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.08% |
| BLACKROCK STRATEGIC INC OPP PORT CL A | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.40% |
| BLACKROCK TECHNOLOGY OPPORTUNITIES SVS | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.08% |
| BLACKROCK TECHNOLOGYOPPORTUNITIES CL A | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.40% |
| BLACKROCK TOTAL RETURN FUND CL A | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.40% |
| BNY MELLON DYNAMIC VALUE A | 144 GLENN CURTISS BLVD | 8TH FLOOR | UNIONDALE | NY | 11556 | 0.40% |
| BNY MELLON FLOATING RATE INCOME A | 144 GLENN CURTISS BLVD | 8TH FLOOR | UNIONDALE | NY | 11556 | 0.40% |
| BNY MELLON INTERNATIONAL BOND I | 144 GLENN CURTISS BLVD | 8TH FLOOR | UNIONDALE | NY | 11556 | 0.35% |
| BNY MELLON INTL STOCK A | 144 GLENN CURTISS BLVD | 8TH FLOOR | UNIONDALE | NY | 11556 | 0.40% |
| BNY MELLON MIDCAP INDEX INVESTOR | 144 GLENN CURTISS BLVD | 8TH FLOOR | UNIONDALE | NY | 11556 | 0.35% |
| BNY MELLON SMALLCAP STOCK INDEX INVESTOR | 144 GLENN CURTISS BLVD | 8TH FLOOR | UNIONDALE | NY | 11556 | 0.35% |
| BOSTON PARTNERS ALL CAP VALUE INVS | 223 WILMINGTON W CHESTER PIKE | #216 | CHADDS FORD | PA | 19317 | 0.40% |
| BOSTON TRUST ASSET MANAGEMENT FUND | 1 BEACON ST | 33RD FLOOR | BOSTON | MA | 02108 | 0.40% |
| BOSTON TRUST MIDCAP FUND | 1 BEACON ST | 33RD FLOOR | BOSTON | MA | 02108 | 0.40% |
| BOSTON TRUST WALDEN SMALL CAP FUND | 1 BEACON ST | 33RD FLOOR | BOSTON | MA | 02108 | 0.40% |
| BRANDES INTL EQUITY I | 11988 EL CAMINO RALO | STE 500 | SAN DIEGO | CA | 92130 | 0.15% |
| BRIDGEWAY SMALL CAP VALUE FUND CL N | 20 GREENWAY PLAZA | SUITE 450 | HOUSTON | TX | 77046 | 0.10% |
| BROWN ADVISORY SUSTAIN GROWTH ADV | 777 E. WISCONSIN AVE | 4TH FL | MILWAUKEE | WI | 53202 | 0.40% |
| BROWN ADVISORY WMC STRAT EUROPN EQ INVS | 777 E. WISCONSIN AVE | 4TH FL | MILWAUKEE | WI | 53202 | 0.08% |
| BROWN INTERNATIONAL SMALL COMPANY INVEST | 1290 BROADWAY | SUITE 1100 | DENVER | CO | 80203 | 0.40% |
| BUFFALO BLUE CHIP GROWTH | 615 E. MICHIGAN ST | | MILWAUKEE | WI | 53202 | 0.40% |
| BUFFALO HIGH YIELD | 615 E. MICHIGAN ST | | MILWAUKEE | WI | 53202 | 0.40% |
| BUFFALO SMALL CAP GROWTH | 615 E. MICHIGAN ST | | MILWAUKEE | WI | 53202 | 0.40% |
| BULL PRO FUND INVESTORS SHARES | 7501 WISCONSIN AVE | STE 1000 E TOWER | BETHESDA | MD | 20814 | 0.40% |
| CALAMOS GLOBAL OPPORTUNITIES FUND A | 2020 CALAMOS COURT | | NAPERVILLE | IL | 60563 | 0.40% |
| CALAMOS GROWTH & INCOME CL A | 2020 CALAMOS COURT | | NAPERVILLE | IL | 60563 | 0.40% |

# Schedule C, Line 2(h) Formula Descriptions

**Pfizer Savings Plan**

**EIN: 13-5315170, PN: 002**

**Plan Year Ending: December 31, 2025**

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

| PAYOR NAME | EIN / ADDRESS | ADDRESS | CITY | STATE | ZIP CODE | COMPENSATION |
|---|---|---|---|---|---|---|
| CALAMOS MARKET NEUTRAL INCOME CL A | 2020 CALAMOS COURT | | NAPERVILLE | IL | 60563 | 0.40% |
| CALVERT EMERGING MARKETS EQUITY CL I | 4550 MONTGOMERY AVE | SUITE 1000 N | BETHESDA | MD | 20814 | 0.10% |
| CALVERT GLOBAL ENER SOLUTIONS CLASS I | 4550 MONTGOMERY AVE | STE 1000 N | BETHESDA | MD | 20814 | 0.10% |
| CALVERT GLOBAL WATERFUND CL A | 4550 MONTGOMERY AVE | SUITE 1000 N | BETHESDA | MD | 20814 | 0.40% |
| CALVERT INTRNTL RESPBL INDEX A | 4550 MONTGOMERY AVE | STE 1000 N | BETHESDA | MD | 20814 | 0.40% |
| CALVERT U.S. LRG CAPCORE RESPNSBL INDX A | 4550 MONTGOMERY AVE | SUITE 1000 N | BETHESDA | MD | 20814 | 0.40% |
| CALVERT US MID CAP CORE RSPNSBL INDEX A | 4550 MONTGOMERY AVE | SUITE 1000 N | BETHESDA | MD | 20814 | 0.40% |
| CAMPBELL SYSTEMATIC MACRO FUND CL I | 47 HULFISH ST | SUITE 510 | BALTIMORE | MD | 21209 | 0.10% |
| CARILLON CHARTWELL SMALL CAP CL I | P. O. BOX 33022 | | ST PETERSBURG | FL | 33733-8022 | 0.40% |
| CARILLON CLARIVEST INTERNATIONAL STK I | P. O. BOX 33022 | | ST PETERSBURG | FL | 33733-8022 | 0.40% |
| CARILLON SCOUT MID CAP FUND CL I | P. O. BOX 33022 | | ST PETERSBURG | FL | 33733-8022 | 0.40% |
| CASCADE PRIVATE CAPITAL FUND INSTL | 4640 ADMIRALTY WAY | 11TH FL | MARINA DEL REY | CA | 90292 | 0.20% |
| CATALYST MILLBURN HEDGE STRTGY FD CL I | 80 ARKAY | STE 110 | HAUPPAUGE | NY | 11788 | 0.15% |
| CATALYST SYSTEMATIC ALPHA FD CL I | 80 ARKAY | STE 110 | HAUPPAUGE | NY | 11788 | 0.10% |
| CAUSEWAY INTERNATNALVALUE INVESTOR | P.O. BOX 1100 | | OAKS | PA | 19456 | 0.40% |
| CAUSEWAY INTERNL SM CAP INVESTOR FD | P. O. BOX 1100 | | OAKS | PA | 19456 | 0.40% |
| CCM COMMUNITY IMPACT BOND FUND RETAIL | 2500 WESTON ROAD | SUITE 101 | PLANTATION | FL | 33324-2009 | 0.40% |
| CHAMPLAIN MID CAP ADVISOR SHARE | ONE FREEDOM VALLEY DR | | OAKS | PA | 19456 | 0.40% |
| CLEARBRIDGE INTERN'TGROWTH FD CL A | 100 FOUNTAIN PARKWAY | | ST. PETERSBURG | FL | 33716 | 0.40% |
| CLEARBRIDGE SELECT FUND CL A | 100 FOUNTAIN PARKWAY | | ST. PETERSBURG | FL | 33716 | 0.40% |
| CLEARBRIDGE SMALL CAP FUND CLASS A | 100 FOUNTAIN PARKWAY | | ST. PETERSBURG | FL | 33716 | 0.40% |
| CLIFFWATER ENHANCED LENDING FUND INSTL | 4640 ADMIRALTY WAY | 11TH FL | MARINA DEL REY | CA | 90292 | 0.18% |
| CLIPPER | 2949 EAST ELVIRA ROAD | STE 101 | TUCSON | AZ | 85706 | 0.35% |
| COHEN & STEERS PREF SECURITIES INCOME I | 280 PARK AVE | 10TH FLOOR | NEW YORK | NY | 10017 | 0.15% |
| COHEN & STEERS REAL ESTATE SECURITIES A | 280 PARK AVE | 10TH FLOOR | NEW YORK | NY | 10017 | 0.40% |
| COHEN & STEERS REALTY CLASS A | 280 PARK AVE | 10TH FL | NEW YORK | NY | 10017 | 0.40% |
| COLUMBIA BALANCED FUND CL A | 225 FRANKLIN ST | BX25 10320 | BOSTON | MA | 02110 | 0.40% |
| COLUMBIA CONTRARIAN CORE FUND CL A | 225 FRANKLIN ST | BX25 10320 | BOSTON | MA | 02110 | 0.40% |
| COLUMBIA CORNERSTONE EQUITY A | 225 FRANKLIN ST | BX25 10320 | BOSTON | MA | 02110 | 0.40% |
| COLUMBIA DIVIDEND INCOME CL A | 225 FRANKLIN ST | BX25 10320 | BOSTON | MA | 02110 | 0.40% |
| COLUMBIA GLOBAL TECHGROWTH CL A | 225 FRANKLIN ST | BX25 10320 | BOSTON | MA | 02110 | 0.40% |
| COLUMBIA MORTGAGE OPPORTUNITIES CL A | 225 FRANKLIN ST | BX25 10320 | BOSTON | MA | 02110 | 0.40% |
| COLUMBIA OVERSEAS 19765N278D CL A | 225 FRANKLIN ST | BX25 10320 | BOSTON | MA | 02110 | 0.40% |
| COLUMBIA SELIGMAN GLOBAL TECHNOLGY A | 225 FRANKLIN ST | BX25 10320 | BOSTON | MA | 02110 | 0.40% |
| COLUMBIA SELIGMAN TECH AND INFO CL A | 225 FRANKLIN ST | BX25 10320 | BOSTON | MA | 02110 | 0.40% |
| COLUMBIA SMALL CAP GROWTH FD CL A | 225 FRANKLIN ST | BX25 10320 | BOSTON | MA | 02110 | 0.40% |
| COLUMBIA SMALL CAP GROWTH S | 225 FRANKLIN ST | BX25 10320 | BOSTON | MA | 02110 | 0.40% |
| COLUMBIA THERMOSTAT CL A | 225 FRANKLIN ST | BX25 10320 | BOSTON | MA | 02110 | 0.40% |
| COMMERCE VALUE INSTITUTIONAL | 922 WALNUT ST | 4TH FLOOR | KANSAS CITY | MO | 64106 | 0.35% |
| CONESTOGA SMALL CAP INVESTOR CLASS | 225 PICTORIA DR | SUITE 450 | CINCINNATI | OH | 45246 | 0.40% |
| CONGRESS SMALL CAP GROWTH RETAIL CLASS | TWO SEAPORT LANE | | BOSTON | MA | 02210 | 0.40% |
| DANA LARGE CAP EQUITY FUND INSTL | PO BOX 1067 | | BROOKFIELD | WI | 53008-1067 | 0.08% |
| DAVENPORT SMALL CAP FOCUS FUND | ONE JAMES CENTER | 901 EAST CARY STREET | RICHMOND | VA | 23219 | 0.10% |
| DAVIS NEW YORK VENTURE CLASS A | 2949 E ELVIRA ROAD | STE 101 | TUCSON | AZ | 85756 | 0.40% |
| DEER PARK TOTAL RETURN CREDIT FUND A | 1580 LINCOLN ST | STE 680 | DENVER | CO | 80203 | 0.08% |
| DFA INTERM EXTENDED QUALITY PORT INSTL | 6300 BEE CAVES ROAD | BUILDING ONE | AUSTIN | TX | 78746 | 0.02% |
| DFA LARGE CAP INTL PORTFOLIO INSTL CL | 6300 BEE CAVES ROAD | BUILDING ONE | AUSTIN | TX | 78746 | 0.02% |
| DFA SHORT TERM EXTENDED QUAL INSTL | 6300 BEE CAVES ROAD | BUILDING ONE | AUSTIN | TX | 78746 | 0.02% |
| DIREXION MONTHLY NASDAQ100BULL2X INV | 155 SEAPORT BOULEVARD | SUITE P8 | NEW YORK | NY | 10019 | 0.40% |
| DOUBLELINE CORE FIXED INCOME CL I | 777 EAST WISCONSIN AVE | | MILWAUKEE | WI | 53202 | 0.15% |
| DOUBLELINE CORE FIXED INCOME FD CL N | 777 EAST WISCONSIN AVE | | MILWAUKEE | WI | 53202 | 0.40% |
| DOUBLELINE INFRA STRUCTURE INC CL I | 777 EAST WISCONSIN AVE | | MILWAUKEE | WI | 53202 | 0.06% |
| DOUBLELINE INFRA STRUCTURE INC CL N | 777 EAST WISCONSIN AVE | | MILWAUKEE | WI | 53202 | 0.40% |
| DOUBLELINE LOW DURATION CL N | 777 EAST WISCONSIN AVE | | MILWAUKEE | WI | 53202 | 0.40% |
| DOUBLELINE SHILLER ENHANCED CAP CL N | 777 EAST WISCONSIN AVE | | MILWAUKEE | WI | 53202 | 0.40% |
| DOUBLELINE STRATEGICCOMMODITY CL N | 777 EAST WISCONSIN AVE | | MILWAUKEE | WI | 53202 | 0.40% |
| DOUBLELINE TOTAL RETURN BOND FD CL I | 777 EAST WISCONSIN AVE | | MILWAUKEE | WI | 53202 | 0.06% |
| DOUBLELINE TOTAL RT BOND FD CL N | 777 EAST WISCONSIN AVE | | MILWAUKEE | WI | 53202 | 0.40% |
| DRIEHAUS EMERGING MARKETS | 25 EAST ERIE ST | | CHICAGO | IL | 60611 | 0.40% |

# Schedule C, Line 2(h) Formula Descriptions

**Pfizer Savings Plan**

**EIN: 13-5315170, PN: 002**

**Plan Year Ending: December 31, 2025**

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

| PAYOR NAME | EIN / ADDRESS | ADDRESS | CITY | STATE | ZIP CODE | COMPENSATION |
|---|---|---|---|---|---|---|
| DRIEHAUS SMALL CAP GROWTH INSTL CL | 25 EAST ERIE ST | | CHICAGO | IL | 60611 | 0.12% |
| DRIEHAUS SMALL CAP GROWTH INVESTOR CL | 25 EAST ERIE ST | | CHICAGO | IL | 60611 | 0.40% |
| DWS RREEF REAL ASSETS FUND INSTL CL | 280 PARK AVE | 9TH FLR | NEW YORK | NY | 10026 | 0.15% |
| DWS SCIENCE AND TECHNOLOGY FUND-A | 280 PARK AVE | 9TH FLR | NEW YORK | NY | 10026 | 0.40% |
| DYNAMIC US OPPOR FD CL N | 13215 BEE CAVE PKWY | | AUSTIN | TX | 78738 | 0.40% |
| EAGLE MLP STRATEGY FUND CL I | 1580 LINCOLN ST | STE 680 | DENVER | CO | 80203 | 0.08% |
| EATON VANCE EMERGING MRKTS DEBT OPPOR A | TWO INTERNATIONAL PLACE | | BOSTON | MA | 02110 | 0.40% |
| EATON VANCE EMERGINGAND FRONT COUNT EQ I | TWO INTERNATIONAL PLACE | | BOSTON | MA | 02110 | $16.00 |
| EATON VANCE EMRG MARKETS LOCAL INC A | TWO INTERNATIONAL PLACE | | BOSTON | MA | 02110 | $16.00 |
| EATON VANCE FLOATINGRATE ADVANTAGE CL A | TWO INTERNATIONAL PLACE | | BOSTON | MA | 02110 | $16.00 |
| EATON VANCE GL MACROABSOLUTE RTRN ADV I | TWO INTERNATIONAL PLACE | | BOSTON | MA | 02110 | $16.00 |
| EATON VANCE GL MACROABSOLUTE RTRN ADVT A | TWO INTERNATIONAL PLACE | | BOSTON | MA | 02110 | 0.40% |
| EATON VANCE GREATER INDIA FUND CLASS A | TWO INTERNATIONAL PLACE | | BOSTON | MA | 02110 | $16.00 |
| EATON VANCE MULTI - ASSET CREDIT FD CL A | TWO INTERNATIONAL PLACE | | BOSTON | MA | 02110 | 0.40% |
| EATON VANCE TAX MNGDEQTY ASSET ALLOC A | TWO INTERNATIONAL PLACE | | BOSTON | MA | 02110 | $16.00 |
| EATON VANCE TOTAL RETURN BOND CL I | TWO INTERNATIONAL PLACE | | BOSTON | MA | 02110 | $16.00 |
| EDGAR LOMAX VALUE FUND | 6564 LOISDALE COURT | SUITE 310 | ALEXANDRIA | VA | 22315 | 0.40% |
| EDGEWOOD GROWTH FUND RETAIL CLASS | 1 FREEDOM VALLEY DR | | OAKS | PA | 19456 | 0.40% |
| EMERALD GROWTH INVESTOR | 3175 OREGON PIKE | | LEOLA | PA | 17540 | 0.40% |
| EP INTERNATIONAL VALUE FUND CL I | LOTS 81 82, ST C | SUITE 204 | DORADO | PR | 00646 | 0.10% |
| EUROPAC GOLD FUND CL I | LOTS 81 82, ST C | SUITE 204 | DORADO | PR | 00646 | 0.10% |
| EUROPAC GOLD FUND CLASS A | LOTS 81 82, ST C | SUITE 204 | DORADO | PR | 00646 | 0.08% |
| EVENTIDE DIVIDEND GROWTH FUND CL I | 80 ARKAY | STE 110 | HAUPPAUGE | NY | 11788 | 0.10% |
| EVENTIDE GILEAD FUND CLASS N | 80 ARKAY | STE 110 | HAUPPAUGE | NY | 11788 | 0.40% |
| EVENTIDE HEALTHCARE AND LIFE SCIENCES A | 80 ARKAY | STE 110 | HAUPPAUGE | NY | 11788 | 0.10% |
| EVENTIDE HEALTHCARE AND LIFE SCIENCES N | 80 ARKAY | STE 110 | HAUPPAUGE | NY | 11788 | 0.40% |
| FAIRHOLME FUND | 4400 BISCAYNE BOULEVARD | | SOUTH MIAMI | FL | 33143 | 0.10% |
| FAM DIVIDEND FOCUS FUND | 384 NORTH GRAND ST | | COBLESKILL | NY | 12043 | 0.40% |
| FAM SMALL CAP FUND INSTITUTIONAL SHARES | 384 NORTH GRAND ST | | COBLESKILL | NY | 12043 | 0.10% |
| FAM SMALL CAP VALUE | 384 NORTH GRAND ST | | COBLESKILL | NY | 12043 | 0.40% |
| FEDERATED HERMES INTL SM MID CO CL A | 4000 ERICSSON DR | | WARRENDALE | PA | 15086-7515 | 0.40% |
| FEDERATED HERMES KAUFMANN SM CAP A | 4000 ERICSSON DR | | WARRENDALE | PA | 15086-7515 | 0.40% |
| FEDERATED HERMES MDT ALL CAP CORE CL A | 4000 ERICSSON DR | | WARRENDALE | PA | 15086-7515 | 0.40% |
| FEDERATED HERMES MDT LARGE CAP GROWTH A | 4000 ERICSSON DR | | WARRENDALE | PA | 15086-7515 | 0.40% |
| FEDERATED HERMES MDT LARGE CAP GROWTH IS | 4000 ERICSSON DR | | WARRENDALE | PA | 15086-7515 | 0.10% |
| FEDERATED HERMES MDT MID CAP GROWTH A | 4000 ERICSSON DR | | WARRENDALE | PA | 15086-7515 | 0.40% |
| FEDERATED HERMES MDT SMALL CAP CORE A | 4000 ERICSSON DR | | WARRENDALE | PA | 15086-7515 | 0.40% |
| FEDERATED HERMES OPPOR HIGH YLD BD SS | 4000 ERICSSON DR | | WARRENDALE | PA | 15086-7515 | 0.40% |
| FEDERATED HERMES PRUDENT BEAR CL A | 4000 ERICSSON DR | | WARRENDALE | PA | 15086-7515 | 0.40% |
| FEDERATED HERMES STR VAL DIV CL A | 4000 ERICSSON DR | | WARRENDALE | PA | 15086-7515 | 0.40% |
| FEDERATED HERMES TTL RETURN BOND CL IS | 4000 ERICSSON DR | | WARRENDALE | PA | 15086-7515 | 0.05% |
| FIRST EAGLE GLOBAL CLASS A | 1345 AVE OF THE AMERICAS | 48TH FLOOR | NEW YORK | NY | 10105 | 0.40% |
| FIRST EAGLE GLOBAL CLASS I | 1345 AVE OF THE AMERICAS | 48TH FLOOR | NEW YORK | NY | 10105 | 0.15% |
| FIRST EAGLE GOLD CLASS A | 1345 AVE OF THE AMERICAS | 48TH FLOOR | NEW YORK | NY | 10105 | 0.40% |
| FIRST EAGLE OVERSEAS CLASS A | 1345 AVE OF THE AMERICAS | 48TH FLOOR | NEW YORK | NY | 10105 | 0.40% |
| FIRST EAGLE OVERSEAS CLASS I | 1345 AVE OF THE AMERICAS | 48TH FLOOR | NEW YORK | NY | 10105 | 0.15% |
| FIRST FOUNDATION TOTAL RETURN FUND Y | 1 FREEDOM VALLEY DR | | OAKS | PA | 19456 | 0.12% |
| FIRSTHAND TECHNOLOGYOPPORTUNITIES FUND | 150 ALMADEN BLVD. | SUITE 1250 | SAN JOSE | CA | 95113 | 0.40% |
| FMI COMMON STOCK FUND | 777 E. WISCONSIN AVE | | MILWAUKEE | WI | 53202 | 0.40% |
| FMI INTERNATIONAL | 777 E. WISCONSIN AVE | | MILWAUKEE | WI | 53202 | 0.40% |
| FORESTER VALUE FUND | 612 PADDOCK | | LIBERTYVILLE | IL | 60048 | 0.40% |
| FPA CRESCENT FUND | 11601 WILSHIRE BLVD | SUITE 1200 | LOS ANGELES | CA | 90025 | 0.35% |
| FPA CRESCENT FUND INVESTOR | 11601 WILSHIRE BLVD | SUITE 1200 | LOS ANGELES | CA | 90025 | 0.40% |
| FPA FLEXIBLE FIXED INCOME FUND | 11601 WILSHIRE BLVD | SUITE 1200 | LOS ANGELES | CA | 90025 | 0.10% |
| FPA NEW INCOME FUND | 11601 WILSHIRE BLVD | SUITE 1200 | LOS ANGELES | CA | 90025 | 0.10% |
| FPA NEW INCOME FUND INVESTOR CLASS | 11601 WILSHIRE BLVD | SUITE 1200 | LOS ANGELES | CA | 90025 | 0.40% |
| FPA QUEENS ROAD SM CAP VALUE INVSTR | 11601 WILSHIRE BLVD | SUITE 1200 | LOS ANGELES | CA | 90025 | 0.40% |
| FRANKLIN BIOTECH DISCOVERY FUND A | 100 FOUNTAIN PARKWAY | | ST. PETERSBURG | FL | 33716 | $16.00 |
| FRANKLIN DYNATECH FUND A | 100 FOUNTAIN PARKWAY | | ST. PETERSBURG | FL | 33716 | $16.00 |

# Schedule C, Line 2(h) Formula Descriptions

**Pfizer Savings Plan**

**EIN: 13-5315170, PN: 002**

**Plan Year Ending: December 31, 2025**

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

| PAYOR NAME | EIN / ADDRESS | ADDRESS | CITY | STATE | ZIP CODE | COMPENSATION |
|---|---|---|---|---|---|---|
| FRANKLIN GOLD AND PRECIOUS METALS CL A | 100 FOUNTAIN PARKWAY | | ST. PETERSBURG | FL | 33716 | $16.00 |
| FRANKLIN INCOME CL A | 100 FOUNTAIN PARKWAY | | ST. PETERSBURG | FL | 33716 | $16.00 |
| FRANKLIN RISING DIVIDENDS CLASS A | 100 FOUNTAIN PARKWAY | | ST. PETERSBURG | FL | 33716 | $16.00 |
| FRANKLIN UTILITIES CL A | 100 FOUNTAIN PARKWAY | | ST. PETERSBURG | FL | 33716 | $16.00 |
| FULLERTHALER BEHV MID CAP VALUE INVSTR | 411 BOREL AVE | STE 300 | SAN MATEO | CA | 94402 | 0.40% |
| FULLERTHALER BEHV SMALL CAP GROWTH INV | 411 BOREL AVE | STE 300 | SAN MATEO | CA | 94402 | 0.40% |
| GABELLI EQUITY INCOME FUND AAA | 401 THEODORE FREMD. AVE. | | RYE | NY | 10580 | 0.35% |
| GABELLI GOLD FUND CL A | 401 THEODORE FREMD. AVE. | | RYE | NY | 10580 | 0.10% |
| GABELLI GOLD FUND CLAAA | 401 THEODORE FREMD. AVE. | | RYE | NY | 10580 | 0.40% |
| GABELLI UTILITIES | 401 THEODORE FREMD. AVE. | | RYE | NY | 10580 | 0.35% |
| GEORGE PUTNAM BALANCED FUND CL A | 1 POST OFFICE SQ | MAILZONE G3C | BOSTON | MA | 02109 | 0.40% |
| GLENMEDE LARGE CAP GROWTH | 1650 MARKET ST. | SUITE 1200 | PHILADELPHIA | PA | 19103 | 0.40% |
| GLENMEDE LONG SHORT PORTFOLIO | 1650 MARKET ST. | SUITE 1200 | PHILADELPHIA | PA | 19103 | 0.40% |
| GLENMEDE SMALL CAP EQUITY - ADVISOR CL | 1650 MARKET ST. | SUITE 1200 | PHILADELPHIA | PA | 19103 | 0.40% |
| GOLD AND PRECIOUS METALS FUND | 3 CANAL PLAZA | SUITE 600 | PORTLAND | ME | 04101 | 0.40% |
| GOLDMAN SACHS ABSOLURETURN TRACKER A | 71 S. WACKER DR | 4TH FLOOR | CHICAGO | IL | 60606 | 0.40% |
| GOLDMAN SACHS EMERGEMKTS DEBT FUND CL A | 71 S. WACKER DR | 4TH FLOOR | CHICAGO | IL | 60606 | 0.40% |
| GOLDMAN SACHS GQG PART INTERNTL OPP A | 71 S. WACKER DR | 4TH FLOOR | CHICAGO | IL | 60606 | 0.40% |
| GOLDMAN SACHS MID CAP VAL FD CL SVC | 71 S. WACKER DR | 4TH FLOOR | CHICAGO | IL | 60606 | 0.50% |
| GOLDMAN SACHS SMALL CAP VALUE INSIGHTS A | 71 S. WACKER DR | 4TH FLOOR | CHICAGO | IL | 60606 | 0.40% |
| GOTHAM ENHANCED S&P 500 INDEX FUND INSL | 535 MADISON AVE | 30TH FLR | NEW YORK | NY | 10022 | 0.10% |
| GQG PARTNERS EMERG MARKETS EQ INSTL | 1 FREEDOM VALLEY DR | | OAKS | PA | 19456 | 0.15% |
| GQG PARTNERS EMRGING MARKETS EQUITY INV | 1 FREEDOM VALLEY DR | | OAKS | PA | 19456 | 0.40% |
| GQG PARTNERS GLOBAL QUALITY EQ INVESTOR | 1 FREEDOM VALLEY DR | | OAKS | PA | 19456 | 0.40% |
| GQG PARTNERS INTL QUALITY DIV INC INV | 1 FREEDOM VALLEY DR | | OAKS | PA | 19456 | 0.40% |
| GQG PARTNERS US QUALITY SEL EQ INSTL | 1 FREEDOM VALLEY DR | | OAKS | PA | 19456 | 0.15% |
| GQG PARTNERS US QULTSELECT EQUITY INVSTR | 1 FREEDOM VALLEY DR | | OAKS | PA | 19456 | 0.40% |
| GRANDEUR PEAK GLOBAL REACH FUND INV | 1290 BROADWAY | SUITE 1100 | DENVER | CO | 80203 | 0.40% |
| GREEN CENTURY BALANCED | 114 STATE ST. | SUITE 200 | BOSTON | MA | 02111 | 0.40% |
| GUGGENHEIM TOTAL RETURN BOND A | 9601 BLACKWELL RD | SUITE 500 | ROCKVILLE | MD | 20850 | 0.40% |
| GUGGENHEIM TOTAL RETURN BOND CL P | 9601 BLACKWELL RD | SUITE 500 | ROCKVILLE | MD | 20850 | 0.40% |
| GUGGENHEIM TOTAL RETURN BOND FD INSTL | 9601 BLACKWELL RD | SUITE 500 | ROCKVILLE | MD | 20850 | 0.15% |
| GUINNESS ATKINSON ALTERNATIVE ENERGY | 2220 E. ROUTE 66 | SUITE 226 | GLENDORA | CA | 91740 | 0.40% |
| GUINNESS ATKINSON GLOBAL INNOVATORS | 2220 E. ROUTE 66 | SUITE 226 | GLENDORA | CA | 91740 | 0.40% |
| HARBOR CAP APP INST | 111 S WACKER DR | 34TH FLOOR | CHICAGO | IL | 60606 | 0.15% |
| HARBOR CAP APP INV | 111 S WACKER DR | 34TH FLOOR | CHICAGO | IL | 60606 | 0.35% |
| HARBOR INTL INST | 111 S WACKER DR | 34TH FLOOR | CHICAGO | IL | 60606 | 0.10% |
| HARDING LOEVNER INSTEMRG MKTS PORT INST | PO BOX 4766 | | CHICAGO | IL | 60680 | 0.15% |
| HARTFORD CORE EQUITYFUND CLASS I | 100 MATSONFORD RD | STE 300 | RADNOR | PA | 19087 | 0.15% |
| HARTFORD DIVIDEND & GROWTH CLASS A | 100 MATSONFORD RD | STE 300 | RADNOR | PA | 19087 | 0.40% |
| HARTFORD INTL VALUE FUND CLASS Y | 100 MATSONFORD RD | STE 300 | RADNOR | PA | 19087 | 0.10% |
| HARTFORD SCHRODERS INTL STOCK CL A | 100 MATSONFORD RD | STE 300 | RADNOR | PA | 19087 | 0.40% |
| HCM MULTI ASSET PLUSINVESTOR | 1145 HEMBREE ROAD | | ROSWELL | GA | 30076 | 0.40% |
| HCM SECTOR PLUS INVESTOR | 1145 HEMBREE ROAD | | ROSWELL | GA | 30076 | 0.40% |
| HCM TACTICAL PLUS INVESTOR | 1145 HEMBREE ROAD | | ROSWELL | GA | 30076 | 0.40% |
| HEARTLAND VALUE | 789 N. WATER ST | | MILWAUKEE | WI | 53202 | 0.40% |
| HENNESSY CORNERSTONEGROWTH INV CL | 7250 REDWOOD BLVD. | SUITE 200 | NOVATO | CA | 94945 | 0.40% |
| HENNESSY CORNERSTONEMID CAP 30 INV CL | 7250 REDWOOD BLVD. | SUITE 200 | NOVATO | CA | 94945 | 0.40% |
| HENNESSY FOCUS FUND INVESTOR CLASS | 7250 REDWOOD BLVD. | SUITE 200 | NOVATO | CA | 94945 | 0.40% |
| HENNESSY GAS UTILITYINVESTOR CL | 7250 REDWOOD BLVD. | SUITE 200 | NOVATO | CA | 94945 | 0.40% |
| HENNESSY LARGE CAP FINANCIAL INVSTR CL | 7250 REDWOOD BLVD. | SUITE 200 | NOVATO | CA | 94945 | 0.40% |
| HENNESSY SMALL CAP FINANCIAL INVSTR CL | 7250 REDWOOD BLVD. | SUITE 200 | NOVATO | CA | 94945 | 0.40% |
| HODGES BLUE CHIP EQ INCOME FD RETAIL | 2905 MAPLE AVENUE | | DALLAS | TX | 75201 | 0.40% |
| HODGES FUND FUND RETAIL CLASS | 2905 MAPLE AVENUE | | DALLAS | TX | 75201 | 0.40% |
| HOMESTEAD SMALL COMPANY STOCK FD | 4301 WILSON BLVD | | ARLINGTON | VA | 22203 | 0.12% |
| HOOD RIVER INTL OPPORTUNITY FUND INV | 6001 SHADY OAK ROAD | SUITE 200 | MINNETONKA | MN | 55343 | 0.40% |
| HOOD RIVER SMALL CAPGROWTH INVESTOR | 6001 SHADY OAK ROAD | SUITE 200 | MINNETONKA | MN | 55343 | 0.40% |
| ICON FLEXIBLE BOND INSTL | P.O. BOX 87 | | DENVER | CO | 80201-0087 | 0.40% |
| ICON NATURAL RES AND INFRA FUND INSTL | P.O. BOX 87 | | DENVER | CO | 80201-0087 | 0.15% |

# Schedule C, Line 2(h) Formula Descriptions

**Pfizer Savings Plan**

**EIN: 13-5315170, PN: 002**

**Plan Year Ending: December 31, 2025**

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

| PAYOR NAME | EIN / ADDRESS | ADDRESS | CITY | STATE | ZIP CODE | COMPENSATION |
|---|---|---|---|---|---|---|
| IMAN FUND RETAIL SHARES | 721 ENTERPRISE DR | | OAKBROOK | IL | 60523 | 0.40% |
| IMPAX INTERNATIONAL SUSTAIN ECON INVSTR | 1290 BROADWAY | SUITE 1100 | DENVER | CO | 80203 | 0.40% |
| INTEGRITY MID NORTH AMERICAN RESOURCES I | 1 MAIN ST NORTH | | MINOT | ND | 58703 | 0.10% |
| INVENOMIC INVESTOR CLASS | 211 CONGRESS ST | 7TH FLOOR | BOSTON | MA | 02110 | 0.40% |
| INVESCO ASIA PACIFICEQUITY CLASS A | 11 GREENWAY PLAZA | SUITE 100 | HOUSTON | TX | 77046 | 0.40% |
| INVESCO BALANCED RISK COMM STRATEGY A | 11 GREENWAY PLAZA | SUITE 100 | HOUSTON | TX | 77046 | 0.40% |
| INVESCO COMSTOCK FUND CL A | 11 GREENWAY PLAZA | SUITE 100 | HOUSTON | TX | 77046 | 0.40% |
| INVESCO CORPORATE BOND FUND CL A | 11 GREENWAY PLAZA | SUITE 100 | HOUSTON | TX | 77046 | 0.40% |
| INVESCO DIVERSIFIED DIVIDEND INVESTOR CL | 11 GREENWAY PLAZA | SUITE 100 | HOUSTON | TX | 77046 | 0.40% |
| INVESCO ENERGY INVESTOR CLASS | 11 GREENWAY PLAZA | SUITE 100 | HOUSTON | TX | 77046 | 0.40% |
| INVESCO EQUALLY WEIGHTED S&P 500 A | 11 GREENWAY PLAZA | SUITE 100 | HOUSTON | TX | 77046 | 0.40% |
| INVESCO EQUITY AND INCOME FUND CL A | 11 GREENWAY PLAZA | SUITE 100 | HOUSTON | TX | 77046 | 0.40% |
| INVESCO FLOATING RATE ESG CL Y | 11 GREENWAY PLAZA | SUITE 100 | HOUSTON | TX | 77046 | 0.10% |
| INVESCO GLOBAL OPPORTUNITIES A | 11 GREENWAY PLAZA | SUITE 100 | HOUSTON | TX | 77046 | 0.40% |
| INVESCO GOLD & SPEC MINERALS A | 11 GREENWAY PLAZA | SUITE 100 | HOUSTON | TX | 77046 | 0.40% |
| INVESCO INTL DIVERSIFIED A | 11 GREENWAY PLAZA | SUITE 100 | HOUSTON | TX | 77046 | 0.40% |
| INVESCO INTL SMALL MID COMPANY A | 11 GREENWAY PLAZA | SUITE 100 | HOUSTON | TX | 77046 | 0.40% |
| INVESCO SMALL CAP VALUE FUND CL A | 11 GREENWAY PLAZA | SUITE 100 | HOUSTON | TX | 77046 | 0.40% |
| INVESCO STEELPATH MLP ALPHA A | 11 GREENWAY PLAZA | SUITE 100 | HOUSTON | TX | 77046 | 0.40% |
| INVESCO STEELPATH MLP ALPHA PLUS A | 11 GREENWAY PLAZA | SUITE 100 | HOUSTON | TX | 77046 | 0.40% |
| INVESCO TECHNOLOGY CLASS A | 11 GREENWAY PLAZA | SUITE 100 | HOUSTON | TX | 77046 | 0.40% |
| INVESCO VALUE OPPORTUNITIES FUND A | 11 GREENWAY PLAZA | SUITE 100 | HOUSTON | TX | 77046 | 0.40% |
| ISHARES DEVELOPED RL ESTATE IDX INV A | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.30% |
| ISHARES MSCI EAFE INTL IDX CL A | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.30% |
| ISHARES RUSSELL 2000SMALL CAP IDX INV A | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.30% |
| ISHARES S&P 500 INDEX INVESTOR A | 40 EAST 52ND ST | | NEW YORK | NY | 10022 | 0.30% |
| JACOB INTERNET | 727 2ND ST | SUITE 106 | HERMOSA BEACH | CA | 90254 | 0.40% |
| JAMES ADVANTAGE SMALL CAP | 1290 BROADWAY ST | STE 1100 | DENVER | CO | 80203 | 0.40% |
| JANUS HENDERSON ADAPRISK MNGD US EQ CL T | 151 DETROIT ST. | | DENVER | CO | 80206 | 0.35% |
| JANUS HENDERSON BALANCED I | 151 DETROIT ST. | | DENVER | CO | 80206 | $15.00 |
| JANUS HENDERSON BALANCED T | 151 DETROIT ST. | | DENVER | CO | 80206 | 0.35% |
| JANUS HENDERSON DEVELOPED WORLD BD A | 151 DETROIT ST. | | DENVER | CO | 80206 | $15.00 |
| JANUS HENDERSON ENTERPRISE I | 151 DETROIT ST. | | DENVER | CO | 80206 | $15.00 |
| JANUS HENDERSON ENTERPRISE T | 151 DETROIT ST. | | DENVER | CO | 80206 | 0.35% |
| JANUS HENDERSON EUROPEAN FOCUS CL T | 151 DETROIT ST. | | DENVER | CO | 80206 | 0.35% |
| JANUS HENDERSON GL LIFE SCIENCES T | 151 DETROIT ST. | | DENVER | CO | 80206 | 0.35% |
| JANUS HENDERSON GLOB TECH & INNOV T | 151 DETROIT ST. | | DENVER | CO | 80206 | 0.35% |
| JANUS HENDERSON GLOBAL RESEARCH T | 151 DETROIT ST. | | DENVER | CO | 80206 | 0.35% |
| JANUS HENDERSON GLOBAL SELECT T | 151 DETROIT ST. | | DENVER | CO | 80206 | 0.35% |
| JANUS HENDERSON GROWTH & INCOME T | 151 DETROIT ST. | | DENVER | CO | 80206 | 0.35% |
| JANUS HENDERSON HIGH-YIELD T | 151 DETROIT ST. | | DENVER | CO | 80206 | 0.35% |
| JANUS HENDERSON MID CAP VALUE T | 151 DETROIT ST. | | DENVER | CO | 80206 | 0.35% |
| JANUS HENDERSON MULTISECTOR INCOME T | 151 DETROIT ST. | | DENVER | CO | 80206 | 0.35% |
| JANUS HENDERSON OVERSEAS T | 151 DETROIT ST. | | DENVER | CO | 80206 | 0.35% |
| JANUS HENDERSON RESEARCH T | 151 DETROIT ST. | | DENVER | CO | 80206 | 0.35% |
| JANUS HENDERSON RESPONS INTL DIV T | 151 DETROIT ST. | | DENVER | CO | 80206 | 0.35% |
| JANUS HENDERSON SHORT DUR FLEX BD T | 151 DETROIT ST. | | DENVER | CO | 80206 | 0.35% |
| JANUS HENDERSON TRITON T | 151 DETROIT ST. | | DENVER | CO | 80206 | 0.35% |
| JANUS HENDERSON VENTURE T | 151 DETROIT ST. | | DENVER | CO | 80206 | 0.35% |
| JENSEN QUALITY GROWTH FD CL J | 811 E. WISCONSIN AVE | 8TH FLOOR | MILWAUKEE | WI | 53202 | 0.40% |
| JOHN HANCOCK DISCIPLINED VALUE A | 601 CONGRESS ST. | 9TH FLOOR | BOSTON | MA | 02210 | 0.40% |
| JOHN HANCOCK FDMTL ALL CAP CORE CL I | 601 CONGRESS ST. | 9TH FLOOR | BOSTON | MA | 02210 | 0.15% |
| JOHN HANCOCK INTL DYNAMIC GROWTH A | 601 CONGRESS ST. | 9TH FLOOR | BOSTON | MA | 02210 | 0.40% |
| JOHN HANCOCK INTL DYNAMIC GROWTH I | 601 CONGRESS ST. | 9TH FLOOR | BOSTON | MA | 02210 | 0.10% |
| JOHN HANCOCK INTL GROWTH CL A | 601 CONGRESS ST. | 9TH FLOOR | BOSTON | MA | 02210 | 0.40% |
| JOHN HANCOCK REGIONAL BANK CL A | 601 CONGRESS ST. | 9TH FLOOR | BOSTON | MA | 02210 | 0.40% |
| JOHN HANCOCK REGIONAL BANK CL I | 601 CONGRESS ST. | 9TH FLOOR | BOSTON | MA | 02210 | 0.10% |
| JP MORGAN HEDGED EQUITY 3 FD I | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.15% |
| JP MORGAN MID CAP VALUE FUND CLASS I | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.40% |

# Schedule C, Line 2(h) Formula Descriptions

**Pfizer Savings Plan**

**EIN: 13-5315170, PN: 002**

**Plan Year Ending: December 31, 2025**

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

| PAYOR NAME | EIN / ADDRESS | ADDRESS | CITY | STATE | ZIP CODE | COMPENSATION |
|---|---|---|---|---|---|---|
| JP MORGAN US LARGE CAP CORE PLUS CL A | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.40% |
| JPMORGAN CORE PLUS BOND CLASS I | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.15% |
| JPMORGAN DIVERS MID CAP GROWTH CLASS I | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.15% |
| JPMORGAN EQUITY INCOME FUND CL A | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.40% |
| JPMORGAN EQUITY INDEX FUND CLASS A | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.25% |
| JPMORGAN EQUITY PREMINCOME CL I | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.15% |
| JPMORGAN EQUITY PREMIUM INCOME CL A | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.40% |
| JPMORGAN GRWTH ADV FUND CLASS C | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.08% |
| JPMORGAN HEDGED EQUITY CLASS A | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.40% |
| JPMORGAN INCOME FUNDCLASS I | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.15% |
| JPMORGAN INTERNATL VALUE CLASS I | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.15% |
| JPMORGAN INTERNATL VALUE FUND CLASS A | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.40% |
| JPMORGAN INTERNATNL FOCUS FUND CL I | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.08% |
| JPMORGAN INVESTOR GROWTH FUND CLASS A | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.40% |
| JPMORGAN LARGE CAP GROWTH CLASS A | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.40% |
| JPMORGAN LARGE CAP GROWTH CLASS C | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.08% |
| JPMORGAN LARGE CAP GROWTH CLASS I | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.15% |
| JPMORGAN MID CAP GROWTH FUDN CLASS A | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.40% |
| JPMORGAN SMALL CAP EQUITY CLASS A | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.40% |
| JPMORGAN U.S. GARP EQUITY FUND CL A | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.40% |
| JPMORGAN US EQUITY FUND CLASS A | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.40% |
| JPMORGAN US LG CAP CORE PLUS CLASS I | 1111 POLARIS PARKWAY | | COLUMBUS | OH | 43240 | 0.40% |
| KINETICS GLOBAL FUNDNO LOAD CLASS SHARES | 470 PARK AVE SOUTH | | NEW YORK | NY | 10016 | 0.40% |
| KINETICS MARKET OPPORTUNITIES FD | 470 PARK AVE SOUTH | | NEW YORK | NY | 10016 | 0.40% |
| KINETICS PARADIGM FUND | 470 PARK AVE SOUTH | | NEW YORK | NY | 10016 | 0.40% |
| KINETICS SMALL CAP OPPORTUNITIES | 470 PARK AVE SOUTH | | NEW YORK | NY | 10016 | 0.40% |
| KIRR MARBACH PARTNERS VALUE | 621 WASHINGTON ST. | | COLUMBUS | IN | 47202-1729 | 0.40% |
| KOPERNIK GLOBAL ALL CAP FUND CL A | ONE FREEDOM VALLEY DR | | OAKS | PA | 19456 | 0.08% |
| LAZARD GLOBAL LISTEDINFRASTRUCTE INSTL | 30 ROCKEFELLER PLAZA | 57TH FL. | NEW YORK | NY | 10112 | 0.15% |
| LAZARD GLOBAL LISTEDINFRASTRUCTURE OPEN | 30 ROCKEFELLER PLAZA | 57TH FL. | NEW YORK | NY | 10112 | 0.40% |
| LDR REAL ESTATE VALUE OPPORTUNITY P | 8730 STONY POINT PKWY | STE 205 | RICHMOND | VA | 23235 | 0.40% |
| LEUTHOLD CORE INVESTMENT RETAIL | 33 SOUTH SIXTH ST. | SUITE 4600 | MINNEAPOLIS | MN | 55403 | 0.40% |
| LOOMIS SAYLES BOND RETAIL SHARES | 399 BOYLSTON ST | 8TH FLOOR | BOSTON | MA | 02116 | 0.35% |
| LOOMIS SAYLES CORE PLUS BD FD CL A | 399 BOYLSTON ST | 8TH FLOOR | BOSTON | MA | 02116 | 0.40% |
| LOOMIS SAYLES GLOBAL BOND RETAIL | 399 BOYLSTON ST | 8TH FLOOR | BOSTON | MA | 02116 | 0.35% |
| LORD ABBETT BOND DEBENTURE CLASS A | 90 HUDSON ST | 10TH FLOOR | JERSEY CITY | NJ | 07302 | 0.37% |
| LORD ABBETT CONVERTIBLE FD CL A | 90 HUDSON ST | 10TH FLOOR | JERSEY CITY | NJ | 07302 | 0.37% |
| LORD ABBETT CORE PLUS BOND CL A | 90 HUDSON ST | 10TH FLOOR | JERSEY CITY | NJ | 07302 | 0.37% |
| LORD ABBETT GROWTH LEADERS FUND CL A | 90 HUDSON ST | 10TH FLOOR | JERSEY CITY | NJ | 07302 | 0.45% |
| LORD ABBETT HIGH YIELD CLASS A | 90 HUDSON ST | 10TH FLOOR | JERSEY CITY | NJ | 07302 | 0.37% |
| LORD ABBETT INCOME CLASS A | 90 HUDSON ST | 10TH FLOOR | JERSEY CITY | NJ | 07302 | 0.37% |
| LORD ABBETT INVESTMNGRADE FLOATING RT A | 90 HUDSON ST | 10TH FLOOR | JERSEY CITY | NJ | 07302 | 0.37% |
| LORD ABBETT MICRO CAP GROWTH FUND A | 90 HUDSON ST | 10TH FLOOR | JERSEY CITY | NJ | 07302 | 0.45% |
| LORD ABBETT SHORT DURATION HI YIELD A | 90 HUDSON ST | 10TH FLOOR | JERSEY CITY | NJ | 07302 | 0.37% |
| LORD ABBETT SHORT DURATION INCOME CL A | 90 HUDSON ST | 10TH FLOOR | JERSEY CITY | NJ | 07302 | 0.37% |
| LSV VALUE EQUITY FUND INVESTOR | 155 N. WACKER DR | STE 4600 | CHICAGO | IL | 60606 | 0.40% |
| MADISON MID CAP FUNDCL Y | 550 SCIENCE DR | | MADISON | WI | 53711 | 0.40% |
| MANNING & NAPIER HIGH YIELD BD SRS I | 290 WOODCLIFF DR. | | FAIRPORT | NY | 14450 | 0.15% |
| MANNING & NAPIER HIGH YIELD BD SRS S | 290 WOODCLIFF DR. | | FAIRPORT | NY | 14450 | 0.40% |
| MANNING & NAPIER PROBLEND CONSV CL S | 290 WOODCLIFF DR. | | FAIRPORT | NY | 14450 | 0.40% |
| MARSICO GLOBAL FUND | 235 W. GALENA ST | | MILWAUKEE | WI | 53212 | 0.40% |
| MARSICO MIDCAP GROWTH FOCUS FUND | 235 W. GALENA ST | | MILWAUKEE | WI | 53212 | 0.40% |
| MATTHEW 25 | P.O. BOX 2479 | | AMBLER | PA | 19002 | 0.40% |
| MATTHEWS ASIA DIVIDEND FUND | 4 EMBARCADERO CENTER | SUITE 550 | SAN FRANCISCO | CA | 94111 | 0.40% |
| MATTHEWS ASIAN INNOVATORS FD INVST | 4 EMBARCADERO CENTER | SUITE 550 | SAN FRANCISCO | CA | 94111 | 0.40% |
| MATTHEWS CHINA DIV FUND INVESTOR CLASS | 4 EMBARCADERO CENTER | SUITE 550 | SAN FRANCISCO | CA | 94111 | 0.40% |
| MATTHEWS CHINA FUND | 4 EMBARCADERO CENTER | SUITE 550 | SAN FRANCISCO | CA | 94111 | 0.40% |
| MATTHEWS CHINA SMALLCOMPANIES INVESTOR | 4 EMBARCADERO CENTER | SUITE 550 | SAN FRANCISCO | CA | 94111 | 0.40% |
| MATTHEWS INDIA FUND | 4 EMBARCADERO CENTER | SUITE 550 | SAN FRANCISCO | CA | 94111 | 0.40% |

# Schedule C, Line 2(h) Formula Descriptions

**Pfizer Savings Plan**

**EIN: 13-5315170, PN: 002**

**Plan Year Ending: December 31, 2025**

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

| PAYOR NAME | EIN / ADDRESS | ADDRESS | CITY | STATE | ZIP CODE | COMPENSATION |
|---|---|---|---|---|---|---|
| MATTHEWS JAPAN FUND | 4 EMBARCADERO CENTER | SUITE 550 | SAN FRANCISCO | CA | 94111 | 0.40% |
| MATTHEWS PACIFIC TIGER FUND | 4 EMBARCADERO CENTER | SUITE 550 | SAN FRANCISCO | CA | 94111 | 0.40% |
| MEEDER MUIRFIELD | 6125 MEMORIAL DR | | DUBLIN | OH | 43017 | 0.40% |
| METLIFE OPPORTUNISTC HIGH YIELD INSTL | 1 FREEDOM VALLEY DR | | WHIPPANY | NJ | 07981 | 0.12% |
| MFS BLENDED RESEARCH INTERNATL EQUITY I | 111 HUNTINGTON AVE | | BOSTON | MA | 02199-7632 | 0.08% |
| MFS BLENDED RESEARCHINTRNATL EQUITY CL A | 111 HUNTINGTON AVE | | BOSTON | MA | 02199-7632 | 0.40% |
| MFS GROWTH FUND CLASS A | 111 HUNTINGTON AVE | | BOSTON | MA | 02199-7632 | 0.40% |
| MFS INCOME FUND A | 111 HUNTINGTON AVE | | BOSTON | MA | 02199-7632 | 0.40% |
| MFS INCOME FUND I | 111 HUNTINGTON AVE | | BOSTON | MA | 02199-7632 | 0.15% |
| MFS INTERNATIONAL EQUITY FUND CL I | 111 HUNTINGTON AVE | | BOSTON | MA | 02199-7632 | 0.15% |
| MFS INTERNATIONAL GROWTH CLASS A | 111 HUNTINGTON AVE | | BOSTON | MA | 02199-7632 | 0.40% |
| MFS MID CAP GROWTH CLASS A | 111 HUNTINGTON AVE | | BOSTON | MA | 02199-7632 | 0.40% |
| MFS MID CAP VALUE CLASS A | 111 HUNTINGTON AVE | | BOSTON | MA | 02199-7632 | 0.40% |
| MFS NEW DISCOVERY CLASS A | 111 HUNTINGTON AVE | | BOSTON | MA | 02199-7632 | 0.40% |
| MFS RESEARCH INTL CLASS A | 111 HUNTINGTON AVE | | BOSTON | MA | 02199-7632 | 0.40% |
| MFS TECHNOLOGY FD CLASS I | 111 HUNTINGTON AVE | | BOSTON | MA | 02199-7632 | 0.08% |
| MFS VALUE CLASS A | 111 HUNTINGTON AVE | | BOSTON | MA | 02199-7632 | 0.40% |
| MID CAP VALUE PRO FUND INVESTOR | 7501 WISCONSIN AVE | SUITE 1000 E TOWER | BETHESDA | MD | 20814 | 0.40% |
| MIDAS FUND | 11 HANOVER SQUARE | | WALPOLE | NY | 03608 | $12.00 |
| MORGAN STA INST INC. INCEPTION PORT I | 522 FIFTH AVE | 4TH FLOOR | NEW YORK | NY | 10036 | 0.10% |
| MORGAN STA INST INC.INCEPTION PORT CL A | 522 FIFTH AVE | 4TH FLOOR | NEW YORK | NY | 10036 | 0.40% |
| MORGAN STANLEY DISCOVERY PORT CL A | 522 FIFTH AVE | 4TH FLOOR | NEW YORK | NY | 10036 | 0.40% |
| MORGAN STANLEY DISCOVERY PORT CL I | 522 FIFTH AVE | 4TH FLOOR | NEW YORK | NY | 10036 | 0.10% |
| MORGAN STANLEY GLOBAL OPPORTUNITY A | 522 FIFTH AVE | 4TH FLOOR | NEW YORK | NY | 10036 | 0.40% |
| MORGAN STANLEY GLOBAL OPPORTUNITY I | 522 FIFTH AVE | 4TH FLOOR | NEW YORK | NY | 10036 | 0.15% |
| MORGAN STANLEY GROWTH PORTFOLIO A | 522 FIFTH AVE | 4TH FLOOR | NEW YORK | NY | 10036 | 0.40% |
| MORGAN STANLEY INSIGHT A | 522 FIFTH AVE | 4TH FLOOR | NEW YORK | NY | 10036 | 0.40% |
| MORGAN STANLEY INSIGHT I | 522 FIFTH AVE | 4TH FLOOR | NEW YORK | NY | 10036 | 0.10% |
| MORGAN STANLEY INSTLINTERNTL OPP CL A | 522 FIFTH AVE | 4TH FLOOR | NEW YORK | NY | 10036 | 0.40% |
| MORGAN STANLEY INTL ADVANTAGE CL A | 522 FIFTH AVE | 4TH FLOOR | NEW YORK | NY | 10036 | 0.40% |
| MORGAN STANLEY INTL ADVANTAGE CL I | 522 FIFTH AVE | 4TH FLOOR | NEW YORK | NY | 10036 | 0.15% |
| MORGAN STANLEY LONG DURAT GOVT OPPORT I | 522 FIFTH AVE | 4TH FLOOR | NEW YORK | NY | 10036 | 0.10% |
| MSIF ASIA OPPORTUNITY CL A | 522 FIFTH AVE | 4TH FLOOR | NEW YORK | NY | 10036 | 0.40% |
| NAA RISK MANAGD REAL ESTATE FUND A | 555 THEORDORE FREMD AVE | | RYE | NY | 10580 | 0.10% |
| NATIONWIDE AMUNDI STRATEGIC INC CL A | 1000 CONTINENTAL DR | STE 400 | COLUMBUS | OH | 43215 | 0.40% |
| NATIXIS US EQUITY OPPORTUNITIES CL A | 399 BOYLSTON ST | 8TH FLOOR | BOSTON | MA | 02116 | 0.40% |
| NEEDHAM AGGRESSIVE GROWTH | 445 PARK AVE | 15TH FLOOR | NEW YORK | NY | 10022 | 0.40% |
| NEEDHAM AGGRESSIVE GROWTH FUND CL I | 445 PARK AVE | 15TH FLOOR | NEW YORK | NY | 10022 | $16.00 |
| NEEDHAM GROWTH FUND | 445 PARK AVE | 15TH FL | NEW YORK | NY | 10022 | 0.40% |
| NEUBERGER BERMAN LONG SHORT INSTL | 1290 AVE OF THE AMERICAS | 22ND FL | NEW YORK | NY | 10104-0002 | 0.10% |
| NEUBERGER BERMAN STRATEGIC INC TRUST | 1290 AVE OF THE AMERICAS | 22ND FL | NEW YORK | NY | 10104-0002 | 0.40% |
| NEUBERGER LARGE CAP VALUE INST | 1290 AVE OF THE AMERICAS | 22ND FL | NEW YORK | NY | 10104-0002 | 0.15% |
| NEUBERGER REAL ESTATE TRUST | 1290 AVE OF THE AMERICAS | 22ND FL | NEW YORK | NY | 10104-0002 | 0.40% |
| NEW ALTERNATIVES FD | 150 BROADHOLLOW ROAD | | MELVILLE | NY | 11747 | $12.00 |
| NICHOLAS LIMITED EDITION INC CLASS N | 411 E. WISCONSIN AVE | | MILWAUKEE | WI | 53202 | 0.40% |
| NOMURA CLIMATE SOLUTIONS FD CL A | 2005 MARKET ST | | PHILADELPHIA | PA | 19103 | 0.40% |
| NOMURA HIGH INCOME FUND CL A | 2005 MARKET ST | | PHILADELPHIA | PA | 19103 | 0.40% |
| NOMURA SCIENCE & TECHNOLOGY FUND CL A | 2005 MARKET ST | | PHILADELPHIA | PA | 19103 | 0.40% |
| NORTH SQUARE PREF AND INCOME SEC I | 10 S LASALLE ST | STE 1925 | CHICAGO | IL | 60603 | 0.12% |
| NORTHEAST INVESTORS TRUST | 125 HIGH ST | SUITE 1802 | BOSTON | MA | 02110 | 0.12% |
| NORTHERN INCOME EQUITY | 801 SOUTH CANAL | C5S | CHICAGO | IL | 60675 | 0.40% |
| NORTHERN INT'L EQUITY FUND | 801 SOUTH CANAL | C5S | CHICAGO | IL | 60675 | 0.40% |
| NORTHERN SMALL CAP VALUE | 801 SOUTH CANAL | C5S | CHICAGO | IL | 60675 | 0.40% |
| NORTHERN STOCK INDEX | 801 SOUTH CANAL | C5S | CHICAGO | IL | 60675 | 0.02% |
| NUVEEN CORE IMPACT BOND R6 | 333 WEST WACKER DR | | CHICAGO | IL | 60606 | 0.06% |
| NUVEEN DIVIDEND GROWTH CLASS A | 333 WEST WACKER DR | | CHICAGO | IL | 60606 | 0.40% |
| NUVEEN MULTI-CAP VALUE FUND CLASS A | 333 WEST WACKER DR | | CHICAGO | IL | 60606 | 0.40% |
| NUVEEN PREFERRED SECS AND INC CL A | 333 WEST WACKER DR | | CHICAGO | IL | 60606 | 0.40% |
| NYLI CBRE REAL ESTATE A | 30 HUDSON ST | 23RD FL | ARLINGTON | NJ | 07032 | 0.40% |

# Schedule C, Line 2(h) Formula Descriptions

**Pfizer Savings Plan**

**EIN: 13-5315170, PN: 002**

**Plan Year Ending: December 31, 2025**

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

| PAYOR NAME | EIN / ADDRESS | ADDRESS | CITY | STATE | ZIP CODE | COMPENSATION |
|---|---|---|---|---|---|---|
| NYLI CUSHING MLP PREMIER A | 30 HUDSON ST | 23RD FL | ARLINGTON | NJ | 07032 | 0.40% |
| OAKMARK FUND INVESTOR CLASS | 111 S WACKER DR | | CHICAGO | IL | 60606 | 0.35% |
| OAKMARK GLOBAL FUND INVESTOR CLASS | 111 S WACKER DR | | CHICAGO | IL | 60606 | 0.35% |
| OAKMARK GLOBAL SELECT FD INVESTOR | 111 S WACKER DR | | CHICAGO | IL | 60606 | 0.35% |
| OAKMARK INTERNAT'L SMALL CAP INVESTOR | 111 S WACKER DR | | CHICAGO | IL | 60606 | 0.35% |
| OAKMARK INTL ADVISOR FUND | 111 S WACKER DR | | CHICAGO | IL | 60606 | 0.10% |
| OAKMARK INTL INVESTOR CL | 111 S WACKER DR | | CHICAGO | IL | 60606 | 0.35% |
| OBERWEIS GLOBAL OPPORTUNITIES INV | 3333 WARRENVILLE RD | SUITE 500 | LISLE | IL | 60532 | 0.40% |
| OBERWEIS MICRO CAP FUND | 3333 WARRENVILLE RD | SUITE 500 | LISLE | IL | 60532 | 0.40% |
| OBERWEIS SMALL-CAP OPPORTUNITIES | 3333 WARRENVILLE RD | SUITE 500 | LISLE | IL | 60532 | 0.40% |
| OCM GOLD FUND ATLAS CLASS SHARES | 235 W. GALENA ST | | MILWAUKEE | WI | 53212 | 0.40% |
| PABRAI WAGONS FUND RETAIL | 777 EAST WISCONSIN AVE. | | MILWAUKEE | WI | 53202 | 0.40% |
| PARAMETRIC COMMODITYSTRATEGIC CL A | TWO INTERNATIONAL PLACE | | BOSTON | MA | 02110 | 0.40% |
| PARAMETRIC COMMODITYSTRATEGIC CL I | TWO INTERNATIONAL PLACE | | BOSTON | MA | 02110 | $16.00 |
| PARNASSUS CORE EQUITY INSTL | 1 MARKET ST | STEUART TOWER SUITE 1600 | SAN FRANCISCO | CA | 94105 | 0.10% |
| PARNASSUS CORE EQUITY INVESTOR | 1 MARKET ST | STEUART TOWER SUITE 1600 | SAN FRANCISCO | CA | 94105 | 0.40% |
| PARNASSUS MID CAP | 1 MARKET ST | STEUART TOWER SUITE 1600 | SAN FRANCISCO | CA | 94105 | 0.40% |
| PARNASSUS MID CAP FD INSTITUTIONAL | 1 MARKET ST | STEUART TOWER SUITE 1600 | SAN FRANCISCO | CA | 94105 | 0.10% |
| PARNASSUS MID CAP GROWTH FUND INVST | 1 MARKET ST | STEUART TOWER SUITE 1600 | SAN FRANCISCO | CA | 94105 | 0.40% |
| PARNASSUS VALUE EQUITY INVESTOR | 1 MARKET ST | STEUART TOWER SUITE 1600 | SAN FRANCISCO | CA | 94105 | 0.40% |
| PEAR TREE QUALITY FUND ORDINARY | 55 OLD BEDFORD ROAD | | LINCOLN | MA | 01773 | 0.40% |
| PERFORMANCE TRUST TOTAL RETRN BND INST | 500 WEST MADISON | SUITE 470 | CHICAGO | IL | 60661 | 0.40% |
| PERKINS DISCOVERY | 8730 STONY POINT PKWY | SUITE 205 | RICHMOND | VA | 23235 | 0.08% |
| PERMANENT AGGRESSIVEGROWTH PORTFOLIO | 600 MONTGOMERY ST | SUITE 4100 | SAN FRANCISCO | CA | 94111-2702 | 0.40% |
| PERMANENT PORTFOLIO | 600 MONTGOMERY ST | SUITE 4100 | SAN FRANCISCO | CA | 94111-2702 | 0.38% |
| PFG ACTIVE CORE BOND STRATEGY FUND CL R | 777 108TH AVE NE | SUITE 2100 | BELLEVUE | WA | 98004 | 0.25% |
| PFG AMERICAN FDS CONS INC STRAT CL R | 777 108TH AVE NE | SUITE 2100 | BELLEVUE | WA | 98004 | 0.25% |
| PFG AMERICAN FUNDS GROWTH STRAT CL R | 777 108TH AVE NE | SUITE 2100 | BELLEVUE | WA | 98004 | 0.25% |
| PFG BNY MELLON DIVERSIFIER STRAT R | 777 108TH AVE NE | SUITE 2100 | BELLEVUE | WA | 98004 | 0.25% |
| PFG BR TRGT ALLOCAT EQ STRATEGY FD CL R | 777 108TH AVE NE | SUITE 2100 | BELLEVUE | WA | 98004 | 0.25% |
| PFG EQUITY INDEX FOCUSED STRATEGY R | 777 108TH AVE NE | SUITE 2100 | BELLEVUE | WA | 98004 | 0.25% |
| PFG FIDELITY INST AMCORE PLUS BD STRG R | 777 108TH AVE NE | SUITE 2100 | BELLEVUE | WA | 98004 | 0.25% |
| PFG JANUS HENDERSON TACTICAL INC STRAT R | 777 108TH AVE NE | SUITE 2100 | BELLEVUE | WA | 98004 | 0.25% |
| PFG SECTOR EQUITY BUS CYCLE STRAT R | 777 108TH AVE NE | SUITE 2100 | BELLEVUE | WA | 98004 | 0.25% |
| PFG US EQUITY INDEX STRATEGY CLASS R | 777 108TH AVE NE | SUITE 2100 | BELLEVUE | WA | 98004 | 0.25% |
| PGIM FLOATING RATE INCOME CL A | 655 BROAD ST | | NEWARK | NJ | 07102 | 0.40% |
| PGIM HIGH YIELD CL A | 655 BROAD ST | | NEWARK | NJ | 07102 | 0.40% |
| PGIM HIGH YIELD CL Z | 655 BROAD ST | | NEWARK | NJ | 07102 | 0.15% |
| PGIM JEN INTL OPPORTUNITIES CL Z | 655 BROAD ST | | NEWARK | NJ | 07102 | 0.15% |
| PGIM JENN HEALTH SCIENCES CL A | 655 BROAD ST | | NEWARK | NJ | 07102 | 0.10% |
| PGIM SHRT DUR HGH YLD INC FD CL A | 655 BROAD ST | | NEWARK | NJ | 07102 | 0.40% |
| PGIM SHRT DUR HGH YLD INC FD CL C | 655 BROAD ST | | NEWARK | NJ | 07102 | 0.10% |
| PGIM TOTAL RETURN BOND CL C | 655 BROAD ST | | NEWARK | NJ | 07102 | 0.10% |
| PIA HIGH YIELD FUND INSTITUTIONAL CLASS | 1299 OCEAN AVE | ST 210 | SANTA MONICA | CA | 90401 | 0.40% |
| PIMCO ALL ASSET FUNDCLASS A | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.40% |
| PIMCO COMMODITIES PLUS STRATEGY CL I-3 | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.10% |
| PIMCO COMMODITY REALRETURN STRAT A | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.40% |
| PIMCO INCOME CL I3 | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.15% |
| PIMCO INCOME FUND CL A | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.40% |
| PIMCO INTL BD FD U SDOLLAR-HEDGED A | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.40% |
| PIMCO INTL BD U.S. DOLLAR-HEDGED I-3 | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.15% |
| PIMCO INTL BOND FUND (UNHEDGED) A | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.40% |
| PIMCO INVESTMENT GR CREDIT BOND FUND A | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.40% |
| PIMCO LOW DURATION CLASS A | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.38% |
| PIMCO MORTGAGE OPPOR AND BOND FUND A | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.40% |
| PIMCO PREFERRED AND CAPITAL SECS CL A | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.40% |
| PIMCO RAE EMERGING MARKETS FUND A | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.40% |
| PIMCO RAE PLUS INTL FUND A | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.40% |
| PIMCO RAE US SMALL FUND A | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.40% |

# Schedule C, Line 2(h) Formula Descriptions

**Pfizer Savings Plan**

**EIN: 13-5315170, PN: 002**

**Plan Year Ending: December 31, 2025**

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

| PAYOR NAME | EIN / ADDRESS | ADDRESS | CITY | STATE | ZIP CODE | COMPENSATION |
|---|---|---|---|---|---|---|
| PIMCO REAL ESTATE REAL RETURN STRAT A | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.40% |
| PIMCO REAL RETURN CLASS A | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.40% |
| PIMCO STOCKSPLUS CLASS A | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.40% |
| PIMCO STOCKSPLUS INTERNATL US$HDG A | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.40% |
| PIMCO STOCKSPLUS INTL US DOL HEDG I3 | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.10% |
| PIMCO STOCKSPLUS SHORT FUND A | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.40% |
| PIMCO STOCKSPLUS SMALL FUND A | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.40% |
| PIMCO TOTAL RETURN CLASS A | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.40% |
| PIMCO TRENDS MANAGEDFUTURES STRATEGY A | 1633 BROADWAY | | NEW YORK | NY | 10019 | 0.40% |
| PIN OAK EQUITY FUND | 225 PICTORIA DR | SUITE 450 | CINCINNATI | OH | 45246 | 0.40% |
| POLEN GROWTH FUND INST'L SHARES | 1825 NW CORPORATE BLVD | SUITE 300 | BOCA RATON | FL | 33431 | 0.15% |
| POLEN GROWTH FUND RETAIL SHARES | 1825 NW CORPORATE BLVD | SUITE 300 | BOCA RATON | FL | 33431 | 0.40% |
| PRIMECAP ODYSSEY AGGRESSIVE GRWTH FD | 2020 E. FINANCIAL WAY | SUITE 100 | GLENDORA | CA | 91741 | 0.10% |
| PRIMECAP ODYSSEY GROWTH FUND | 2020 E. FINANCIAL WAY | SUITE 100 | GLENDORA | CA | 91741 | 0.10% |
| PRINCIPAL DIVERSIFIED INCOME A | 620 COOLIDGE DR | SUITE 300 | FOLSOM | CA | 95630 | 0.40% |
| PRINCIPAL GLOBAL REAL ESTATE CL A | 620 COOLIDGE DR | SUITE 300 | FOLSOM | CA | 95630 | 0.40% |
| PRINCIPAL SPECTRUM PREF CAPT SEC INC A | 620 COOLIDGE DR | SUITE 300 | FOLSOM | CA | 95630 | 0.40% |
| PUTNAM CORE EQUITY CLASS A | 1 POST OFFICE SQ | MAILZONE G3C | BOSTON | MA | 02109 | 0.40% |
| PUTNAM DYNAMIC ASSET ALLOC CONSERV CL A | 1 POST OFFICE SQ | MAILZONE G3C | BOSTON | MA | 02109 | 0.40% |
| PUTNAM FOCUSED INTL EQUITY CL A | 1 POST OFFICE SQ | MAILZONE G3C | BOSTON | MA | 02109 | 0.40% |
| PUTNAM GLOBAL HEALTHCARE FUND CLASS A | 1 POST OFFICE SQ | MAILZONE G3C | BOSTON | MA | 02109 | 0.40% |
| PUTNAM GLOBAL TECHNOLOGY FUND CL A | 1 POST OFFICE SQ | MAILZONE G3C | BOSTON | MA | 02109 | 0.40% |
| PUTNAM LARGE CAP GROWTH FD CLASS A | 1 POST OFFICE SQ | MAILZONE G3C | BOSTON | MA | 02109 | 0.40% |
| PUTNAM LARGE CAP VAL CLASS C | 1 POST OFFICE SQ | MAILZONE G3C | BOSTON | MA | 02109 | 0.10% |
| PUTNAM LARGE CAP VALCLASS A | 1 POST OFFICE SQ | MAILZONE G3C | BOSTON | MA | 02109 | 0.40% |
| PUTNAM MORTGAGE OPPOR FD CL A | 1 POST OFFICE SQ | MAILZONE G3C | BOSTON | MA | 02109 | 0.40% |
| PUTNAM MORTGAGE SECURITIES CLASS A | 1 POST OFFICE SQ | MAILZONE G3C | BOSTON | MA | 02109 | 0.40% |
| PUTNAM SMALL CAP GROWTH CL A | 1 POST OFFICE SQ | MAILZONE G3C | BOSTON | MA | 02109 | 0.40% |
| QUANTIFIED COMMON GROUND FD INVST | 1445 RESEARCH BLVD | SUITE 530 | ROCKVILLE | MD | 20850 | 0.40% |
| RED OAK TECHNOLOGY SELECT | 225 PICTORIA DR | SUITE 450 | CINCINNATI | OH | 45246 | 0.40% |
| RISING RATES OPPTY PRO FUND INVESTOR | 7501 WISCONSIN AVE | SUITE 1000 E TOWER | BETHESDA | MD | 20814 | 0.40% |
| RIVER CANYON TOTAL RETURN BOND INSTL | 2000 AVE OF THE STARS | 11TH FL | LOS ANGELES | CA | 90067 | 0.12% |
| ROYCE INTERNATIONAL PREMIER SERVICE CL | 745 FIFTH AVE | SUITE 2400 | NEW YORK | NY | 10151 | 0.40% |
| ROYCE SMALL CAP VALUE SERVICE CL | 745 FIFTH AVE | SUITE 2400 | NEW YORK | NY | 10151 | 0.40% |
| ROYCE SMALL-CAP SPECEQUITY INVESTMENT CL | 745 FIFTH AVE | SUITE 2400 | NEW YORK | NY | 10151 | 0.15% |
| ROYCE SMALL-CAP TOT RETURN SERVICE CLASS | 745 FIFTH AVE | SUITE 2400 | NEW YORK | NY | 10151 | 0.40% |
| RYDEX BASIC MATERIALS INV CLASS | 9601 BLACKWELL RD | SUITE 500 | ROCKVILLE | MD | 20850 | 0.40% |
| RYDEX BIOTECHNOLOGY INV CLASS | 9601 BLACKWELL RD | SUITE 500 | ROCKVILLE | MD | 20850 | 0.40% |
| RYDEX CONSUMER PRODUCTS INVESTOR CL | 9601 BLACKWELL RD | SUITE 500 | ROCKVILLE | MD | 20850 | 0.40% |
| RYDEX DOW 2X STRATEGY CL A | 9601 BLACKWELL RD | SUITE 500 | ROCKVILLE | MD | 20850 | 0.40% |
| RYDEX ELECTRONICS INV CLASS | 9601 BLACKWELL RD | SUITE 500 | ROCKVILLE | MD | 20850 | 0.40% |
| RYDEX INVERSE DOW 2XSTRATEGY CL H | 9601 BLACKWELL RD | SUITE 500 | ROCKVILLE | MD | 20850 | 0.40% |
| RYDEX INVERSE NASDAQ 1002X CL H | 9601 BLACKWELL RD | SUITE 500 | ROCKVILLE | MD | 20850 | 0.40% |
| RYDEX INVERSE RUSSEL2000 2X STRAT CL H | 9601 BLACKWELL RD | SUITE 500 | ROCKVILLE | MD | 20850 | 0.40% |
| RYDEX INVERSE S&P 500 2X STRATEGY CL H | 9601 BLACKWELL RD | SUITE 500 | ROCKVILLE | MD | 20850 | 0.40% |
| RYDEX INVERSE S&P 500 STRATEGY INV CL | 9601 BLACKWELL RD | SUITE 500 | ROCKVILLE | MD | 20850 | 0.40% |
| RYDEX NASDAQ 100 2X STRATEGY CL A | 9601 BLACKWELL RD | SUITE 500 | ROCKVILLE | MD | 20850 | 0.40% |
| RYDEX NASDAQ 100 2X STRATEGY CL H | 9601 BLACKWELL RD | SUITE 500 | ROCKVILLE | MD | 20850 | 0.40% |
| RYDEX NASDAQ 100 FUND CLASS H | 9601 BLACKWELL RD | SUITE 500 | ROCKVILLE | MD | 20850 | 0.40% |
| RYDEX NASDAQ 100 INV CLASS | 9601 BLACKWELL RD | SUITE 500 | ROCKVILLE | MD | 20850 | 0.40% |
| RYDEX PRECIOUS METALS INVESTOR CL | 9601 BLACKWELL RD | SUITE 500 | ROCKVILLE | MD | 20850 | 0.40% |
| RYDEX S&P 500 2X STRATEGY CL A | 9601 BLACKWELL RD | SUITE 500 | ROCKVILLE | MD | 20850 | 0.40% |
| RYDEX TRANSPORTATIONFD CL A | 9601 BLACKWELL RD | SUITE 500 | ROCKVILLE | MD | 20850 | 0.40% |
| SEGALL BRYANT HAMILL PLUS BOND FD RETAIL | 370 17TH ST | SUITE 5000 | DENVER | CO | 80202 | 0.30% |
| SEGALL BRYANT HAMILL SML CAP GRWTH INSTL | 370 17TH ST | SUITE 5000 | DENVER | CO | 80202 | 0.12% |
| SEMICONDUCTOR ULTRA SECTOR PRO FD INVSTR | 7501 WISCONSIN AVE | SUITE 1000 E TOWER | BETHESDA | MD | 20814 | 0.40% |
| SHELTON NASDAQ 100 INDEX INVESTOR | P.O. BOX 87 | | DENVER | CO | 80201-0087 | 0.15% |
| SHELTON SUSTAINABLE EQUITY INVESTOR | P.O. BOX 87 | | DENVER | CO | 80201-0087 | 0.40% |
| SIT BALANCED FUND | 80 SOUTH 8TH ST | | MINNEAPOLIS | MN | 55402 | 0.40% |

# Schedule C, Line 2(h) Formula Descriptions

**Pfizer Savings Plan**

**EIN: 13-5315170, PN: 002**

**Plan Year Ending: December 31, 2025**

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

| PAYOR NAME | EIN / ADDRESS | ADDRESS | CITY | STATE | ZIP CODE | COMPENSATION |
|---|---|---|---|---|---|---|
| SPROTT GOLD EQUITY FUND INVESTOR | 200 BAY ST | SUITE 2600 | TORONTO | CA | M5J 2J1 | 0.40% |
| SPYGLASS GROWTH FUND INSTL | ONE LETTERMAN DR | | SAN FRANCISCO | CA | 94129 | 0.10% |
| STEWARD VALUES ENHANCED INTL CL A | 15375 MEMORIAL DR | STE 200 | HOUSTON | TX | 77079 | 0.40% |
| T ROWE PRICE 2010 RETIREMENT FUND | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE ALL CAPOPPORTUNITIES INVST | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE BLUE CHIP GROWTH INC | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE CAP APPRECIATION | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE CAPITL APPREC INCOME INVSTR | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE COMM & TECHNOLOGY INVESTOR | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE CREDIT OPPORTUNITIES INVEST | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE DIVERSDMID CAP GROWTH | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE DIVIDEND GROWTH | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE DYNAMICCREDIT INVESTOR | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE EMRG MKTS LOCAL CUR INV | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE EQUITY INCOME | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE EQUITY INDEX 500 FUND | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE EUROPEAN STOCK | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE FINANCIAL SERVICES | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE FLOATING RATE INVEST | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE GLOBAL GR STOCK INVESTOR CL | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE GLOBAL HIGH INCOME BOND INV | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE GLOBAL INDUSTRIALS INVESTOR | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE GLOBAL STOCK | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE GLOBAL TECHNOLOGY | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE GROWTH STOCK | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE HEALTH SCIENCES | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE INTERNATIONAL BOND | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE INTG USSM & MID CAP CORE EQ | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE INTGRTDGLOBAL EQUITY FD | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE INTL BOND USD HEDGED INVS | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE INTL DISCOVERY FUND | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE INT'L VALUE EQUITY FUND | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE INTRTD US SM CAP GR EQUITY | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE LATIN AMERICA FUND | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE MID CAP GROWTH | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE MID CAP VALUE | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE NEW ASIA | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE RET 2020 FUND | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE RET 2030 FD | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE RET 2040 FD | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE RETIRE BLEND 2010 FD INVSTR | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE RETIRE BLEND 2015 FD INVSTR | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE RETIRE BLEND 2020 FD INVSTR | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE RETIRE BLEND 2025 FD INVEST | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE RETIREMENT 2015 | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE RETIREMENT 2025 FD | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE RETIREMENT 2035 FUND | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE SCIENCE& TECHNOLOGY | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE U.S EQUITY RESEARCH FD | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE ULTRA SHORT TERM BD INVEST | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T ROWE PRICE VALUE | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T.ROWE PRICE ASIA OPPORTUNITI INVESTOR | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| T.ROWE PRICE INTRNL DISCIPLINED EQ INV | 4515 PAINTERS MILL RD | | OWINGS MILLS | MD | 21117 | 0.15% |
| TCW CORE FIXED INCOME CLASS N | 865 S FIGUEROA ST | 22ND FLOOR | LOS ANGELES | CA | 90071 | 0.35% |
| TCW EMERGING MARKETS INCOME CL N | 865 S FIGUEROA ST | 22ND FLOOR | LOS ANGELES | CA | 90071 | 0.40% |
| TCW METWEST HIGH YLDBOND CL M | 865 S FIGUEROA ST | 1400 | LOS ANGELES | CA | 90071 | 0.40% |
| TCW METWEST LOW DURATION BOND M | 865 S FIGUEROA ST | 1400 | LOS ANGELES | CA | 90071 | 0.35% |
| TCW METWEST TOTAL RETURN BOND CL M | 865 S FIGUEROA ST | 1400 | LOS ANGELES | CA | 90071 | 0.35% |
| TCW METWEST UNCONSTRBOND M | 865 S FIGUEROA ST | 1400 | LOS ANGELES | CA | 90071 | 0.40% |

# Schedule C, Line 2(h) Formula Descriptions

**Pfizer Savings Plan**

**EIN: 13-5315170, PN: 002**

**Plan Year Ending: December 31, 2025**

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

| PAYOR NAME | EIN / ADDRESS | ADDRESS | CITY | STATE | ZIP CODE | COMPENSATION |
|---|---|---|---|---|---|---|
| TEMPLETON GLOBAL BOND CLASS A | 100 FOUNTAIN PARKWAY | | ST. PETERSBURG | FL | 33716 | $16.00 |
| TEMPLETON SUSTAIN EMERG MRKTS BOND A | 100 FOUNTAIN PARKWAY | | ST. PETERSBURG | FL | 33716 | 0.35% |
| TETON WESTWOOD MIGHTY MITES FD AAA | 401 THEODORE FREMD. AVE. | | RYE | NY | 10580 | 0.35% |
| THE INTERNET FUND | 470 PARK AVE SOUTH | | NEW YORK | NY | 10016 | 0.40% |
| THE KINETICS MARKET OPPORTUNITIES INSTL | 470 PARK AVE SOUTH | | NEW YORK | NY | 10016 | 0.12% |
| THE OSTERWEIS STRATEGIC INCOME FD | 777 E. WISCONSIN AVE | 4TH FLOOR | MILWAUKEE | WI | 53202 | 0.15% |
| THIRD AVENUE REAL ESTATE VALUE INVST | 622 THIRD AVE | 32ND FLOOR | NEW YORK | NY | 10017 | 0.40% |
| THIRD AVENUE VALUE FUND INVESTOR CLASS | 622 THIRD AVE | 32 FL | NEW YORK | NY | 10017 | 0.40% |
| THIRD AVENUE VALUE INSTL CLASS | 622 THIRD AVE | 32ND FLOOR | NEW YORK | NY | 10017 | 0.35% |
| THOMPSON BOND FUND | 1255 FOURIER DR | SUITE 200 | MADISON | WI | 53717 | 0.25% |
| THORNBURG SUMMIT FUND A | 2300 NORTH RIDGETOP RD | | SANTA FE | NM | 87506 | 0.40% |
| THRIVENT MID CAP STOCK FUND CL S | 4321 N. BALLARD ROAD | | APPLETON | WI | 54919-0001 | 0.15% |
| THRIVENT SMALL CAP STOCK FUND CL S | 4321 N. BALLARD ROAD | | APPLETON | WI | 54919-0001 | 0.15% |
| TOCQUEVILLE FUND | 40 W 57TH ST | 19TH FLOOR | NEW YORK | NY | 10019 | $16.00 |
| TOUCHSTONE FOCUSED CLASS Y | 303 BROADWAY | SUITE 1100 | CINCINNATI | OH | 45202-4203 | 0.25% |
| TOUCHSTONE LARGE CAP FOCUSED FUND CL C | 303 BROADWAY | SUITE 1100 | CINCINNATI | OH | 45202-4203 | 0.08% |
| TOUCHSTONE LARGE COMP GROWTH CLASS I | 303 BROADWAY | SUITE 1100 | CINCINNATI | OH | 45202-4203 | 0.07% |
| TOUCHSTONE MID CAP FUND CL Z | 303 BROADWAY | SUITE 1100 | CINCINNATI | OH | 45202-4203 | 0.40% |
| TOUCHSTONE SANDS CAP SEL GRWTH Z | 303 BROADWAY | SUITE 1100 | CINCINNATI | OH | 45202-4203 | 0.40% |
| TWEEDY BROWNE INTERNATL VALUE FUND | ONE STATION PLACE | 5TH FLOOR | STAMFORD | CT | 06902 | 0.08% |
| ULTRA BULL PRO FUND INVESTORS SHARES | 7501 WISCONSIN AVE | SUITE 1000 E TOWER | BETHESDA | MD | 20814 | 0.40% |
| ULTRA DOW 30 PRO FUND INVESTOR | 7501 WISCONSIN AVE | SUITE 1000 E TOWER | BETHESDA | MD | 20814 | 0.40% |
| ULTRA NASDAQ-100 PRO FUND INVESTOR CLASS | 7501 WISCONSIN AVE | SUITE 1000 E TOWER | BETHESDA | MD | 20814 | 0.40% |
| ULTRA SHORT NASDAQ- 100 PROFUND INVESTOR | 7501 WISCONSIN AVE | SUITE 1000 E TOWER | BETHESDA | MD | 20814 | 0.40% |
| ULTRA SHORT SMALL CAP PRO FDS-INVST CL | 7501 WISCONSIN AVE | SUITE 1000 E TOWER | BETHESDA | MD | 20814 | 0.40% |
| USA MUTUALS VICE FD INVESTOR | 615 E. MICHIGAN ST. | | MILWAUKEE | WI | 53202 | 0.40% |
| VALUE LINE ASSET ALLOCATION INVESTOR | 7 TIMES SQUARE | SUITE 1606 | SARASOTA | FL | 34236 | 0.40% |
| VALUE LINE CAPITAL APPRECIATION INV | 7 TIMES SQUARE | SUITE 1606 | SARASOTA | FL | 34236 | 0.40% |
| VALUE LINE MID CAP FOCUSED FUND CL I | 7 TIMES SQUARE | SUITE 1606 | SARASOTA | FL | 34236 | 0.15% |
| VALUE LINE MID CAP FOCUSED INVESTORS FD | 7 TIMES SQUARE | SUITE 1606 | SARASOTA | FL | 34236 | 0.40% |
| VALUE LINE SELECT GROWTH INVESTORS CL | 7 TIMES SQUARE | SUITE 1606 | SARASOTA | FL | 34236 | 0.40% |
| VALUE LINE SMALL CAPOPPORTUNITIES INV FD | 7 TIMES SQUARE | SUITE 1606 | SARASOTA | FL | 34236 | 0.40% |
| VAN ECK INTERNAT'L INVESTORS GOLD FD Y | 666 3RD AVE | 9TH FLOOR | NEW YORK | NY | 10017 | 0.10% |
| VAN ECK INTERNATN'L INVESTORS GOLD CL A | 666 3RD AVE | 9TH FLOOR | NEW YORK | NY | 10017 | 0.38% |
| VEST BITCOIN STRATEGY MANAGED VOL | 8730 STONY POINT PKWY | STE 205 | RICHMOND | VA | 23235 | 0.40% |
| VEST US LARGE CAP 20% BUFFER INSTL | 8730 STONY POINT PKWY | STE 205 | RICHMOND | VA | 23235 | 0.08% |
| VICTORY GLOBAL ENERGY TRANSITION A | 4900 TIEDEMAN RD | 4TH FLOOR | BROOKLYN | OH | 44114 | 0.40% |
| VICTORY GLOBAL ENERGY TRANSITION Y | 4900 TIEDEMAN RD | 4TH FLOOR | BROOKLYN | OH | 44114 | 0.12% |
| VICTORY INTEGRITY MID CAP VALUE CL A | 4900 TIEDEMAN RD | 4TH FLOOR | BROOKLYN | OH | 44114 | 0.40% |
| VICTORY INTEGRITY SMALL CAP VALUE A | 4900 TIEDEMAN RD | 4TH FLOOR | BROOKLYN | OH | 44114 | 0.40% |
| VICTORY NASDAQ-100 INDEX FUND | 4900 TIEDEMAN RD | 4TH FLOOR | BROOKLYN | OH | 44114 | 0.10% |
| VICTORY NASDAQ-100 INDEX FUND CL A | 4900 TIEDEMAN RD | 4TH FLOOR | BROOKLYN | OH | 44114 | 0.40% |
| VICTORY PIONEER MULT ASSET INCOME Y | 4900 TIEDEMAN RD | 4TH FLOOR | BOSTON | MA | 02109 | 0.10% |
| VICTORY PIONEER MULTASSET INCOME FUND A | 4900 TIEDEMAN RD | 4TH FLOOR | BOSTON | MA | 02109 | 0.40% |
| VICTORY PRECIOUS METALS AND MINERALS | 4900 TIEDEMAN RD | 4TH FLOOR | BROOKLYN | OH | 44114 | 0.10% |
| VICTORY PRECIOUS METALS& MINERALS A | 4900 TIEDEMAN RD | 4TH FLOOR | BROOKLYN | OH | 44114 | 0.40% |
| VICTORY RS GLOBAL FUND CLASS A | 4900 TIEDEMAN RD | 4TH FLOOR | BROOKLYN | OH | 44114 | 0.40% |
| VICTORY SCIENCE & TECHNOLOGY FD A | 4900 TIEDEMAN RD | 4TH FLOOR | BROOKLYN | OH | 44114 | 0.40% |
| VICTORY SYCAMORE ESTABLISHED VALUE Y | 4900 TIEDEMAN RD | 4TH FLOOR | BROOKLYN | OH | 44114 | 0.10% |
| VIRTUS ALPHASIMPLEX MANAG FUTURE STRAT A | 100 SUMMIT LAKE DR | #201 | GREENFIELD | MA | 01301 | 0.40% |
| VIRTUS CONVERTIBLE FUND A | 100 SUMMIT LAKE DR | #201 | GREENFIELD | MA | 01301 | 0.40% |
| VIRTUS DUFF & PHELPS WATER FUND A | 100 SUMMIT LAKE DR | #201 | GREENFIELD | MA | 01301 | 0.40% |
| VIRTUS KAR EMERG MKTS SMALL CAP A | 100 SUMMIT LAKE DR | #201 | GREENFIELD | MA | 01301 | 0.40% |
| VIRTUS KAR MID CAP GROWTH FUND CL A | 100 SUMMIT LAKE DR | #201 | GREENFIELD | MA | 01301 | 0.40% |
| VIRTUS KAR SMALL MID CAP CORE CL A | 100 SUMMIT LAKE DR | #201 | GREENFIELD | MA | 01301 | 0.40% |
| VIRTUS NEWFLEET SHRTDURATION HIGH INC A | 100 SUMMIT LAKE DR | #201 | GREENFIELD | MA | 01301 | 0.40% |
| VIRTUS NFJ DIVIDEND VALUE A | 100 SUMMIT LAKE DR | #201 | GREENFIELD | MA | 01301 | 0.40% |
| VIRTUS SILVANT MID CAP GROWTH FUND A | 100 SUMMIT LAKE DR | #201 | GREENFIELD | MA | 01301 | 0.40% |
| VIRTUS WESTCHESTER CREDIT EVENT FD CL I | 100 SUMMIT LAKE DR | #201 | GREENFIELD | MA | 01301 | 0.10% |

# Schedule C, Line 2(h) Formula Descriptions

**Pfizer Savings Plan**

**EIN: 13-5315170, PN: 002**

**Plan Year Ending: December 31, 2025**

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

| PAYOR NAME | EIN / ADDRESS | ADDRESS | CITY | STATE | ZIP CODE | COMPENSATION |
|---|---|---|---|---|---|---|
| VIRTUS ZEVENBERGEN INNOVATIVE GR STK A | 100 SUMMIT LAKE DR | #201 | GREENFIELD | MA | 01301 | 0.40% |
| VIRTUS ZEVENBERGEN TECHNOLOGY FUND A | 100 SUMMIT LAKE DR | #201 | GREENFIELD | MA | 01301 | 0.40% |
| VOYA GNMA INCOME CLASS A | 7337 E. DOUBLETREE RANCH RD | | SCOTTSDALE | AZ | 85258 | 0.40% |
| WASATCH EMERGING INDIA FUND | 505 WAKARA WAY | SUITE 300 | SALT LAKE CITY | UT | 84108 | 0.40% |
| WASATCH EMERGING MARKETS SMALL CAP FD | 505 WAKARA WAY | SUITE 300 | SALT LAKE CITY | UT | 84108 | 0.40% |
| WASATCH GLOBAL OPPORTUNITIES RETAIL | 505 WAKARA WAY | SUITE 300 | SALT LAKE CITY | UT | 84108 | 0.40% |
| WASATCH GLOBAL VALUE FUND | 505 WAKARA WAY | SUITE 300 | SALT LAKE CITY | UT | 84108 | 0.40% |
| WASATCH SMALL CAP GROWTH | 505 WAKARA WAY | SUITE 300 | SALT LAKE CITY | UT | 84108 | 0.40% |
| WASATCH ULTRA GROWTH | 505 WAKARA WAY | SUITE 300 | SALT LAKE CITY | UT | 84108 | 0.40% |
| WCM FOCUSED EMERGINGMARKETS INVESTOR | 2220 E. ROUTE 66 | SUITE 226 | GLENDORA | CA | 91740 | 0.40% |
| WCM FOCUSED INTERNTL EQUITY FUND INSTL | 2220 E. ROUTE 66 | SUITE 226 | GLENDORA | CA | 91740 | 0.12% |
| WCM FOCUSED INTERNTLOPPORTUNITIES INVSTR | 2220 E. ROUTE 66 | SUITE 226 | GLENDORA | CA | 91740 | 0.40% |
| WCM FOCUSED INTL GROWTH FUND INVESTOR | 2220 E. ROUTE 66 | SUITE 226 | GLENDORA | CA | 91740 | 0.40% |
| WEITZ LARGE CAP EQUITY INVESTOR | 1125 SOUTH 103RD ST | | OMAHA | NE | 68124 | 0.40% |
| WILLIAM BLAIR LARGE CAP GROWTH CL I | 222 WEST ADAMS ST | 12TH FLOOR | CHICAGO | IL | 60606 | 0.15% |
| WILLIAM BLAIR LARGE CAP GROWTH FD N | 222 WEST ADAMS ST | 12TH FLOOR | CHICAGO | IL | 60606 | 0.40% |
| WILLIAM BLAIR SMALL CAP GROWTH CLASS N | 222 WEST ADAMS ST | 12TH FLOOR | CHICAGO | IL | 60606 | 0.40% |
| WILLIAM BLAIR SMALL MID CAP GROWTH CL N | 222 WEST ADAMS ST | 12TH FLOOR | CHICAGO | IL | 60606 | 0.40% |
| WISE CAPITAL FUND | 8000 TOWN CENTRE DR | SUITE 400 | BROADVIEW HEIGHTS | OH | 44147-4031 | 0.40% |
| WORLD PRECIOUS MINERALS FUND | 3 CANAL PLAZA | SUITE 600 | PORTLAND | ME | 04101 | 0.40% |

PFIZER SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2025
(THOUSANDS OF DOLLARS)

| | Identity of Issuer, Borrower, Lessor or Similar Party | Description of Investment | Rate of Interest | Maturity Date | Cost**** | Current Value |
|---|---|---|---|---|---|---|
| * | Pfizer Inc. | Common stock | | | | $ 938,916 |
| * | NTGI Collective Government Short-Term Investment Fund | Collective trust fund | | | | 46,488 |
| * | Fidelity Large Cap Growth Fund | Collective trust fund | | | | 1,857,329 |
| | Boston Partners Large Cap Value Fund | Collective trust fund | | | | 828,386 |
| * | SSGA S&P 500 Index Fund | Collective trust fund | | | | 3,924,098 |
| * | SSGA International Equity Index Fund | Collective trust fund | | | | 267,765 |
| * | SSGA Small-Mid Cap Equity Index Fund | Collective trust fund | | | | 1,158,604 |
| | Wellington International Equity Fund | Collective trust fund | | | | 476,081 |
| | Jennison Small-Mid Cap Equity Fund | Collective trust fund | | | | 181,232 |
| | Acadian International Equity Fund | Collective trust fund | | | | 476,703 |
| * | SSGA Bond Index Fund | Collective trust fund | | | | 161,178 |
| | Vanguard Target Retirement Income Trust Select | Collective trust fund | | | | 365,509 |
| | Vanguard Target Retirement 2020 Trust Select | Collective trust fund | | | | 369,665 |
| | Vanguard Target Retirement 2025 Trust Select | Collective trust fund | | | | 615,470 |
| | Vanguard Target Retirement 2030 Trust Select | Collective trust fund | | | | 1,641,291 |
| | Vanguard Target Retirement 2035 Trust Select | Collective trust fund | | | | 1,425,624 |
| | Vanguard Target Retirement 2040 Trust Select | Collective trust fund | | | | 1,737,376 |
| | Vanguard Target Retirement 2045 Trust Select | Collective trust fund | | | | 1,101,550 |
| | Vanguard Target Retirement 2050 Trust Select | Collective trust fund | | | | 729,856 |
| | Vanguard Target Retirement 2055 Trust Select | Collective trust fund | | | | 538,223 |
| | Vanguard Target Retirement 2060 Trust Select | Collective trust fund | | | | 328,733 |
| | Vanguard Target Retirement 2065 Trust Select | Collective trust fund | | | | 61,099 |
| | Vanguard Target Retirement 2070 Trust Select | Collective trust fund | | | | 4,746 |
| | Columbia Trust U.S. Smaller Companies Fund | Collective trust fund | | | | 181,776 |
| | Nuveen Quant Small-Mid Cap Equity Fund | Collective trust fund | | | | 181,232 |
| | Total common/collective trust funds | | | | | 18,660,013 |
| | SEI Diversified Bond Fund – Core | Mutual fund | | | | 509,605 |
| | SEI Diversified Bond Fund – High Yield | Mutual fund | | | | 14,156 |
| | SEI Diversified Bond Fund - Emerging Markets | Mutual fund | | | | 28,311 |
| | SEI Diversified Bond Fund - Opportunities Income | Mutual fund | | | | 14,156 |
| | Total mutual funds | | | | | 566,228 |
| | Self-Directed Brokerage Account | Self-directed brokerage account | | | | 487,501 |

PFIZER SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2025
(THOUSANDS OF DOLLARS)
(continued)

| Identity of Issuer, Borrower, Lessor or Similar Party | Description of Investment | Rate of Interest | Maturity Date | Cost**** | Current Value |
|---|---|---|---|---|---|
| Separate Account – | | | | | |
| Abbott Laboratories | Common stock | | | | 14,368 |
| Alphabet Inc. | Common stock | | | | 149,197 |
| Amazon.com Inc. | Common stock | | | | 137,812 |
| Apple Inc. | Common stock | | | | 73,464 |
| Applied Materials Inc. | Common stock | | | | 11,156 |
| Applovin Corp - Class A | Common stock | | | | 19,160 |
| Argenx SE | Common stock | | | | 4,886 |
| Astera Labs Inc. | Common stock | | | | 6,107 |
| Broadcom Inc. | Common stock | | | | 104,078 |
| Broadridge Financial Solutions Inc. | Common stock | | | | 9,735 |
| Cadence Design Sys Inc. | Common stock | | | | 13,991 |
| Cava Group Inc. | Common stock | | | | 7,149 |
| CBOE Global Markets Inc. | Common stock | | | | 17,195 |
| Celsius Holdings Inc. | Common stock | | | | 14,560 |
| Chipotle Mexican Grill Inc. | Common stock | | | | 18,060 |
| Copart Inc. | Common stock | | | | 7,709 |
| Costco Wholesale Corp. | Common stock | | | | 32,026 |
| Dexcom Inc. | Common stock | | | | 6,701 |
| Eli Lilly and Company | Common stock | | | | 60,271 |
| Ferrari NV | Common stock | | | | 13,336 |
| Garmin Ltd. | Common stock | | | | 4,848 |
| Home Depot Inc. | Common stock | | | | 26,909 |
| Intuit Inc. | Common stock | | | | 14,355 |
| Intuitive Surgical Inc. | Common stock | | | | 30,675 |
| Manhattan Associates Inc. | Common stock | | | | 8,790 |
| McKesson Corp. | Common stock | | | | 23,653 |
| Meta Platforms Inc. - Class A | Common stock | | | | 97,435 |
| Mettler-Toledo International Inc. | Common stock | | | | 15,697 |
| Microsoft Corp. | Common stock | | | | 158,106 |
| Monster Beverage Corp. | Common stock | | | | 35,861 |
| Motorola Solutions Inc. | Common stock | | | | 5,365 |
| Netflix Inc. | Common stock | | | | 53,106 |
| Nvidia Corp. | Common stock | | | | 180,721 |
| On Holding AG Class A | Common stock | | | | 8,406 |
| Otis Worldwide Corp. | Common stock | | | | 8,412 |
| Procore Technologies Inc. | Common stock | | | | 8,084 |
| Progressive Corp. | Common stock | | | | 13,771 |
| Qualcomm Inc. | Common stock | | | | 14,900 |
| Reddit Inc. - Class A | Common stock | | | | 9,840 |
| SAIA Inc. | Common stock | | | | 11,928 |
| Servicenow Inc. | Common stock | | | | 12,900 |
| Sherwin-Williams Co. / The | Common stock | | | | 17,998 |

PFIZER SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2025
(THOUSANDS OF DOLLARS)
(continued)

| | Identity of Issuer, Borrower, Lessor, or Similar Party | Description of Investment | Rate of Interest | Maturity Date | Cost**** | Current Value |
|---|---|---|---|---|---|---|
| | Spotify Inc. | Common stock | | | | 11,901 |
| | Stryker Corp. | Common stock | | | | 23,998 |
| | Texas Instruments Inc. | Common stock | | | | 19,185 |
| | Texas Roadhouse Inc. | Common stock | | | | 8,648 |
| | TJX Companies Inc. | Common stock | | | | 22,143 |
| | Toast Inc. | Common stock | | | | 6,016 |
| | Tractor Supply Co. | Common stock | | | | 13,061 |
| | Trex Co Inc. | Common stock | | | | 3,642 |
| | United Rentals Inc. | Common stock | | | | 10,049 |
| | Unitedhealth Group Inc. | Common stock | | | | 10,840 |
| | Veeva Sys Inc. - Class A | Common stock | | | | 21,793 |
| | Verisk Analytics Inc. | Common stock | | | | 20,037 |
| | Vertex Pharmaceuticals Inc. | Common stock | | | | 23,861 |
| | Visa Inc. - Class A Shares | Common stock | | | | 74,673 |
| | Waters Corp. | Common stock | | | | 9,258 |
| | Total common stock | | | | | 1,761,828 |
| * | NTGI Collective Government Short-Term Investment Fund | Collective trust fund | | | | 38,734 |
| | ASML Holding NV - NY Reg Shs | New York registry shares | | | | 12,033 |
| | Taiwan Semiconductor SP ADR | American depositary receipt | | | | 39,572 |
| | Genmab A/S - SP ADR | American depositary receipt | | | | 5,786 |
| | Total other | | | | | 57,391 |
| | Total separate account | | | | | 1,857,953 |

PFIZER SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2025
(THOUSANDS OF DOLLARS)
(continued)

| | Identity of Issuer, Borrower, Lessor, or Similar Party | Description of Investment | Rate of Interest | Maturity Date | Cost**** | Current Value |
|---|---|---|---|---|---|---|
| | T. Rowe Price Stable Value Fund – | | | | | |
| *** | American General Life Insurance Company Contract #GA-IM-266-1658155 | Synthetic investment contract | 3.24% | ** | | 106,822 |
| *** | JPMorgan Chase Bank, N.A. Contract #ATRPPFIZER 01 | Synthetic investment contract | 3.15% | ** | | 116,878 |
| *** | New York Life Insurance and Annuity Corporation Contract #GA-29352 | Synthetic investment contract | 3.05% | ** | | 129,613 |
| *** | The Prudential Insurance Company of America Contract #GA-63191 | Synthetic investment contract | 3.06% | ** | | 142,603 |
| *** | Royal Bank of Canada Contract #TRPPFIZER01 | Synthetic investment contract | 3.25% | ** | | 94,123 |
| *** | State Street Bank and Trust Company Contract #96028 | Synthetic investment contract | 3.11% | ** | | 111,656 |
| *** | Massachusetts Mutual Life Insurance Company Contract #30011 | Synthetic investment contract | 3.03% | ** | | 132,189 |
| *** | Metropolitan Tower Life Insurance Company Contract #38127 | Synthetic investment contract | 3.20% | ** | | 153,042 |
| *** | Pacific Life Insurance Company Contract #G-27852.01.001 | Synthetic investment contract | 3.07% | ** | | 119,769 |
| *** | Citibank N.A. Contract #TR24-100 | Synthetic investment contract | 3.06% | ** | | 95,956 |
| | Total T. Rowe Price Stable Value Fund | | | | | 1,202,651 |
| | Total investments | | | | | 23,713,262 |
| * | Notes receivable from participants | Interest Rates: 3.25% - 10.50%<br>Maturity Dates: 2026 - 2041 | | | | 101,255 |
| | Total | | | | | $ 23,814,517 |

* Party-in-interest as defined by ERISA

** Open-ended maturity

*** Current value represents contract value

**** Cost information omitted as all investments are fully participant-directed. This information is not required by ERISA or the Department of Labor to be reported for participant-directed investments.

Amounts may not add due to rounding.

See accompanying Report of Independent Registered Public Accounting Firm.