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
WELLINGTON RETIREMENT AND PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 10/30/1979

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)
WELLINGTON MANAGEMENT COMPANY LLP

280 CONGRESS STREET
BOSTON, MA 02210

2b Employer Identification Number (EIN)
30-0835489

2c Plan Sponsor's telephone number
617-951-5000

2d Business code (see instructions)
523900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2026	LORELLE CROALL
	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

RETIREMENT BENEFIT PLANS OVERSIGHT COMMITTEE

280 CONGRESS STREET
BOSTON, MA 02210

3b Administrator's EIN: 30-0835489

3c Administrator's telephone number: 617-951-5000

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**	4009
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)**	2072
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2004
b	Retired or separated participants receiving benefits	**6b**	38
c	Other retired or separated participants entitled to future benefits	**6c**	1834
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3876
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	22
f	Total. Add lines **6d** and **6e**.	**6f**	3898
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)**	3984
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)**	3863
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2S 2T 3H

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) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
WELLINGTON RETIREMENT AND PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
WELLINGTON MANAGEMENT COMPANY LLP

D Employer Identification Number (EIN)
30-0835489

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

THE VANGUARD GROUP, INC.

23-1945930

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

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

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

THE VANGUARD GROUP, INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 19 37 52	NONE	93243	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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(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
WELLINGTON RETIREMENT AND PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WELLINGTON MANAGEMENT COMPANY LLP

D Employer Identification Number (EIN)
30-0835489

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: WTC-CIF BALANCE REAL ASSET

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)
04-2767481-000	C	17216292

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

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)
04-2767481-000	C	97029649

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF CHINA OPPORTUNITIES

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)
04-2767481-000	C	42026568

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF CORE BOND PLUS

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)
04-2767481-000	C	17543887

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF EMERGING MARKETS

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)
04-2767481-000	C	75271998

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF ENDURING ASSETS

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)
04-2767481-000	C	108063544

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF MULTI SECTOR CREDIT

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)
04-2767481-000	C	8034036

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF GLOBAL HEALTH CARE

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

c EIN-PN 04-2767481-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102577979

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF GLOBAL LOW VOLATILITY

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

c EIN-PN 04-2767481-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17529686

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF GLOBAL RESEARCH EQUITY

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

c EIN-PN 04-2767481-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60806246

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

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

c EIN-PN 04-2767481-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 129844575

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF INTERNATIONAL CONTRARIAN VA

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

c EIN-PN 04-2767481-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122689086

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF INTERNATIONAL OPPORTUNITIES

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

c EIN-PN 04-2767481-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37701187

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF INTERNATIONAL RESEARCH EQTY

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

c EIN-PN 04-2767481-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59311071

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF MICRO-CAP EQUITY

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

c EIN-PN 04-2767481-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 113973968

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF MID-CAP OPPORTUNITIES

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

c EIN-PN 04-2767481-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF OPPORTUNISTIC EMERGING MARK

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

c EIN-PN 04-2767481-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24688719

a Name of MTIA, CCT, PSA, or 103-12 IE:	WTC-CIF QUALITY VALUE		
b Name of sponsor of entity listed in (a):	WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2767481-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	33773127
a Name of MTIA, CCT, PSA, or 103-12 IE:	WTC-CIF REAL ESTATE SECURITIES		
b Name of sponsor of entity listed in (a):	WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2767481-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28923098
a Name of MTIA, CCT, PSA, or 103-12 IE:	WTC-CIF RESEARCH ENERGY		
b Name of sponsor of entity listed in (a):	WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2767481-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	36883163
a Name of MTIA, CCT, PSA, or 103-12 IE:	WTC-CIF RESEARCH EQUITY		
b Name of sponsor of entity listed in (a):	WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2767481-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	120871034
a Name of MTIA, CCT, PSA, or 103-12 IE:	WTC-CIF RESEARCH VALUE		
b Name of sponsor of entity listed in (a):	WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2767481-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17642199
a Name of MTIA, CCT, PSA, or 103-12 IE:	WTC-CIF SMALL CAP 2000		
b Name of sponsor of entity listed in (a):	WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2767481-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	70664582
a Name of MTIA, CCT, PSA, or 103-12 IE:	WTC-CIF SMALL CAP VALUE		
b Name of sponsor of entity listed in (a):	WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2767481-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	43264321
a Name of MTIA, CCT, PSA, or 103-12 IE:	WTC-CIF US TREAS INFL PROTECTED SEC		
b Name of sponsor of entity listed in (a):	WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2767481-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	29467429
a Name of MTIA, CCT, PSA, or 103-12 IE:	WTC-CIF WORLD BOND		
b Name of sponsor of entity listed in (a):	WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2767481-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7747042
a Name of MTIA, CCT, PSA, or 103-12 IE:	VFTC RETIREMENT SAVINGS TRUST III		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST CO.		
c EIN-PN 38-7041744-024	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	18795808

a Name of MTIA, CCT, PSA, or 103-12 IE: SS GLOBAL ALL CAP EQ US IX SEC LND

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

c EIN-PN 90-0337987-444	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15225233

a Name of MTIA, CCT, PSA, or 103-12 IE: SS RUSSELL SMMD CAP IX SEC LN SCI

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

c EIN-PN 32-6528132-019	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7305428

a Name of MTIA, CCT, PSA, or 103-12 IE: SS TARGET RET TRUST SL 2020 CLASS V

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

c EIN-PN 90-0337987-491	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SS TARGET RET TRUST SL 2025 CLASS V

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

c EIN-PN 90-0337987-498	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 91475679

a Name of MTIA, CCT, PSA, or 103-12 IE: SS TARGET RET TRUST SL 2030 CLASS V

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

c EIN-PN 90-0337987-492	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 133877032

a Name of MTIA, CCT, PSA, or 103-12 IE: SS TARGET RET TRUST SL 2035 CLASS V

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

c EIN-PN 90-0337987-499	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 189072933

a Name of MTIA, CCT, PSA, or 103-12 IE: SS TARGET RET TRUST SL 2040 CLASS V

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

c EIN-PN 90-0337987-493	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 151966067

a Name of MTIA, CCT, PSA, or 103-12 IE: SS TARGET RET TRUST SL 2045 CLASS V

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

c EIN-PN 32-6528132-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95568221

a Name of MTIA, CCT, PSA, or 103-12 IE: SS TARGET RET TRUST SL 2050 CLASS V

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

c EIN-PN 32-6528132-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80639646

a Name of MTIA, CCT, PSA, or 103-12 IE: SS TARGET RET TRUST SL 2055 CLASS V

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

c EIN-PN 32-6528132-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46355105

a Name of MTIA, CCT, PSA, or 103-12 IE: SS TARGET RET TRUST SL 2060 CLASS V

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

c EIN-PN 32-6528132-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23289435

a Name of MTIA, CCT, PSA, or 103-12 IE: SS TARGET RET TRUST SL 2065 CLASS V

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

c EIN-PN 32-6528132-046	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5811854

a Name of MTIA, CCT, PSA, or 103-12 IE: SS TARGET RET TRUST SL INCOME CL V

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

c EIN-PN 90-0337987-490	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84664414

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)

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)

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
WELLINGTON RETIREMENT AND PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
WELLINGTON MANAGEMENT COMPANY LLP

D Employer Identification Number (EIN)
30-0835489

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	7311250	6676021
(9) Value of interest in common/collective trusts	1c(9)	2091081667	2367591341
(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)	1061379994	1170166758
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(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	3159772911	3544434120
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	3159772911	3544434120

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)	48435730	
(B) Participants	2a(1)(B)	32287506	
(C) Others (including rollovers)	2a(1)(C)	32739357	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		113462593
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)	497521	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		497521
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	69736660	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		69736660
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		395945463
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		55538555
c Other income	2c		9720
d Total income. Add all **income** amounts in column (b) and enter total	2d		635190512
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	250437759	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	630	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		250438389
f Corrective distributions (see instructions)	2f		1221
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	89693	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		89693
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		250529303
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		384661209
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: PRICEWATERHOUSECOOPERS LLP **(2)** EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**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
WELLINGTON RETIREMENT AND PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
WELLINGTON MANAGEMENT COMPANY LLP

D Employer Identification Number (EIN)
30-0835489

Part I 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** |

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): 23-2186884

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_____.

pwc

Report of Independent Auditors

To the Administrator of Wellington Retirement and Pension Plan

Opinion

We have audited the accompanying financial statements of Wellington Retirement and Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, including the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

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101 Seaport Boulevard, Suite 500
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(617) 530 5000

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

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

Supplemental Schedule Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. Schedule H, line 4i - Schedule of Assets (Held At End of Year) December 31, 2025 ("supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.

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

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

PricewaterhouseCoopers LLP
Boston, Massachusetts
September 30, 2026

Wellington Retirement and Pension Plan

Financial Statements as of December 31, 2025 and 2024 and for the Year Ended December 31, 2025

Supplemental Schedule as of December 31, 2025

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

pwc

Report of Independent Auditors

To the Administrator of Wellington Retirement and Pension Plan

Opinion

We have audited the accompanying financial statements of Wellington Retirement and Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, including the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

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Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

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

Supplemental Schedule Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. Schedule H, line 4i - Schedule of Assets (Held At End of Year) December 31, 2025 ("supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.

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

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

PricewaterhouseCoopers LLP
Boston, Massachusetts
September 30, 2026

Wellington Retirement and Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	December 31,	
	2025	**2024**
Assets		
Investments, at fair value	$3,537,758,099	$3,152,461,661
Notes and interest receivable from participants	6,676,021	7,311,250
Net assets available for benefits	$3,544,434,120	$3,159,772,911

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

Wellington Retirement and Pension Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

Additions to net assets attributed to	
Contributions	
From the Participating Companies	$ 48,435,730
From participants (deferral contributions)	32,287,506
Rollovers	8,639,020
Rollovers from Wellington Management Company LLP Defined Benefit Plan	24,100,337
Total contributions	113,462,593
Investment Income	
Interest and Dividend Income	$ 98,351,971
Interest earned on notes receivable from participants	497,521
Net appreciation (depreciation) in fair value of investments	422,878,427
Total investment income	521,727,919
Net additions	635,190,512
Deductions from net assets attributed to	
Distributions to participants	$ (250,439,610)
Administrative expenses	(89,693)
Total deductions from net assets	(250,529,303)
Net increase in net assets during the year	384,661,209
Net assets available for benefits	
Beginning of year	$ 3,159,772,911
End of year	$ 3,544,434,120

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

1. Description of Plan

The Wellington Retirement and Pension Plan (the "Plan") is a defined contribution plan featuring a profit-sharing plan component, which includes rollovers, participant deferral (401(k)) contributions and frozen voluntary (after-tax) contributions, and a money purchase pension plan component. The Plan covers all eligible partners and employees of Wellington Management Group LLP ("WMG") and affiliated companies including Wellington Management Company LLP, which is the sponsor of the Plan ("WMC"), Wellington Funds Services LLC, Wellington Management Funds LLC and Wellington Trust Company, NA (together, the "Participating Companies"). The Plan was originally effective October 30, 1979 and has subsequently been both amended, and amended and restated several times. The Plan is administered by the Retirement Benefit Plans Oversight Committee ("Plan Administrator"). 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"). The Trustee of the Plan's related trust is Wellington Trust Company, NA ("Wellington Trust") (the "Trustee"). Participants should refer to the summary plan description for a more complete description of the Plan's provisions.

Vanguard is the Plan recordkeeper and custodian of the assets of the Plan's related trust.

Contributions from the Participating Companies are made as a profit-sharing contribution in an amount that historically is equal to the lesser of 15% of participant eligible compensation or $30,000. The profit-sharing contribution is generally allocated to participants employed on the last day of the Plan year, except in the case of authorized leave of absence, death, retirement or disability. The profit-sharing contribution is discretionary, based on the approval of senior management, and subject to certain limitations.

Newly eligible participants are automatically enrolled in the deferral contribution feature of the Plan at a 3% of eligible compensation pre-tax contribution rate, effective 30 days from hire or as administratively feasible unless otherwise directed. A participant automatically enrolled may elect to withdraw their contributions within 90 days of the first deposit. Participant deferrals, absent an affirmative election, are invested in the Plan's default option, which is the State Street Investment Management Target Series collective investment trust pooled fund (the "SSIM Pooled Fund") that corresponds to the participant's retirement date, based upon their date of birth and an assumed retirement age of 62. Participants may make traditional (pre-tax) and Roth (post-tax) deferral contributions into investment vehicles through salary deductions, subject to certain IRS limitations. Each year, auto-enrolled participants' contribution rates are automatically increased at a 1% of eligible compensation pre-tax contribution rate, up to a maximum of 10%. A participant who is eligible to make deferral contributions and who is projected to attain age 50 before the close of the Plan year is eligible to make catch-up contributions in accordance with the Code. ERISA minimum funding requirements were met for the year ended December 31, 2025.

The contributions to the Plan are allocated to the accounts of the participants and are invested at the direction of each participant in the offered investment options, which include Vanguard mutual funds, SSIM Pooled Funds and Wellington Trust Company collective investment trust pooled funds ("WTC Pooled Funds").

Each participant's account is credited with the participant's and any Participating Company contributions and allocations of Plan earnings based on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants are immediately vested in all contributions from the Participating Companies, salary deferral contributions, and rollover contributions.

Subject to certain restrictions, the Plan allows the lending of funds to participants. A loan from the Plan is evidenced by a promissory note bearing interest at commercial rates equivalent to those charged for similar types of loans for the month in which the notes are executed. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. The term of these promissory notes shall not exceed five years, except for loans used to purchase a principal residence of the participant. A participant assigns his or her individual account balance in the Plan plus such other collateral as the Plan Administrator may accept. The rates of interest on the outstanding loans ranged from 3.99% to 9.50% at December 31, 2025. The loan maturity dates range from January 28, 2026 to September 2, 2055.

Rollover Contributions
Participants may transfer or "roll over" benefits from an IRA, the Wellington Management Company LLP Defined Benefit Plan, another employer's qualified plan, including a 403(a) or 403(b) arrangement, and certain 457 plans. The Plan accepts rollovers of Roth deferral contributions but not other forms of voluntary (after-tax) contributions. A participant may make a rollover contribution while active as well as during the year of the participant's termination and through the end of the first quarter of the following year.

Eligibility
Most employees of the Participating Companies are eligible to participate in the Plan immediately upon hire. The following employees are not eligible to participate in the Plan: employees of an affiliated company that is not a Participating Company, nonresident aliens, seasonal employees, interns, "leased employees", irregular (or temporary) employees, contractors and independent contractors.

Vesting and Forfeitures
As noted, participants are 100% vested in their entire Plan Account. There are, therefore, no participant forfeitures in the Plan.

Distributions
Upon termination of service due to death, disability, retirement or severance, a participant may elect to receive: a lump-sum amount equal to the value of the participant's account; a partial lump sum (monthly); monthly, quarterly, semi-annual or annual installments over a certain number of years (not exceeding the life expectancy of the participant or the joint life expectancy of the participant and the beneficiary); and in the case of the money purchase pension plan component of a participant's account, a joint and survivor annuity, if married, or otherwise a single life annuity. A participant's account balance may remain in the Plan subject to required minimum balances and distribution time frames set by the Plan and minimum distribution rules of the tax law.

While active, a participant may withdraw their voluntary (after-tax) contributions and rollover contributions at any time, may receive a hardship withdrawal of deferral contributions and profit-sharing contributions (subject to the rules of the Plan), or may receive an in-service withdrawal (at or after age 59½ in the case of deferral contributions; at or after age 50 or two years of Plan participation, if later, of profit-sharing contributions).

2. Summary of Significant Accounting Policies

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

Use of Estimates
The preparation of the financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and notes to the financial statements. Actual results could differ from those estimates.

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

Level 1 Inputs - Quoted prices for identical assets or liabilities in active markets; Level 1 assets include listed mutual funds;

Level 2 Inputs - Quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets in inactive markets; or inputs other than quoted prices that are observable, such as models or other valuation methodologies; and

Level 3 Inputs - Unobservable inputs for where there is little, if any, market activity.

The Plan Administrator determined that the fair value of its holdings in registered investment companies ("RICs"), including Vanguard Group of Investment Companies, is based on the net asset value ("NAV") per share of those holdings. The Plan Administrator considers the published NAVs of its investments in RICs to be the readily determinable fair value in accordance with US GAAP. The executed trade date for any redemption by the Plan from its investments in the RICs detailed above will be the same day for redemption requests received in good order by the RICs on a business day before the close of trading on the New York Stock Exchange ("NYSE") (generally 4:00 PM Eastern time). If the redemption request is received after the close of regular trading on the NYSE, or a nonbusiness day, the executed trade date will be the next business day. The Plan's redemptions from the RICs will be priced at the trade date NAV.

The Plan Administrator, as a practical expedient, measures the fair value of its investments in the WTC Pooled Funds and SSIM Pooled Funds, on the basis of NAV, unless it is probable at the measurement date that the Plan will sell a pooled investment vehicle at an amount different than the calculated NAV. ASC 820, Fair Value Measurement, requires the NAVs be calculated in a manner consistent with the measurement principles of ASC 946, Financial Services-Investment Companies, including measurement of all or substantially all of the underlying investments in the WTC Pooled Funds and SSIM Pooled Funds in accordance with ASC 820.

The NAVs of the WTC Pooled Funds are determined as of the end of each day the NYSE is open for trading. Admissions to and withdrawals from the WTC Pooled Funds can generally be made in cash, or in Wellington Trust's discretion by securities-in-kind transfer and are based on the NAV per unit as determined on the relevant valuation date. The SSIM Pooled Funds are traded daily, and the NAVs are determined as of the end of each day the NYSE is open for trading.

Generally, the Plan Administrator may withdraw its assets from any of the WTC Pooled Funds as of any valuation date upon one day's notice to the Trustee for daily priced funds, or such other period as determined by the Trustee for a particular fund. Wellington Trust, in its capacity as Trustee, reserves the right to require a longer notice period or delay withdrawal request payments, in certain circumstances.

The Plan's investment in the Vanguard Retirement Savings Trust (the "Vanguard Savings Trust") is presented at the Vanguard Savings Trust's NAV of $1 per unit. The Vanguard Savings Trust transacts with the Plan at its NAV, which is based on the unit value of the Vanguard Retirement Savings Master Trust (the "Vanguard Master Trust"). As reported by the Vanguard Master Trust, the fair value may be either greater than or less than the contractual value. The Plan Administrator values its indirect investment in the Vanguard Master Trust at the transaction NAV, which approximates fair value. The Vanguard Savings Trust is a daily collective investment trust fund, which invests all of its assets in the Vanguard Master Trust. The Vanguard Master Trust's unit value is based on contractual value detailed under the specialized guidance on fully benefit-responsive investment contracts in ASC 962, Plan Accounting for Defined Contribution Plans.

The executed trade date for any redemption by the Plan from its investment in the Vanguard Savings Trust will be on the valuation date for redemption requests received in good order as of the close of trading on the NYSE (generally 4:00 PM Eastern time). The Plan's redemptions will be priced at the valuation date NAV.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan Administrator 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.

Contributions
Contributions from Plan participants are made up of both (1) withholdings from the eligible compensation of partners and employees and (2) rollovers. Participant deferral contributions are made through payroll withholdings from eligible compensation. Participant rollover contributions are recorded when received. Participating Company contributions are recorded in the year in which participant compensation is earned.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Origination fees borne by participants are recorded as administrative expenses and are expensed when they are incurred**.**

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

Expenses
WMC pays all administrative and recordkeeping expenses on behalf of active participants. Terminated participants contribute $11.25 per quarter toward these costs. Investment management fees and certain account specific fees, such as loan origination fees and QDRO determination fees, are borne by participants. Participants invested in the WTC Pooled Funds do not pay any investment management fees. All expenses (administrative, recordkeeping and investment) paid by participants are regularly reviewed by the Plan Administrator.

Distributions to Participants
Distributions to participants are recorded when paid.

Risks and Uncertainties

The Plan provides for various investment options in RICs and other investment securities. These investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in valuation in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits. Participants should refer to the financial statements of the underlying funds for related risks.

3. Investments

The following tables summarize the valuation of the Plan's investments as of December 31, 2025 and 2024, respectively, based on their placement in the fair value hierarchy:

	Assets at Fair Value as of December 31, 2025				
	Quoted in Active Market for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Investments Measured at Net Asset Value (NAV)([2])	Total
Mutual Funds	$1,170,166,758	$-	$-	$-	$1,170,166,758
Collective Investment Trust Funds[1]	$-	$-	$-	$2,367,591,341	$2,367,591,341
	$1,170,166,758	$-	$-	$2,367,591,341	$3,537,758,099

	Assets at Fair Value as of December 31, 2024				
	Quoted in Active Market for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Investments Measured at Net Asset Value (NAV)([2])	Total
Mutual Funds	$1,061,379,994	$-	$-	$-	$1,061,379,994
Collective Investment Trust Funds[1]	$-	$-	$-	$ 2,091,081,667	$2,091,081,667
	$1,061,379,994	$-	$-	$2,091,081,667	$3,152,461,661

[1] Includes WTC Pooled Funds, SSIM Pooled Funds, and the Vanguard Savings Trust.

[2] Amounts are comprised of certain investments measured at fair value using NAVs as a practical expedient. These investments have not been classified in the fair value hierarchy.

Fair value measurements of the investments in certain entities that calculate net asset value per share are summarized below:

	December 31, 2025				
	Fair Value	Unfunded Commitments	Redemption Frequency	Trade to Settlement Terms	Redemption Notice Period
Assets					
WTC Pooled Funds	$1,423,544,486	-	Daily	T+1	Zero
SSIM Pooled Funds	$925,251,047	-	Daily	T+1	Zero
Vanguard Savings Trust	$18,795,808	-	Daily	T+1	Zero

4. Related Party and Party-in-Interest Transactions

At December 31, 2025 and 2024, a substantial portion of Plan assets were invested in certain investments of Vanguard Group of Investment Companies and WTC Pooled Funds, for which WMC acts as investment advisor or sub-advisor. Notes receivable from participants are also considered to be related party-in-interest transactions. In addition, Vanguard, as recordkeeper, custodian, and an administrative service provider, is a party-in-interest.

Certain staff employed by WMC assist with financial reporting and administrative tasks at no charge to the Plan.

Rollovers of $24,100,337 were received from the Wellington Management Company LLP Defined Benefit Plan for the year ended December 31, 2025.

5. Tax Status of the Plan

The Plan obtained its latest determination letter on March 27, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan Administrator continues to believe that the Plan is designed and operates in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan is subject to potential examinations by certain taxing authorities for all open tax years (2022 to 2025) and the ongoing interpretation of laws by taxing authorities. The tax treatment of the Plan's investments may change over time based on factors including, but not limited to, new tax laws, regulations and interpretations thereof. The latest Plan Amendment was executed December 27, 2021. The Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

6. Plan Termination

WMC anticipates and believes that the Plan will continue without interruption but reserves the right to discontinue contributions to the Plan or terminate the Plan entirely. In the event that a discontinuance results in the termination of the Plan, the Plan document provides that the assets of the Plan will become fully vested (to the extent not already fully vested) and distributions will be based upon the individual account balances of the participants or beneficiaries of the Plan.

7. Subsequent Events

Events or transactions occurring after the period end through the date the financial statements were issued, September 30, 2026 have been evaluated in the preparation of the financial statements.

Supplemental Schedule

Wellington Retirement and Pension Plan
Schedule H, line 4i - Schedule of Assets
(Held At End of Year) December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Shares	(e) Current Value
	Vanguard Group of Investment Companies			
	*Vanguard Group of Investment Companies	Cash Reserves Federal MM	213,365,842	213,365,842
	*Vanguard Group of Investment Companies	Dividend Growth	2,393,842	78,637,712
	*Vanguard Group of Investment Companies	Explorer	298,141	31,808,715
	*Vanguard Group of Investment Companies	Federal Money Market	1	1
	*Vanguard Group of Investment Companies	GNMA	784,181	7,426,197
	*Vanguard Group of Investment Companies	Global Wellington	292,307	10,099,192
	*Vanguard Group of Investment Companies	High Yield Corporate	4,644,326	25,868,896
	*Vanguard Group of Investment Companies	Institutional Index	625,930	345,556,962
	*Vanguard Group of Investment Companies	Long-Term Investment-Grade	1,587,995	12,195,805
	*Vanguard Group of Investment Companies	Long-Term U.S. Treasury	1,151,978	9,192,784
	*Vanguard Group of Investment Companies	Retirement Savings Trust[(1)]	18,795,808	18,795,808
	*Vanguard Group of Investment Companies	Short-Term Corporate	4,702,188	49,467,020
	*Vanguard Group of Investment Companies	Total Bond Market Index	3,949,547	38,587,076
	*Vanguard Group of Investment Companies	US Growth	473,879	92,434,755
	*Vanguard Group of Investment Companies	Wellesley Income	899,931	55,480,740
	*Vanguard Group of Investment Companies	Wellington	1,937,702	149,571,250
	*Vanguard Group of Investment Companies	Windsor	680,882	50,473,811
				$1,188,962,566

Wellington Retirement and Pension Plan
Schedule H, line 4i - Schedule of Assets
(Held At End of Year) December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Shares	(e) Current Value
	Wellington Trust Company Pooled Funds			
	*Wellington Trust Company Pooled Funds	Balance Real Asset	1,374,006	17,216,292
	*Wellington Trust Company Pooled Funds	Biotechnology	4,782,141	97,029,649
	*Wellington Trust Company Pooled Funds	China Opportunities	2,721,928	42,026,568
	*Wellington Trust Company Pooled Funds	Core Bond Plus	1,540,289	17,543,887
	*Wellington Trust Company Pooled Funds	Emerging Markets	3,995,329	75,271,998
	*Wellington Trust Company Pooled Funds	Enduring Assets	4,684,159	108,063,544
	*Wellington Trust Company Pooled Funds	Global Health Care	4,831,747	102,577,979
	*Wellington Trust Company Pooled Funds	Global Low Volatility	687,708	17,529,686
	*Wellington Trust Company Pooled Funds	Global Research Equity	2,525,176	60,806,246
	*Wellington Trust Company Pooled Funds	Growth	3,052,294	129,844,575
	*Wellington Trust Company Pooled Funds	International Contrarian Value	4,860,899	122,689,086
	*Wellington Trust Company Pooled Funds	International Opportunities	1,955,456	37,701,187
	*Wellington Trust Company Pooled Funds	International Research Equity	3,360,401	59,311,071
	*Wellington Trust Company Pooled Funds	Micro-Cap Equity	3,633,215	113,973,968
	*Wellington Trust Company Pooled Funds	Multi Sector Credit	834,272	8,034,036
	*Wellington Trust Company Pooled Funds	Opportunistic Emerging Markets Debt	2,623,668	24,688,719
	*Wellington Trust Company Pooled Funds	Quality Value	1,026,539	33,773,127
	*Wellington Trust Company Pooled Funds	Real Estate Securities	1,802,062	28,923,098
	*Wellington Trust Company Pooled Funds	Research Energy	2,881,497	36,883,163
	*Wellington Trust Company Pooled Funds	Research Equity	3,028,590	120,871,034
	*Wellington Trust Company Pooled Funds	Research Value	772,087	17,642,199
	*Wellington Trust Company Pooled Funds	Small Cap 2000	2,368,910	70,664,582
	*Wellington Trust Company Pooled Funds	Small Cap Value	2,442,932	43,264,321
	*Wellington Trust Company Pooled Funds	US Treasury Inflation Protected Securities	2,669,151	29,467,429
	*Wellington Trust Company Pooled Funds	World Bond	759,514	7,747,042
				$1,423,544,486

Wellington Retirement and Pension Plan
Schedule H, line 4i - Schedule of Assets
(Held At End of Year) December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Shares	(e) Current Value
	State Street Investment Management			
	State Street Investment Management	Global All Cap Equity ex-US Index	820,016	15,225,233
	State Street Investment Management	Russell Small Mid Cap Index	351,967	7,305,428
	State Street Investment Management	Target Retirement 2025	5,045,264	91,475,679
	State Street Investment Management	Target Retirement 2030	6,821,064	133,877,032
	State Street Investment Management	Target Retirement 2035	9,188,557	189,072,933
	State Street Investment Management	Target Retirement 2040	7,098,896	151,966,067
	State Street Investment Management	Target Retirement 2045	4,320,053	95,568,221
	State Street Investment Management	Target Retirement 2050	3,558,207	80,639,646
	State Street Investment Management	Target Retirement 2055	2,035,976	46,355,105
	State Street Investment Management	Target Retirement 2060	1,022,812	23,289,435
	State Street Investment Management	Target Retirement 2065	252,327	5,811,854
	State Street Investment Management	Target Retirement Income	5,403,652	84,664,414
				$ 925,251,047
		***Notes Receivable from Participants**		
		Notes Receivable from Participants, 3.99% - 9.50%		
		Maturities ranging from 1/28/26 to 9/2/55		$6,676,021
				$3,544,434,120

* Party-in-interest investments.

(1) Collective investment trust administered by the Vanguard Fiduciary Trust Company.
Cost column has been omitted for participant-directed investments.

Wellington Retirement and Pension Plan
Schedule H, line 4i - Schedule of Assets
(Held At End of Year) December 31, 2025

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