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
EMPLOYEES SAVINGS AND RETIREMENT PLAN OF CREDIT SUISSE

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1966

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)
CREDIT SUISSE SECURITIES USA LLC

TAX DEPARTMENT

11 MADISON AVENUE, FLOOR 8
NEW YORK, NY 10010

2b Employer Identification Number (EIN) 05-0546650

2c Plan Sponsor's telephone number 212-325-2000

2d Business code (see instructions) 523110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	JARETT MENZEL
	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

EMPLOYEE BENEFITS COMMITTEE OF UBS AG

1000 HARBOR BLVD.
10TH FOOR
WEEHAWKEN, NJ 07086-6790

3b Administrator's EIN: 98-0186363

3c Administrator's telephone number: 212-325-2000

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**	10945
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)**	9
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	184
c	Other retired or separated participants entitled to future benefits	**6c**	13341
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	13525
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	52
f	Total. Add lines **6d** and **6e**.	**6f**	13577
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)**	10945
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)**	13577
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	110
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2S 2T 3F 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 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
EMPLOYEES SAVINGS AND RETIREMENT PLAN OF CREDIT SUISSE

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CREDIT SUISSE SECURITIES USA LLC

D Employer Identification Number (EIN)
05-0546650

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

ALLIANCE BERNSTEIN L.P

13-4064930

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

T. ROWE PRICE TRUST COMPANY

52-1309931

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

THE NORTHERN TRUST COMPANY

36-2723087

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

THE NORTHERN TRUST COMPANY

36-1561860

(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

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

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

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

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

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

FIDELITY INVESTMENTS

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 60 64 65	NONE	570834	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

ALIGHT SOLUTIONS

82-1061233

(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 49 50	NONE	123831	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ERNST & YOUNG LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	65000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

THOMPSON HINE

34-0575300

(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?
29 50	NONE	55774	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 ☐

(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
FIDELITY INVESTMENTS	60	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE SERVICES INC 52-2269240	0.30%	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
EMPLOYEES SAVINGS AND RETIREMENT PLAN OF CREDIT SUISSE

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CREDIT SUISSE SECURITIES USA LLC

D Employer Identification Number (EIN)
05-0546650

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: MANAGED INCOME PORTFOLIO II COMM FD

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-025	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2060

b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
47-1088316-001	C	56694152

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT

b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
38-7011316-001	C	3565465

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2005

b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
61-6434302-001	C	6247374

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2010

b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
32-6199795-001	C	4873998

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2015

b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-6941654-001	C	10725130

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2020

b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-7594871-001	C	58193258

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2025

b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6495447-001	C	111984366

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2030

b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
38-7010946-001	C	221734502

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2035

b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-7595013-001	C	332749938

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2040

b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-6941729-001	C	344310518

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2045

b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
32-6199848-001	C	306468596

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2050

b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
30-6303214-001	C	213569827

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2055

b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-6941728-001	C	156817941

a Name of MTIA, CCT, PSA, or 103-12 IE: CREDIT SUISSE FLOATING RATE TRUST

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-3073254-179	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2065

b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
85-1763138-001	C	18127887

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOTAL STOCK MARKET INDEX

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-6316167-001	C	546396176

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOTAL INTL STOCK MKT INDEX

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

c EIN-PN 84-6548531-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 107034156

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

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-068	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 293201420

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
EMPLOYEES SAVINGS AND RETIREMENT PLAN OF CREDIT SUISSE

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CREDIT SUISSE SECURITIES USA LLC

D Employer Identification Number (EIN)
05-0546650

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)	0	4963061
(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)	0	311595247
(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)	10303522	6988253
(9) Value of interest in common/collective trusts	1c(9)	2096536770	2792694704
(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)	2398495431	2362497985
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	929208641	166862855

		(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	5434544364	5645602105
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	24093	165883
1k Total liabilities (add all amounts in lines 1g through1j)	1k	24093	165883
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	5434520271	5645436222

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)	27357	
(B) Participants	2a(1)(B)	6337838	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6365195
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)	755647	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		755647
(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)	89782543	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		89782543
(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)	17394457	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		17394457

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		307843065
(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)		450032348
c Other income	2c		653227
d Total income. Add all **income** amounts in column (b) and enter total	2d		872826482
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	661091554	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		661091554
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	694665	
(4) IQPA audit fees	2i(4)	65000	
(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)	55774	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3538	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		818977
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		661910531
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		210915951
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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: ERNST & YOUNG LLP **(2)** EIN: 34-6565596

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		1000000
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
EMPLOYEES SAVINGS AND RETIREMENT PLAN OF CREDIT SUISSE

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CREDIT SUISSE SECURITIES USA LLC

D Employer Identification Number (EIN)
05-0546650

Part I Distributions

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

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

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

EIN(s): 04-3395143

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_____.

EMPLOYEES' SAVINGS AND RETIREMENT PLAN
OF CREDIT SUISSE

Financial Statements and Supplemental Schedule
as of December 31, 2025 and December 31, 2024 and for the year ended December 31, 2025

(With Report of Independent Auditors Thereon)

Employer Identification Number 05-0546650
Plan Number 002

EMPLOYEES' SAVINGS AND RETIREMENT PLAN
OF CREDIT SUISSE
Financial Statements and Supplemental Schedule
as of December 31, 2025 and December 31, 2024 and for the year ended December 31, 2025
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* Certain supplemental schedules are omitted because they are not applicable or are not required based upon the disclosure requirements of the Employee Retirement Income Security Act of 1974 and applicable regulations issued by the Department of Labor.

Ernst & Young, LLP
One Manhattan West
New York, NY 10001

Shape the future with confidence

Report of Independent Auditors

To the Plan Participants and Plan Administrator of the Employees' Savings and Retirement Plan of Credit Suisse

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Employees' Savings and Retirement Plan of Credit Suisse (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements 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, and the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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- 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.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

Other Matter

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025, (referred to as the "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 included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such

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information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information. In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Ernst & Young LLP

October 14, 2026

EMPLOYEES' SAVINGS AND RETIREMENT PLAN
OF CREDIT SUISSE
Statements of Net Assets Available for Benefits
As of December 31, 2025 and 2024

	2025	2024
Assets:		
Investments, at fair value		
Cash and cash equivalents	$ 4,963,061	$ 2,854,927
Mutual funds	2,362,497,985	2,398,495,431
Collective investment funds	2,792,694,704	2,096,536,770
Common Stock	311,595,247	316,903,136
Pooled separate accounts	166,862,855	609,450,578
Total investments	5,638,613,852	5,424,240,842
Receivables:		
Notes receivable from participants	6,988,253	10,303,522
Total assets	5,645,602,105	5,434,544,364
Liabilities:		
Accrued expenses	165,883	24,093
Total liabilities	165,883	24,093
Net assets available for benefits	$ 5,645,436,222	$ 5,434,520,271

See accompanying notes to financial statements.

EMPLOYEES' SAVINGS AND RETIREMENT PLAN OF CREDIT SUISSE
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2025

Additions to net assets attributed to:		
Income:		
Net appreciation in fair value of investments	$	775,269,870
Dividends		89,782,543
Interest on participant loans		755,647
Other income		653,227
Total investment income		866,461,287
Contributions:		
Employer		27,357
Rollover		6,337,838
Total contributions		6,365,195
Total additions		872,826,482
Deductions from net assets attributed to:		
Benefits paid to participants		661,091,554
Administrative expenses		818,977
Total deductions		661,910,531
Net increase		210,915,951
Net assets available for benefits at:		
Beginning of the year		5,434,520,271
End of the year	$	5,645,436,222

See accompanying notes to financial statements.

1. Description of the Plan

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

General

The Plan is a defined contribution plan covering all active eligible employees of Credit Suisse Securities (USA) LLC (the Plan Sponsor) and certain affiliated companies in the United States.

The Plan was established as of January 1, 1966 to provide the investment, custody, and administration of the contributions made pursuant to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was administered by The Employee Benefits Committee of Credit Suisse until May 31, 2024. Beginning June 1, 2024, the Plan's administration changed to the Employee Benefits Committee of UBS AG. Fidelity Management Trust Company (Fidelity), the Trustee, is the record keeper and custodian as defined by the Plan.

On March 19, 2023, Credit Suisse Group AG and UBS Group AG entered into an agreement and to merge ("the merger"), that was completed on June 12, 2023. After the merger on June 12, 2023, Credit Suisse Securities (USA) LLC remained the plan sponsor. As a result of the merger, Credit Suisse employees transitioned employment to UBS on or before December 31, 2024. No contributions were made or will be made to the Plan for any period after December 31, 2024.

Contributions

There were no eligible employees in the Plan after January 1, 2025. Previously, all full time employees of the Plan Sponsor were eligible to participate in the Plan 30 days after the start of employment. The Plan provided that all participants may elect to contribute up to 50% of their total compensation, as defined by the Plan, provided contributions do not exceed maximum allowable amounts under the Internal Revenue Code of 1986 (the Code). Under the Code, individual contributions for which taxes may be deferred were limited to $23,500 in 2025 on a pretax or Roth basis. Roth contributions were made on an after-tax basis and could not exceed the maximum contribution amount under the Code, inclusive of any pre-tax contributions. Employees who were age 50 or older at any time in 2025 could elect to make additional pre-tax or Roth ("catch-up") contributions over and above the $23,500 permitted under the Code. In 2025, the maximum catch-up contribution was $7,500. The catch-up contributions were not eligible for a matching contribution from the Plan Sponsor and catch-up contributions for prior years were not permitted.

Participants were eligible for a matching contribution, as defined in the Plan agreement, only if they were a grandfathered participant and did not have 20 or more years of service as of the beginning of the payroll period.

1. Description of the Plan

The Plan also provided for a retirement contribution, as defined in the Plan agreement, to participants that were not eligible for a matching contribution. In 2024, the Plan Sponsor made a retirement contribution to the participant account, whether or not an employee participated on a per pay period basis. The employer contribution was based on the employee's base salary. As of December 31, 2025 and 2024, there were no participant contributions receivable and the Plan had no accrued excess contributions owed to employees.

Automatic Enrollment

Prior to January 1, 2025, eligible employees who had not yet enrolled in the Plan after 45 days of employment would be automatically enrolled. Employees hired on or after March 15, 2010 would have their contributions directed to a T. Rowe Price Retirement fund based on their age at the time of automatic enrollment and an assumed retirement age of 65.

Vesting

Prior to January 1, 2012, company matching contributions and earnings thereon will vest 100% once a participant reaches three years of service. If a participant was employed with the Plan Sponsor on or after January 1, 2012, the retirement contributions and earnings thereon will follow a graded vesting schedule where 33 1/3% vests each year until three years of service has been reached. If a participant has terminated employment from November 4, 2021 through December 31, 2024 shall be 100% vested, without regard to the number of years of service.

Forfeited Accounts

Forfeited balances of terminated participants' non-vested accounts may be used to pay Plan fees and expenses or reduce the Plan Sponsor's contributions to the Plan. Any remaining forfeitures shall be allocated among the Participants' Accounts in accordance with the terms of the Plan document. As of December 31, 2025 and 2024, the forfeited non-vested balances amounted to $4,229,450 and $7,980,144, respectively. In 2025, $0 was used to reduce the employer's contribution to the Plan. The amount allocated to Participants' Accounts in 2025 was $5,927,010.

Investment Options

Each participant has the right to designate the allocation of all contributions among a variety of funds offered by the Plan. Allocations are made in 1% increments. Investment elections made by the participant remain effective unless a new election is received.

Participants may change investment elections on demand. If participants do not have investment elections on file, contributions and participant notes receivable repayments are defaulted to T. Rowe Price Target Date funds based on participant's date of birth with an assumed retirement age of 65.

1. Description of the Plan

Participant Accounts

Each participant's account is credited with the participant's contributions and employer's contributions. Investment income is allocated and reinvested in the same fund in which it is earned. Allocations to each participant's account are based on the proportion of the participant's account to total Plan participants' account balances.

Payment of Benefits

Participants may elect to receive benefit payments in a lump sum in cash or in installments of varying frequency (e.g. monthly, quarterly, annually). Benefits are payable upon the participant's death, disability, termination or retirement.

Expenses

Expenses arising in connection with the administration of the Plan are deducted from participants' accounts on a quarterly basis. However, the Plan Sponsor may, at its discretion, elect to pay some or all of these plan administrative fees.

Notes Receivable from Participants

Participants may borrow from their participant account up to a maximum equal to the lesser of 50% of their vested account balance or $50,000 minus the highest outstanding participant notes receivable balance over the last twelve months. The participant notes receivable term can be up to five years and is secured by the balance in the participant's account and bears interest at a rate commensurate with local prevailing rates as determined by the Employee Benefits Committee of the Plan Sponsor. As of the year ended December 31, 2025, the interest rates on notes receivable for participants ranged from 4.25% to 9.5% with maturities through 2031. As of the year ended December 31, 2024, the interest rates on notes receivable for participants ranged from 4.25% to 9.5% with maturities through 2030.

2. Summary of Significant Accounting Policies

Basis of Financial Information

The financial statements are prepared in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Use of Estimates

Management is required to make estimates and assumptions, including but not limited to, the fair value measurements of certain financial assets and liabilities, as well as various contingencies. These estimates and assumptions affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities as of the date of the statements of net assets available for benefits. While management evaluates its estimates and assumptions on an ongoing basis, actual results could differ materially from management's estimates. Market conditions may increase the risk and complexity of the judgments applied in these estimates.

2. Summary of Significant Accounting Policies

The Plan's exposure to a concentration of credit risk is limited by the diversification of investments across all participant-directed fund elections. Additionally, the investments within each participant-directed fund election are further diversified into varied financial instruments.

Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Investments in mutual funds are valued at fair value based on quoted net asset value (NAV), which is based upon the closing market price of the underlying investments. Investments in collective investment funds and pooled separate accounts are valued based on quoted NAV as a practical expedient, which is based upon market quotations of the underlying investments. There were no unfunded commitments in the funds and all investments are redeemable on demand.

Participant notes receivable are valued at outstanding principal plus accrued but unpaid interest.

Investment income of each investment fund is allocated to participants' accounts based upon the ratio of each participant's account to the total of the investment fund balance.

Purchases and sales of investments are recorded on a trade-date basis. Gains and losses on security transactions are computed using the average cost of securities sold. Interest income is recorded on an accrual basis. Divided income is recognized on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative expenses are recorded on an accrual basis.

Payment of Benefits

Benefits to participants are recorded when paid.

Risks and Uncertainties

The Plan offers a number of investment options consisting of mutual funds and pooled separate accounts with various investment strategies and collective investment funds primarily consisting of target date funds. Investments are exposed to various risks, including interest rate risk, credit risk and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances.

3. Fair Value Measurements

The fair value hierarchy requires that the Plan use observable market data, when available, and to minimize the use of unobservable inputs when determining fair value. While Plan management 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.

Fair Value Hierarchy

The levels of the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) in active markets for identical investments that the Plan has the ability to access at the measurement date. This level of fair value hierarchy provides the most reliable evidence of fair value and is used to measure fair value whenever available.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the investment, either directly or indirectly. These inputs include: (a) quoted prices for similar investments in active markets; (b) quoted prices for identical or similar investments in markets that are not active, that is, markets in which there are few transactions for the investment, the prices are not current, or price quotations vary substantially either over time or among market makers, or in which little information is released publicly; (c) inputs other than quoted prices that are observable for the investment; or (d) inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3: Inputs that are unobservable for the investment. These inputs reflect the Plan's own assumptions about the assumptions that market participants would use in pricing the investment (including assumptions about risk). These inputs are developed based on best information available in the circumstances, which include the Plan's own data. The Plan's own data used to develop unobservable inputs are adjusted if information indicates that market participants would use different assumptions.

The Fund's investments consist primarily of mutual funds, common/collective trusts, pooled investment vehicles, and common stock. Investments with readily observable market prices, such as mutual funds and common stock, were fair valued using quoted market prices. Investments held through collective investment structures, which do not have publically available daily prices, were generally valued using the net asset value (NAV) provided by the fund manager or trustee, which reflects the fair value of the underlying assets. The individual investment accounts were fair valued based on the nature of the underlying products themselves. The interest-bearing cash balance is used in the normal course of portfolio management to fund investment transactions. As fair value is based on readily observable amounts, the interest-bearing cash balance is classified within Level 1 of the fair value hierarchy.

3. Fair Value Measurements

Quantitative Disclosures of Fair Values

Following is a tabular presentation of fair value of investments for instruments measured at fair value on a recurring basis based on information certified from Fidelity Management Trust Company (the Trustee).

December 31, 2025	Level 1	Level 2	Level 3	NAV [1]	Total at Fair Value
Cash and cash equivalents	$ 4,963,061	$ —	$ —	$ —	$ 4,963,061
Mutual funds	2,362,497,985	—	—	—	2,362,497,985
Collective investment funds	1,846,062,952	—	—	946,631,752	2,792,694,704
Common Stock	311,583,806	—	11,441	—	311,595,247
Pooled separate accounts	—	—	—	166,862,855	166,862,855
Total investments	$4,525,107,804	$ —	$ 11,441	$1,113,494,607	$5,638,613,852

December 31, 2024	Level 1	Level 2	Level 3	NAV [1]	Total at Fair Value
Cash and cash equivalents	$ 2,854,927	$ —	$ —	$ —	$ 2,854,927
Mutual funds	2,398,495,431	—	—	—	2,398,495,431
Collective investment funds	1,149,957,468	—	—	946,579,302	2,096,536,770
Common Stock	316,898,514	—	4,622	—	316,903,136
Pooled separate accounts	—	—	—	609,450,578	609,450,578
Total investments	$3,868,206,340	$ —	$ 4,622	$1,556,029,880	$5,424,240,842

(1) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) as a practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits. Under normal circumstances, there are no redemption restrictions; redemptions can be made daily with no notice period required.

In the prior year's financial statements, the Alliance Growth Fund individually managed account was classified as a pooled separate account. Upon further analysis, it was determined that it is an individually managed account. In 2025, the Plan revised its fair value hierarchy classification for this account, and the 2024 presentation has been adjusted accordingly.

4. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan Sponsor by a letter dated May 30, 2023 that the Plan as amended and restated as of January 1, 2022, is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

US GAAP requires the Plan Sponsor to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability (or asset) or disclosure in the financial statements as of December 31, 2025. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Sponsor believes it is no longer subject to income tax examinations for years prior to 2020.

5. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions and to terminate the Plan, subject to the provisions of ERISA. In the event the Plan is terminated, all participants will become fully vested in the balance of their account and the assets of the Plan must be used for the exclusive benefit of the Plan's participants and their beneficiaries. Any remaining expenses incurred shall be paid by the Plan Sponsor.

See *Subsequent Events* section for additional detail.

6. Related Parties Transactions

Certain Plan investments are managed by Fidelity or an affiliate thereof. Fidelity or an affiliate is the record keeper and custodian as defined by the Plan, and therefore, qualify as party-in-interest.

Certain other Plan investments are managed by UBS Asset Management Americas (LLC) and is a party-in-interest as defined by ERISA. Following the merger of UBS and Credit Suisse, UBS is also a party-in-interest under ERISA. The Plan has a number of other service providers which are parties-in-interest under ERISA.

7. Information Certified by Fidelity Management Trust Company

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. The Trustee has certified the investments and participant notes receivable on the statements of net assets available for benefits as of December 31, 2025 and 2024, the investment activity and interest on loans reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2025 and in the information included in the supplemental schedule of the financial statements as of December 31, 2025 as being complete and accurate.

8. Subsequent Events

Merger of Credit Suisse Group AG and UBS Group AG

The Plan, all plan participants, and all plan assets will be merged into the UBS 401(k) plan in January 2027.

The Plan Sponsor has evaluated subsequent events from December 31, 2025 through the date of issuance of the financial statements on October 14th, 2026. It was determined that there were no other material events or transactions other than those noted above that would require recognition or disclosure in the financial statements.

EMPLOYEES' SAVINGS AND RETIREMENT PLAN
OF CREDIT SUISSE
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2025

	Identity of issuer	Description	Shares	Current Value
	Vanguard Energy Fund Admiral Shares	Mutual Funds	574,174	53,461,340
	Vanguard Growth Index Fund	Mutual Funds	2,199,049	552,291,215
	Vanguard Healthcare Admiral Shares	Mutual Funds	646,332	55,746,165
	Vanguard High-Yield Corporate Fund Admiral	Mutual Funds	7,383,858	41,128,087
	Vanguard Inflation Protected Institutional Shares	Mutual Funds	4,919,350	46,045,117
	Vanguard Intermediate-Term Investment-Grade Fund Admiral Shares	Mutual Funds	10,939,478	97,689,540
	Vanguard Mid Cap Index Fund	Mutual Funds	280,862	109,960,271
	Vanguard Prime Cap Fund	Mutual Funds	1,418,838	262,357,376
	Vanguard REIT Index Institutional Shares	Mutual Funds	1,359,407	26,386,087
	Vanguard Value Index Institutional Shares	Mutual Funds	3,344,684	249,212,381
*	Fidelity Blue Chip Growth Fund K6	Mutual Funds	16,984,297	751,385,290
*	Fidelity Emerging Markets	Mutual Funds	1,264,472	63,122,433
	T. Rowe Price Small-Cap Value Fund	Mutual Funds	1,048,052	53,712,683
			Total mutual funds	2,362,497,985
	T. Rowe Price Retirement Inc.	Collective investment funds	156,724	3,565,465
	T. Rowe Price Retirement 2005	Collective investment funds	267,553	6,247,374
	T. Rowe Price Retirement 2010	Collective investment funds	194,726	4,873,998
	T. Rowe Price Retirement 2015	Collective investment funds	391,143	10,725,130
	T. Rowe Price Retirement 2020	Collective investment funds	1,942,365	58,193,258
	T. Rowe Price Retirement 2025	Collective investment funds	3,404,815	111,984,366
	T. Rowe Price Retirement 2030	Collective investment funds	6,106,706	221,734,502
	T. Rowe Price Retirement 2035	Collective investment funds	8,356,352	332,749,938
	T. Rowe Price Retirement 2040	Collective investment funds	8,065,367	344,310,518
	T. Rowe Price Retirement 2045	Collective investment funds	6,886,935	306,468,596
	T. Rowe Price Retirement 2050	Collective investment funds	4,770,378	213,569,827
	T. Rowe Price Retirement 2055	Collective investment funds	3,498,838	156,817,941
	T. Rowe Price Retirement 2060	Collective investment funds	1,969,231	56,694,152
	T. Rowe Price Retirement 2065	Collective investment funds	1,009,348	18,127,887
	Vanguard Institutional Total International Stock Market Index Trust	Collective investment funds	780,360	107,034,156
	Vanguard Institutional Total Stock Market Index Fund	Collective investment funds	1,734,977	546,396,176
	Northern Trust Collective Gov't Short term investment	Collective investment funds	27,403,363	293,201,420
			Total collective investment funds	2,792,694,704
	Cash - US Dollars	Cash and cash equivalents	4,963,061	4,963,061
			Total cash and cash equivalents	4,963,061

EMPLOYEES' SAVINGS AND RETIREMENT PLAN OF CREDIT SUISSE
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2025

Identity of issuer	Description	Shares	Current Value
NVIDIA Corp Common Stock	Common Stock	156,484	29,184,265
Microsoft Corp	Common Stock	57,026	27,578,913
Alphabet Inc-Cl C Common Stock	Common Stock	81,299	25,511,626
Amazon.Com Inc	Common Stock	101,600	23,451,312
Broadcom Inc Stock	Common Stock	51,716	17,898,908
Meta Platforms Inc-Class A	Common Stock	25,241	16,661,332
Visa Inc - Class A Shares	Common Stock	36,120	12,667,645
Apple Inc Common Stock	Common Stock	46,192	12,557,757
Eli Lilly & Co	Common Stock	9,626	10,344,870
Netflix Inc Common Stock	Common Stock	97,460	9,137,850
Taiwan Semiconductor-Sp ADR	Common Stock	22,280	6,770,669
Monster Beverage Corp	Common Stock	79,666	6,107,992
Costco Wholesale Corp Common Stock	Common Stock	6,300	5,432,742
Intuitive Surgical Inc	Common Stock	9,330	5,284,139
Home Depot Inc	Common Stock	13,749	4,731,031
Vertex Pharmaceuticals Inc	Common Stock	9,275	4,204,914
Stryker Corp	Common Stock	11,867	4,170,894
Mckesson Corp Common Stock	Common Stock	4,886	4,007,937
Tjx Companies Inc	Common Stock	24,530	3,768,053
Veeva Systems Inc-Class A	Common Stock	16,691	3,725,932
Verisk Analytics Inc	Common Stock	15,330	3,429,168
Texas Instruments Inc	Common Stock	18,899	3,278,788
Applovin Corp-Class A	Common Stock	4,862	3,276,113
Sherwin-Williams Co/The	Common Stock	9,829	3,184,891
Chipotle Mexican Grill Inc	Common Stock	82,767	3,062,379
Cboe Global Markets Inc Common Stock	Common Stock	11,988	3,008,988
Mettler-Toledo International	Common Stock	2,006	2,796,745
Qualcomm Inc	Common Stock	15,343	2,624,420
Cadence Design Sys Inc	Common Stock	7,938	2,481,260
Intuit Inc	Common Stock	3,741	2,478,113
Celsius Holdings Inc	Common Stock	54,108	2,474,900
Abbott Laboratories	Common Stock	19,610	2,456,937
Ferrari NV Common Stock	Common Stock	6,444	2,381,445
Progressive Corp	Common Stock	10,349	2,356,674
Servicenow Inc Common Stock	Common Stock	15,025	2,301,680
Tractor Supply Company	Common Stock	44,951	2,248,000
ASML Holding NV-NY Reg Shs	Common Stock	2,005	2,145,069
Shopify Inc - Class A	Common Stock	13,193	2,123,677
Saia Inc	Common Stock	6,467	2,111,605

EMPLOYEES' SAVINGS AND RETIREMENT PLAN OF CREDIT SUISSE
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2025

	Identity of issuer	Description	Shares	Current Value
	Applied Materials Inc	Common Stock	7,494	1,925,883
	Unitedhealth Group Inc	Common Stock	5,726	1,890,210
	Reddit Inc-Cl A	Common Stock	7,971	1,832,294
	United Rentals Inc	Common Stock	2,205	1,784,551
	Broadridge Financial Solution	Common Stock	7,738	1,726,889
	Waters Corp	Common Stock	4,241	1,610,859
	Texas Roadhouse Inc	Common Stock	9,263	1,537,658
	Manhattan Associates Inc	Common Stock	8,706	1,508,837
	Otis Worldwide Corp	Common Stock	17,021	1,486,784
	On Holding AG-Class A	Common Stock	30,667	1,425,402
	Procore Technologies Inc	Common Stock	19,190	1,395,881
	Copart Inc	Common Stock	33,371	1,306,475
	Cava Group Inc	Common Stock	21,030	1,234,251
	Dexcom Inc	Common Stock	17,260	1,145,546
	Astera Labs Inc	Common Stock	6,314	1,050,397
	Toast Inc-Class A	Common Stock	28,970	1,028,725
	Genmab A/S -Sp ADR	Common Stock	32,358	996,626
	Motorola Solutions Inc Common Stock	Common Stock	2,448	938,367
	Argenx SE - ADR	Common Stock	1,000	840,950
	Garmin Ltd Common Stock	Common Stock	4,089	829,454
	Trex Company Inc	Common Stock	19,046	668,134
	Abiomed Inc CVR Common Stock C	Common Stock	4,531	11,441
			Total common stock	311,595,247
	Vanguard LifeStrategy Conservative Growth Fund	Pooled separate accounts	0	28
	Vanguard LifeStrategy Growth Fund	Pooled separate accounts	0	18
	Vanguard LifeStrategy Moderate Growth Fund	Pooled separate accounts	0	28
*	Fidelity Diversified International Str	Pooled separate accounts	4,361,022	112,185,345
*	Fidelity Low Priced Stock Str	Pooled separate accounts	1,795,692	54,677,436
			Total pooled separate accounts	166,862,855
			Total investments	5,638,613,852
	Notes receivable from participants	703 participant notes receivable with interest rates of 4.25% - 9.5% with maturities through 2031		6,988,253

* Party-in-interest as defined by ERISA.

See accompanying independent auditors' report.

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
EMPLOYEES SAVINGS AND RETIREMENT PLAN OF CREDIT SUISSE

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1966

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)

CREDIT SUISSE SECURITIES USA LLC

TAX DEPARTMENT
11 MADISON AVENUE, FLOOR 8

NEW YORK NY 10010

2b Employer Identification Number (EIN) 05-0546650

2c Plan Sponsor's telephone number 212-325-2000

2d Business code (see instructions) 523110

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	Jarett Menzel	10/14/2026	Jarett Menzel
	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

EMPLOYEE BENEFITS COMMITTEE OF UBS AG

1000 HARBOR BLVD.
10TH FOOR
WEEHAWKEN NJ 07086-6790

3b Administrator's EIN: 98-0186363

3c Administrator's telephone number: 212-325-2000

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**	10,945
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)**	9
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	184
c	Other retired or separated participants entitled to future benefits	**6c**	13,341
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	13,525
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	52
f	Total. Add lines **6d** and **6e**.	**6f**	13,577
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)**	10,945
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)**	13,577
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	110
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2S 2T 3F 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_____

EMPLOYEES' SAVINGS AND RETIREMENT PLAN
OF CREDIT SUISSE
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2025

	Identity of issuer	Description	Shares	Current Value
	Vanguard Energy Fund Admiral Shares	Mutual Funds	574,174	53,461,340
	Vanguard Growth Index Fund	Mutual Funds	2,199,049	552,291,215
	Vanguard Healthcare Admiral Shares	Mutual Funds	646,332	55,746,165
	Vanguard High-Yield Corporate Fund Admiral	Mutual Funds	7,383,858	41,128,087
	Vanguard Inflation Protected Institutional Shares	Mutual Funds	4,919,350	46,045,117
	Vanguard Intermediate-Term Investment-Grade Fund Admiral Shares	Mutual Funds	10,939,478	97,689,540
	Vanguard Mid Cap Index Fund	Mutual Funds	280,862	109,960,271
	Vanguard Prime Cap Fund	Mutual Funds	1,418,838	262,357,376
	Vanguard REIT Index Institutional Shares	Mutual Funds	1,359,407	26,386,087
	Vanguard Value Index Institutional Shares	Mutual Funds	3,344,684	249,212,381
*	Fidelity Blue Chip Growth Fund K6	Mutual Funds	16,984,297	751,385,290
*	Fidelity Emerging Markets	Mutual Funds	1,264,472	63,122,433
	T. Rowe Price Small-Cap Value Fund	Mutual Funds	1,048,052	53,712,683
			Total mutual funds	2,362,497,985
	T. Rowe Price Retirement Inc.	Collective investment funds	156,724	3,565,465
	T. Rowe Price Retirement 2005	Collective investment funds	267,553	6,247,374
	T. Rowe Price Retirement 2010	Collective investment funds	194,726	4,873,998
	T. Rowe Price Retirement 2015	Collective investment funds	391,143	10,725,130
	T. Rowe Price Retirement 2020	Collective investment funds	1,942,365	58,193,258
	T. Rowe Price Retirement 2025	Collective investment funds	3,404,815	111,984,366
	T. Rowe Price Retirement 2030	Collective investment funds	6,106,706	221,734,502
	T. Rowe Price Retirement 2035	Collective investment funds	8,356,352	332,749,938
	T. Rowe Price Retirement 2040	Collective investment funds	8,065,367	344,310,518
	T. Rowe Price Retirement 2045	Collective investment funds	6,886,935	306,468,596
	T. Rowe Price Retirement 2050	Collective investment funds	4,770,378	213,569,827
	T. Rowe Price Retirement 2055	Collective investment funds	3,498,838	156,817,941
	T. Rowe Price Retirement 2060	Collective investment funds	1,969,231	56,694,152
	T. Rowe Price Retirement 2065	Collective investment funds	1,009,348	18,127,887
	Vanguard Institutional Total International Stock Market Index Trust	Collective investment funds	780,360	107,034,156
	Vanguard Institutional Total Stock Market Index Fund	Collective investment funds	1,734,977	546,396,176
	Northern Trust Collective Gov't Short term investment	Collective investment funds	27,403,363	293,201,420
			Total collective investment funds	2,792,694,704
	Cash - US Dollars	Cash and cash equivalents	4,963,061	4,963,061
			Total cash and cash equivalents	4,963,061

EMPLOYEES' SAVINGS AND RETIREMENT PLAN OF CREDIT SUISSE
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Identity of issuer	Description	Shares	Current Value
NVIDIA Corp Common Stock	Common Stock	156,484	29,184,265
Microsoft Corp	Common Stock	57,026	27,578,913
Alphabet Inc-Cl C Common Stock	Common Stock	81,299	25,511,626
Amazon.Com Inc	Common Stock	101,600	23,451,312
Broadcom Inc Stock	Common Stock	51,716	17,898,908
Meta Platforms Inc-Class A	Common Stock	25,241	16,661,332
Visa Inc - Class A Shares	Common Stock	36,120	12,667,645
Apple Inc Common Stock	Common Stock	46,192	12,557,757
Eli Lilly & Co	Common Stock	9,626	10,344,870
Netflix Inc Common Stock	Common Stock	97,460	9,137,850
Taiwan Semiconductor-Sp ADR	Common Stock	22,280	6,770,669
Monster Beverage Corp	Common Stock	79,666	6,107,992
Costco Wholesale Corp Common Stock	Common Stock	6,300	5,432,742
Intuitive Surgical Inc	Common Stock	9,330	5,284,139
Home Depot Inc	Common Stock	13,749	4,731,031
Vertex Pharmaceuticals Inc	Common Stock	9,275	4,204,914
Stryker Corp	Common Stock	11,867	4,170,894
Mckesson Corp Common Stock	Common Stock	4,886	4,007,937
Tjx Companies Inc	Common Stock	24,530	3,768,053
Veeva Systems Inc-Class A	Common Stock	16,691	3,725,932
Verisk Analytics Inc	Common Stock	15,330	3,429,168
Texas Instruments Inc	Common Stock	18,899	3,278,788
Applovin Corp-Class A	Common Stock	4,862	3,276,113
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