

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                             |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2014</div><br><br><b>This Form is Open to Public Inspection</b> |
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|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u> |                                                                                                                                                                                                                                                                                                                                                 |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____ |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                       |
| C If the plan is a collectively-bargained plan, check here. ....                                         | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                             |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                       |

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-------------------------------------------------------|--|---------------------------------------------------------------------|--|------------------------------------------------------------------|--|-------------------------------------------------------------|--|--|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
| <b>1a</b> Name of plan<br><u>LYONDELLBASELL SAVINGS PLAN</u><br><br><b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><u>LYONDELL CHEMICAL COMPANY</u><br><br><u>1221 MCKINNEY ST, STE 300</u><br><u>HOUSTON, TX 77010</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>007</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1998</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>95-4160558</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/><u>713-309-7200</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>324110</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>007</u> | <b>1c</b> Effective date of plan<br><u>01/01/1998</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>95-4160558</u> |  | <b>2c</b> Plan Sponsor's telephone number<br><u>713-309-7200</u> |  | <b>2d</b> Business code (see instructions)<br><u>324110</u> |  |  |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                      | <u>007</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1998</u>                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>95-4160558</u>                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>713-309-7200</u>                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
| <b>2d</b> Business code (see instructions)<br><u>324110</u>                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |

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

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

|                                                                                                            |                                                   |            |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 08/05/2015 | PEGGY J. PFISTER                                             |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) |                                                   |            | Preparer's telephone number (optional)                       |
|                                                                                                            |                                                   |            |                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>BENEFITS ADMINISTRATIVE COMMITTEE<br>LYONDELL CHEMICAL COMPANY<br>1221 MCKINNEY ST., STE. 300<br>HOUSTON, TX 77010                                                                                                                                                                                                    | <b>3b</b> Administrator's EIN<br>20-3443655<br><br><b>3c</b> Administrator's telephone number<br>713-309-7200                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><br><b>a</b> Sponsor's name                                                                                                                                                                                                      | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    | <b>5</b> 6643                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                    | <b>6a(1)</b> 5227                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          | <b>6a(2)</b> 5369                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        | <b>6b</b> 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          | <b>6c</b> 1377                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....                                                                                                                                                                                                                                                                                                                                              | <b>6d</b> 6747                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 | <b>6e</b> 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....                                                                                                                                                                                                                                                                                                                                                                  | <b>6f</b> 6765                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            | <b>6g</b> 6490                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                 | <b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2R 3H 2T                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2014 Form M-1 annual report. If the plan was not required to file the 2014 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 \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2014</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>LYONDELLBASELL SAVINGS PLAN                                       | <b>B</b> Three-digit plan number (PN) ▶                     | 007 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>LYONDELL CHEMICAL COMPANY | <b>D</b> Employer Identification Number (EIN)<br>95-4160558 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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

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

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FID INV INST OPS CO                                                                                               |
| 04-2647786                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation  |
|                                                                                                                   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</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

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**(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

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

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

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

FID INV INST OPS CO

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64 37 65 71 50         | RECORDKEEPER                                                                                      | -544776                                                                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

LYONDELL CHEMICAL COMPANY

04-3452906

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14 50                  | PLAN ADMINISTRATOR                                                                                | 219734                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STRATEGIC ADVISORS, INC.

04-2654524

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 50                  | ADVISOR                                                                                           | 9978                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                                   | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation            |                                         |                                           |
| PIMCO STOCKSPPLUS LONG DURATION INST 1633 BROADWAY<br>SUITE 300<br>NEW YORK, NY 10019 | 0.03%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                        |                                         |                                           |
| FID INV INST OPS CO                                                                   | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation            |                                         |                                           |
| PIMCO REAL RETURN BOND INSTL CLASS 1633 BROADWAY<br>NEW YORK, NY 10019                | 0.03%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                        |                                         |                                           |
| FID INV INST OPS CO                                                                   | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation            |                                         |                                           |
| AMERICAN BEACON LARGE CAP VALUE INS 4151 AMON CARTER BLVD<br>FORT WORTH, TX 76155     | 0.04%                                   |                                           |

**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<br>(see instructions)         | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                        | 60                                              | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                                 |                                           |
| T ROWE PRICE RET 2020 FUND                                                 | 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.04%                                     |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                                 |                                           |
| FID INV INST OPS CO                                                        | 60                                              | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                                 |                                           |
| T ROWE PRICE RETIREMENT 2035 FUND                                          | 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.04%                                     |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                                 |                                           |
| FID INV INST OPS CO                                                        | 60                                              | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                                 |                                           |
| T ROWE PRICE CAP APPRECIATION                                              | 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.04%                                     |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-----------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                               | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation               |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| T ROWE PRICE BLUE CHIP GROWTH INC 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.04%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                           |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                               | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation               |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| T ROWE PRICE INTL DISCOVERY FUND 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117  | 0.04%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                           |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                               | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation               |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| T ROWE PRICE LATIN AMERICA FUND 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117   | 0.04%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                                 | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>          |                                         |                                           |
| T ROWE PRICE SMALL CAP VALUE FUND 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117   | 0.04%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                      |                                         |                                           |
| FID INV INST OPS CO                                                                 | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>          |                                         |                                           |
| T ROWE PRICE GLOBAL REAL ESTATE FUN 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.04%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                      |                                         |                                           |
| FID INV INST OPS CO                                                                 | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>          |                                         |                                           |
| T ROWE PRICE GROWTH STOCK 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117           | 0.04%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                             | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>      |                                         |                                           |
| T ROWE PRICE HEALTH SCIENCES<br>4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.04%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                  |                                         |                                           |
| FID INV INST OPS CO                                                             | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>      |                                         |                                           |
| T ROWE PRICE EQUITY INCOME<br>4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117   | 0.04%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                  |                                         |                                           |
| FID INV INST OPS CO                                                             | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>      |                                         |                                           |
| T ROWE PRICE NEW ERA<br>4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117         | 0.04%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                                          | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                   |                                         |                                           |
| T ROWE PRICE VALUE<br>4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117                        | 0.04%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                               |                                         |                                           |
| FID INV INST OPS CO                                                                          | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                   |                                         |                                           |
| T ROWE PRICE REAL ESTATE FUND<br>4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117             | 0.04%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                               |                                         |                                           |
| FID INV INST OPS CO                                                                          | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                   |                                         |                                           |
| AMERICAN CENTURY EQ GROWTH FD<br>INSTL<br>4400 MAIN ST<br>1ST FLOOR<br>KANSAS CITY, MO 64111 | 0.05%                                   |                                           |

**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<br>(see instructions)                 | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                 | 60                                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| TCW EMERGING MKTS INCOME CL I                                       | 865 SOUTH FIGUERA STREET<br>LOS ANGELES, CA 90017       | 0.05%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                         | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                 | 60                                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DOUBLELINE CORE FIXED INCOME CL I                                   | 777 EAST WISCONSIN AVENUE<br>MILWAUKEE, WI 53202        | 0.05%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                         | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                 | 60                                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| METROPOLITAN WEST TOTAL RETURN CLAS                                 | 865 SOUTH FIGUEROA ST<br>#1400<br>LOS ANGELES, CA 90017 | 0.05%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                     | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MERIDIAN GROWTH FUND LEGACY 100 FILLMORE ST<br>DENVER, CO 80206     | 0.06%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                     | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MERIDIAN CONTRARIAN FUND LEGACY 100 FILLMORE ST<br>DENVER, CO 80206 | 0.06%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                     | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NUVEEN PREFERRED SECURITIES CL C 333 WEST WACKER DRIVE<br>CHICAGO, IL 60606 | 0.07%                                                                                                                                                              |

**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<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                 | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| BLACKROCK LATIN AMERICA FD CL C                                     | 40 EAST 52ND STREET<br>NEW YORK, NY 10022       | 0.08%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                 | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                 | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MAINSTAY CUSHING ROYALTY ENERGY INC                                 | 169 LACKAWANNA AVE<br>PARSIPPANY, NJ 07454      | 0.08%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                 | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                 | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PROBABILITIES FUND CL A                                             | 1125 17TH STREET SUITE 1400<br>DENVER, CO 80202 | 0.08%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|----------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                          | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| SALIENT MLP & ENERGY INFRASTRUCTURE 4265 SAN FELIPE STREET<br>8TH FLOOR<br>HOUSTON, TX 77027 |                                         | 0.08%                                                                                                                                                              |
|                                                                                              |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                          | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| VIRTUS PREMIUM ALPHASECTORSM FUND A 101 MUNSON ST<br>STE 3<br>GREENFIELD, MA 01301           |                                         | 0.08%                                                                                                                                                              |
|                                                                                              |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                          | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| VIRTUS DYNAMIC ALPHASECTOR(SM) A 101 MUNSON ST<br>STE 3<br>GREENFIELD, MA 01301              |                                         | 0.08%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                                     | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>              |                                         |                                           |
| WELLS FARGO LARGE CAP CORE INV<br>525 MARKET ST<br>SAN FRANCISCO, CA 94105              | 0.08%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                          |                                         |                                           |
| FID INV INST OPS CO                                                                     | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>              |                                         |                                           |
| WELLS FARGO ABSOLUTE RETURN FUND<br>CL<br>525 MARKET ST<br>SAN FRANCISCO, CA 94105      | 0.08%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                          |                                         |                                           |
| FID INV INST OPS CO                                                                     | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>              |                                         |                                           |
| AMER BEACON BRIDGEWY LARGE CAP<br>VALU<br>4151 AMON CARTER BLVD<br>FORT WORTH, TX 76155 | 0.08%                                   |                                           |

**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<br>(see instructions)                          | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                 | 60                                                               | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| QUAKER STRATEGIC GROWTH CLASS A                                     | 1180 SWEDESFORD RD<br>BERWYN, PA 19312                           | 0.08%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                                  | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                 | 60                                                               | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AQR MOMENTUM FUND CL L                                              | 2 GREENWICH PLAZA<br>GREENWICH, CT 06830                         | 0.10%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                                  | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                 | 60                                                               | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| SCHARF FUND INVESTOR CLASS                                          | 5619 SCOTTS VALLEY DRIVE<br>SUITE 140<br>SCOTTS VALLEY, CA 95066 | 0.10%                                                                                                                                                              |

**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<br>(see instructions)          | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                 | 60                                               | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| COLUMBIA SELECT LRG CAP GROWTH CLAS                                 | 225 FRANKLIN ST<br>BOSTON, MA 02110              | 0.10%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                  | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                 | 60                                               | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| HARTFORD WORLD BOND FUND CL A                                       | 100 MATSONFORD RD<br>STE 300<br>RADNOR, PA 19087 | 0.10%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                  | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                 | 60                                               | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JOHN HANCOCK ABSOLT RETURN CURRENCY                                 | 601 CONGRESS ST<br>9TH FLOOR<br>BOSTON, MA 02210 | 0.10%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                                       | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                                       |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JOHN HANCOCK FLOATING RATE INC A<br>601 CONGRESS ST<br>9TH FLOOR<br>BOSTON, MA 02210                      | 0.10%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                                   |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                                       | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                                       |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PRUDENTIAL TOTAL RETURN BOND CLASS<br>100 MULBERRY STREET GATEWAY CTR 3<br>10TH FLOOR<br>NEWARK, NJ 07102 | 0.10%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                                   |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                                       | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                                       |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| RIDGEWORTH HIGH INCOME FD CL I<br>100 HUNTINGTON AVENUE<br>COPLEY PLACE<br>BOSTON, MA 02116               | 0.10%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|--------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                              | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                              |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FOCUS DIVIDEND STRAT PORTFOLIO C<br>3200 PLAZA 5 HARBORSIDE FINANCIAL C<br>JERSEY CITY, NJ 07311 | 0.10%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                          |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                              | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                              |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| BRIDGEWAY ULTRA SMALL CO MARKET<br>20 GREENWAY PLAZA<br>STE 450<br>HOUSTON, TX 77046             | 0.10%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                          |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                              | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                              |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FEDERATED PRUDENT BEAR FUND CL IS<br>4000 ERICSSON DRIVE<br>WARRENDALE, PA 15086                 | 0.10%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|--------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                  | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                  |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| LORD ABBETT INCOME CLASS C<br>90 HUDSON STREET 10TH FLOOR<br>JERSEY CITY, NJ 07302   | 0.10%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                              |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                  | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                  |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| NEUBERGER BERMAN GENESIS FUND INST<br>605 3RD AVENUE 2ND FLOOR<br>NEW YORK, NY 10158 | 0.10%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                              |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                  | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                  |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| THORNBURG INTL VALUE CL INSTL<br>2300 NORTH RIDGETOP RD<br>SANTA FE, NM 87506        | 0.10%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| USAA INTERMEDIATE TERM BOND RETAIL 9800 FREDERICKSBURG RD<br>SAN ANTONIO, TX 78288 |                                         | 0.10%                                                                                                                                                              |
|                                                                                    |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| TOUCHSTONE FOCUSED CLASS Y 303 BROADWAY SUITE 1100<br>CINCINNATI, OH 45202         |                                         | 0.25%                                                                                                                                                              |
|                                                                                    |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| TOUCHSTONE CAPITAL GROWTH CLASS Y 303 BROADWAY SUITE 1100<br>CINCINNATI, OH 45202  |                                         | 0.25%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|----------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                          | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| TOUCHSTONE ULTRA SHTDURATION FIX IN 303 BROADWAY SUITE 1100<br>CINCINNATI, OH 45202          |                                         | 0.25%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                          | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| THOMPSON BOND FUND 918 DEMING WAY 3RD FLOOR<br>MADISON, WI 53717                             |                                         | 0.25%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                          | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| BAIRD CORE PLUS BOND FD INVESTOR CL 777 E WISCONSIN AVE<br>18TH FLOOR<br>MILWAUKEE, WI 53202 |                                         | 0.275%                                                                                                                                                             |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                       | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                       |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DREYFUS S & P 500 INDEX FUND<br>144 GLENN CURTISS BLVD 8TH FLOOR<br>UNIONDALE, NY 11556   | 0.30%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                   |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                       | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                       |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| WESTCORE PLUS BOND FUND<br>1225 17TH STREET 26TH FLOOR<br>DENVER, CO 80202                | 0.30%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                   |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                       | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                       |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMERICAN CENTURY ONECHOICE 2020 INV<br>4400 MAIN ST<br>1ST FLOOR<br>KANSAS CITY, MO 64111 | 0.35%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                      |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DREYFUS SMALL CAP STOCK INDEX<br>144 GLENN CURTISS BLVD 8TH FLOOR<br>UNIONDALE, NY 11556 | 0.35%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                  |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                      |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| GABELLI SMALL CAP GROWTH<br>401 THEODORE FREMD AVE<br>RYE, NY 10580                      | 0.35%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                  |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                      |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| GABELLI EQUITY INCOME FUND<br>401 THEODORE FREMD AVE<br>RYE, NY 10580                    | 0.35%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|----------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                    | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                    |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| WEITZ SHORT INTERMEDINCOME FUND INS 1125 SOUTH 103RD STREET<br>OMAHA, NE 68124         |                                         | 0.35%                                                                                                                                                              |
|                                                                                        |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                    | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                    |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMERICAN CENTURY EQUITY INCOME INV 4400 MAIN ST<br>1ST FLOOR<br>KANSAS CITY, MO 64111  |                                         | 0.35%                                                                                                                                                              |
|                                                                                        |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                    | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                    |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMERICAN CENTURY INTERNATL VALUE IN 4400 MAIN ST<br>1ST FLOOR<br>KANSAS CITY, MO 64111 |                                         | 0.35%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                                | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation         |                                         |                                           |
| CLIPPER<br>2949 EAST ELVIRA ROAD<br>SUITE 101<br>TUCSON, AZ 85706                  | 0.35%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                     |                                         |                                           |
| FID INV INST OPS CO                                                                | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation         |                                         |                                           |
| COMMERCE VALUE INSTITUTIONAL<br>922 WALNUT ST 4TH FLOOR<br>KANSAS CITY, MO 64106   | 0.35%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                     |                                         |                                           |
| FID INV INST OPS CO                                                                | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation         |                                         |                                           |
| DREYFUS GROWTH & INCOME<br>144 GLENN CURTISS BLVD 8TH FLOOR<br>UNIONDALE, NY 11556 | 0.35%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|--------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                        | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                        |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DREYFUS INTERTNAT'L BOND FUND CL I 144 GLENN CURTISS BLVD 8TH FLOOR<br>UNIONDALE, NY 11556 | 0.35%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                    |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                        | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                        |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| EATON VANCE SHT DUR STRATEGIC INC A TWO INTERNATIONAL PLACE<br>BOSTON, MA 02110            | 0.35%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                    |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                        | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                        |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| EATON VANCE FLOATINGRATE ADVANTAGE TWO INTERNATIONAL PLACE<br>BOSTON, MA 02110             | 0.35%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-----------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                           | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                           |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| GABELLI ASSET FUND AAA<br>401 THEODORE FREMD AVE<br>RYE, NY 10580                             | 0.35%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                       |                                         | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                                           | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                           |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| HARBOR INTERNATIONALINVESTOR<br>SHARES<br>111 S. WACKER DR<br>34TH FLOOR<br>CHICAGO, IL 60606 | 0.35%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                       |                                         | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                                           | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                           |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| HARBOR MID CAP VALUEINVESTOR CLASS<br>111 S. WACKER DR<br>34TH FLOOR<br>CHICAGO, IL 60606     | 0.35%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                                    | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation             |                                         |                                           |
| HARBOR CAPITAL APPRECIATION INV CL 111 S. WACKER DR<br>34TH FLOOR<br>CHICAGO, IL 60606 | 0.35%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                         |                                         |                                           |
| FID INV INST OPS CO                                                                    | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation             |                                         |                                           |
| OAKMARK FUND I 111 SOUTH WACKER DR<br>CHICAGO, IL 60606                                | 0.35%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                         |                                         |                                           |
| FID INV INST OPS CO                                                                    | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation             |                                         |                                           |
| OAKMARK INTERNATIONAL CL I 111 SOUTH WACKER DR<br>CHICAGO, IL 60606                    | 0.35%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                       | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation       |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| OAKMARK EQUITY & INCOME FD I<br>111 SOUTH WACKER DR<br>CHICAGO, IL 60606  | 0.35%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                   |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                       | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation       |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| OAKMARK SELECT I<br>111 SOUTH WACKER DR<br>CHICAGO, IL 60606              | 0.35%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                   |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                       | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation       |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| OAKMARK GLOBAL SELECT FD CL I<br>111 SOUTH WACKER DR<br>CHICAGO, IL 60606 | 0.35%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| OAKMARK GLOBAL FUND I<br>111 SOUTH WACKER DR<br>CHICAGO, IL 60606          | 0.35%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                         |                                           |
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| JANUS FUND CLASS T SHARES<br>151 DETROIT ST<br>DENVER, CO 80206            | 0.35%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                         |                                           |
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| JANUS VENTURE FUND CLASS T<br>151 DETROIT ST<br>DENVER, CO 80206           | 0.35%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                    | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation    |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JANUS TRITON FUND CLASS T SHARES 151 DETROIT ST<br>DENVER, CO 80206    | 0.35%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                    | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation    |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| INTECH RISK MANAGED CORE FUND CLASS 151 DETROIT ST<br>DENVER, CO 80206 | 0.35%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                    | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation    |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PERKINS MID CAP VALUE FUND CLASS T 151 DETROIT ST<br>DENVER, CO 80206  | 0.35%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| JANUS FLEXIBLE BOND FUND CLASS T<br>151 DETROIT ST<br>DENVER, CO 80206     | 0.35%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>             |                                         |                                           |
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| JANUS GLOBAL SELECT CL T<br>151 DETROIT ST<br>DENVER, CO 80206             | 0.35%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>             |                                         |                                           |
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| JANUS CONTRARIAN FUND CLASS T<br>151 DETROIT ST<br>DENVER, CO 80206        | 0.35%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                    | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation    |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JANUS GLOBAL TECHNOLOGY CLASS T 151 DETROIT ST<br>DENVER, CO 80206     | 0.35%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                    | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation    |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JANUS GLOBAL LIFE SCIENCES FUND CL 151 DETROIT ST<br>DENVER, CO 80206  | 0.35%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                    | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation    |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JANUS ENTERPRISE FUND CLASS T SHARE 151 DETROIT ST<br>DENVER, CO 80206 | 0.35%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| JANUS OVERSEAS FUND CLASS T<br>151 DETROIT ST<br>DENVER, CO 80206          | 0.35%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>             |                                         |                                           |
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| JANUS RESEARCH FUND CLASS T<br>151 DETROIT ST<br>DENVER, CO 80206          | 0.35%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>             |                                         |                                           |
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| JANUS BALANCED FUND CLASS T<br>151 DETROIT ST<br>DENVER, CO 80206          | 0.35%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                                   | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation            |                                         |                                           |
| JANUS SHORT TERM BOND FUND CLASS T 151 DETROIT ST<br>DENVER, CO 80206                 | 0.35%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                        |                                         |                                           |
| FID INV INST OPS CO                                                                   | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation            |                                         |                                           |
| LOOMIS SAYLES GLOBAL BOND RETAIL 399 BOYLSTON STREET<br>8TH FLOOR<br>BOSTON, MA 02116 | 0.35%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                        |                                         |                                           |
| FID INV INST OPS CO                                                                   | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation            |                                         |                                           |
| LOOMIS SAYLES BOND RETAIL SHARES 399 BOYLSTON STREET<br>8TH FLOOR<br>BOSTON, MA 02116 | 0.35%                                   |                                           |

**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<br>(see instructions)                 | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                 | 60                                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| METROPOLITAN WEST TOT RETURN BOND C                                 | 865 SOUTH FIGUEROA ST<br>#1400<br>LOS ANGELES, CA 90017 | 0.35%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                 | 60                                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PIMCO INCOME FUND CL D                                              | 1633 BROADWAY<br>NEW YORK, NY 10019                     | 0.375%                                                                                                                                                             |
| (a) Enter service provider name as it appears on line 2             |                                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                 | 60                                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PIMCO TOTAL RETURN CLASS D                                          | 1633 BROADWAY<br>NEW YORK, NY 10019                     | 0.375%                                                                                                                                                             |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                               | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>        |                                         |                                           |
| PIMCO SHORT TERM CLASS D<br>1633 BROADWAY<br>NEW YORK, NY 10019                   | 0.375%                                  |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                    |                                         |                                           |
| FID INV INST OPS CO                                                               | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>        |                                         |                                           |
| PIMCO LOW DURATION CLASS D<br>1633 BROADWAY<br>NEW YORK, NY 10019                 | 0.375%                                  |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                    |                                         |                                           |
| FID INV INST OPS CO                                                               | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>        |                                         |                                           |
| PERMANENT PORTFOLIO<br>600 MONTGOMERY ST<br>SUITE 1400<br>SAN FRANCISCO, CA 94111 | 0.375%                                  |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|--------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                              | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                              |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ASTON/FAIRPOINTE MIDCAP FUND CL N<br>120 NORTH LASALLE STREET<br>25TH FLOOR<br>CHICAGO, IL 60602 | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                          |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                              | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                              |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| INVESCO FLOATING RATE FUND CLASS A<br>11 GREENWAY PLAZA<br>SUITE 100<br>HOUSTON, TX 77046        | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                          |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                              | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                              |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| INVESCO ENERGY INVESTOR CLASS<br>11 GREENWAY PLAZA<br>SUITE 100<br>HOUSTON, TX 77046             | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                                     | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation              |                                         |                                           |
| INVESCO GOLD & PRECIOUS METALS INV 11 GREENWAY PLAZA<br>SUITE 100<br>HOUSTON, TX 77046  | 0.40%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                          |                                         |                                           |
| FID INV INST OPS CO                                                                     | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation              |                                         |                                           |
| INVESCO EQUITY AND INCOME FUND CL A 11 GREENWAY PLAZA<br>SUITE 100<br>HOUSTON, TX 77046 | 0.40%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                          |                                         |                                           |
| FID INV INST OPS CO                                                                     | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation              |                                         |                                           |
| AMG MANAGERS REAL ESTATE SECURITIES 800 CONNECTICUT AVE<br>NORWALK, CT 06854            | 0.40%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| AMG MANAGERS EMERG OPPORTUNITIES SR 800 CONNECTICUT AVE NORWALK, CT 06854  | 0.40%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                         |                                           |
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| AMG MANAGERS SKYLINESPECIAL EQUITIE 800 CONNECTICUT AVE NORWALK, CT 06854  | 0.40%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                         |                                           |
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| AMG YACKTMAN FOCUSED SERVICE CL 800 CONNECTICUT AVE NORWALK, CT 06854      | 0.40%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                          | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMG YACKTMAN FUND SERVICE CLASS 800 CONNECTICUT AVE<br>NORWALK, CT 06854     | 0.40%                                   |                                                                                                                                                                    |
|                                                                              |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                          | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMG MANAGERS BOND FDSERVICE CLASS 800 CONNECTICUT AVE<br>NORWALK, CT 06854   | 0.40%                                   |                                                                                                                                                                    |
|                                                                              |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                          | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ACADIAN EMERGING MARKETS PORT INSTL 1 FREEDOM VALLEY DRIVE<br>OAKS, PA 19456 | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions)                         | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                 | 60                                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| RICE HALL JAMES MICRO CAP PORT INST                                 | 1 FREEDOM VALLEY DRIVE<br>OAKS, PA 19456                        | 0.40%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                                 | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                 | 60                                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JOHCM INTERNATIONAL SELECT FD CL II                                 | 14 RYDER STREET RYDER CT GROUND FL<br>LONDON, LONDON SW1Y6QB GB | 0.40%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                                 | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                 | 60                                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ALLIANCEBERNSTEIN HIGH INCOME CLASS                                 | 8000 IH 10 WEST<br>SAN ANTONIO, TX 78230                        | 0.40%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|----------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                              | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation              |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ALLIANZGI SHORT DURATION HI INC CL 1633 BROADWAY<br>NEW YORK, NY 10019           | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                          |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                              | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation              |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ALLIANZGI GLBL WATER CL D 1633 BROADWAY<br>NEW YORK, NY 10019                    | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                          |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                              | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation              |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMERICAN BEACON LARGE CAP INVESTOR 4151 AMON CARTER BLVD<br>FORT WORTH, TX 76155 | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                                  | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                                  |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ARTISAN INTERNATL INVESTOR CLASS<br>875 EAST WISCONSIN AVENUE<br>SUITE 800<br>MILWAUKEE, WI 53202    | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                              |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                                  | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                                  |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ARTISAN GLOBAL OPPORTUNITIES INV<br>875 EAST WISCONSIN AVENUE<br>SUITE 800<br>MILWAUKEE, WI 53202    | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                              |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                                  | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                                  |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ARTISAN GLOBAL VALUE FD INVT SHARES<br>875 EAST WISCONSIN AVENUE<br>SUITE 800<br>MILWAUKEE, WI 53202 | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                              | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation       |                                         |                                           |
| BBH CORE SELECT FUND CL N<br>140 BROADWAY<br>NEW YORK, NY 10005                  | 0.40%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                   |                                         |                                           |
| FID INV INST OPS CO                                                              | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation       |                                         |                                           |
| BARON PARTNERS FUND<br>767 5TH AVENUE 49TH FLOOR<br>NEW YORK, NY 10153           | 0.40%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                   |                                         |                                           |
| FID INV INST OPS CO                                                              | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation       |                                         |                                           |
| BARON REAL ESTATE FUND RETAIL<br>767 5TH AVENUE 49TH FLOOR<br>NEW YORK, NY 10153 | 0.40%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                                                    | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                             |                                         |                                           |
| BLACKROCK STRATEGIC INC OPP PORT CL 40 EAST 52ND STREET<br>NEW YORK, NY 10022                          | 0.40%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                                         |                                         |                                           |
| FID INV INST OPS CO                                                                                    | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                             |                                         |                                           |
| DEUTSCHE ULTRA-SHORTDURATION FUND- 280 PARK AVE FINANCE PCAM CTRL<br>A 9TH FLOOR<br>NEW YORK, NY 10026 | 0.40%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                                         |                                         |                                           |
| FID INV INST OPS CO                                                                                    | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                             |                                         |                                           |
| GABELLI GOLD FUND CLAAA 401 THEODORE FREMD AVE<br>RYE, NY 10580                                        | 0.40%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                 | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                 |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| HENNESSY FOCUS FUND INVESTOR CLASS 7250 REDWOOD BLVD<br>STE 200<br>NOVATO, CA 94945 |                                         | 0.40%                                                                                                                                                              |
|                                                                                     |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                 | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                 |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| HENNESSY GAS UTILITYINVESTOR CL 7250 REDWOOD BLVD<br>STE 200<br>NOVATO, CA 94945    |                                         | 0.40%                                                                                                                                                              |
|                                                                                     |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                 | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                 |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ICON ENERGY CL S 5299 DTC BLVD SUITE 1200<br>GREENWOOD VILLAGE, CO 80111            |                                         | 0.40%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-----------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                     | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                     |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| LAZARD GLOBAL LISTEDINFRASTRUCTURE 30 ROCKEFELLER PLAZA 57TH FL<br>NEW YORK, NY 10112   |                                         | 0.40%                                                                                                                                                              |
|                                                                                         |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                     | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                     |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| CLEARBRIDGE AGGRESSIVE GROWTH A 620 8TH AVENUE<br>49TH FLOOR<br>NEW YORK, NY 10018      |                                         | 0.40%                                                                                                                                                              |
|                                                                                         |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                     | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                     |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MORGAN STANLEY MULTICAP GROWTH TRUS 522 FIFTH AVENUE<br>4TH FLOOR<br>NEW YORK, NY 10036 |                                         | 0.40%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                      |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MSIF SELECT GLOBAL INFRASTRUCTURE A 522 FIFTH AVENUE<br>4TH FLOOR<br>NEW YORK, NY 10036  | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                  |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                      |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| EVENTIDE GILEAD FUND CLASS N 630A FITZWATERTOWN RD 2ND FL<br>WILLOW GROVE, PA 19090-1904 | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                  |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                      |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| NEUBERGER BERMAN HIGH INC BD IVT 605 3RD AVENUE 2ND FLOOR<br>NEW YORK, NY 10158          | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions)            | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                 | 60                                                 | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| NEUBERGER BERMAN LONG SHORT FUND<br>CL                              | 605 3RD AVENUE 2ND FLOOR<br>NEW YORK, NY 10158     | 0.40%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                    | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                 | 60                                                 | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PFG TACTICAL FUND INVESTOR CLASS                                    | 777 108TH AVE NE<br>STE 2100<br>BELLEVUE, WA 98004 | 0.40%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                    | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                 | 60                                                 | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PFG STRATEGIC CONSERVATIVE INVST                                    | 777 108TH AVE NE<br>STE 2100<br>BELLEVUE, WA 98004 | 0.40%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|----------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                    | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                    |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PFG INTERNATIONAL FUND - INVESTOR C 777 108TH AVE NE<br>STE 2100<br>BELLEVUE, WA 98004 | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                    | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                    |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PFG EXPLORER FUND INVESTOR CLASS 777 108TH AVE NE<br>STE 2100<br>BELLEVUE, WA 98004    | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                    | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                    |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PFG CORE EQUITY FUND - INVESTOR 777 108TH AVE NE<br>STE 2100<br>BELLEVUE, WA 98004     | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                      |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ALTEGRIS MACRO STRATEGY FUND CL N 1200 PROSPECT STREET<br>SUITE 400<br>LAJOLLA, CA 92037 | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                  |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                      |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| NUVEEN SYMPHONY FLT RATE INCOME CL 333 WEST WACKER DRIVE<br>CHICAGO, IL 60606            | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                  |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                      |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PEAR TREE POLARIS FRGN VALUE ORDINA 55 OLD BEDFORD ROAD<br>LINCOLN, MA 01773             | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                       | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation       |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| THE WIRELESS FUND<br>1939 FRIENDSHIP DRIVE STE C<br>EL CAJON, CA 92020    | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                   |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                       | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation       |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PIMCO ALL ASSET ALL AUTHORITY CL D<br>1633 BROADWAY<br>NEW YORK, NY 10019 | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                   |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                       | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation       |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PIMCO STOCKSPUS ABSOLUTE RETURN D<br>1633 BROADWAY<br>NEW YORK, NY 10019  | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| PIMCO STOCKSPUS AR SHORT STRATEGY 1633 BROADWAY<br>NEW YORK, NY 10019      | 0.40%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                         |                                           |
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| PIMCO SMALL CAP STOCKSPUS AR CL D 1633 BROADWAY<br>NEW YORK, NY 10019      | 0.40%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                         |                                           |
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| PIMCO FUNDAMENTAL INDEXPLUS AR FUND 1633 BROADWAY<br>NEW YORK, NY 10019    | 0.40%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|----------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                                | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                                |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PIMCO UNCONSTRAINED BOND FUND CL D 1633 BROADWAY<br>NEW YORK, NY 10019                             |                                         | 0.40%                                                                                                                                                              |
|                                                                                                    |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                            | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                                | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                                |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PRINCIPAL SMALL-MID CAP DIVIDEND IN 1100 INVESTMENT BLVD<br>SUITE 200<br>EL DORADO HILLS, CA 95762 |                                         | 0.40%                                                                                                                                                              |
|                                                                                                    |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                            | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                                | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                                |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| BECKER VALUE EQUITY 1211 SW 5TH AVE<br>PORTLAND, OR 97204                                          |                                         | 0.40%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                                                  | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                           |                                         |                                           |
| ULTRA EMERGING MRKTSPRO FD INVT CL 7501 WISCONSIN AVE EAST TOWER<br>SUITE 1000<br>BETHESDA, MD 20814 | 0.40%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                                       |                                         |                                           |
| FID INV INST OPS CO                                                                                  | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                           |                                         |                                           |
| PUTNAM CAPITAL SPECTRUM FUND CL A ONE PO SQUARE MAILZONE G3C<br>BOSTON, MA 02109                     | 0.40%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                                       |                                         |                                           |
| FID INV INST OPS CO                                                                                  | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                           |                                         |                                           |
| PUTNAM EQUITY SPECTRUM FUND CL A ONE PO SQUARE MAILZONE G3C<br>BOSTON, MA 02109                      | 0.40%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-----------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                               | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation               |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PUTNAM GLOBAL INCOME TRUST CLASS A ONE PO SQUARE MAILZONE G3C<br>BOSTON, MA 02109 |                                         | 0.40%                                                                                                                                                              |
|                                                                                   |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                               | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation               |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| SCOUT MID CAP FUND 803 WEST MICHIGAN SUITE A<br>MILWAUKEE, WI 53233               |                                         | 0.40%                                                                                                                                                              |
|                                                                                   |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                               | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation               |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| SCOUT INTERNATIONAL FUND 803 WEST MICHIGAN SUITE A<br>MILWAUKEE, WI 53233         |                                         | 0.40%                                                                                                                                                              |

**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<br>(see instructions)           | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                 | 60                                                | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| TCW EMERGING MARKETS INCOME CL N                                    | 865 SOUTH FIGUERA STREET<br>LOS ANGELES, CA 90017 | 0.40%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                   | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                 | 60                                                | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| TCW RELATIVE VALUE DIVIDEND APPREC                                  | 865 SOUTH FIGUERA STREET<br>LOS ANGELES, CA 90017 | 0.40%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                   | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                 | 60                                                | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| TCW TOTAL RETURN BOND CLASS N                                       | 865 SOUTH FIGUERA STREET<br>LOS ANGELES, CA 90017 | 0.40%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                                      | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation               |                                         |                                           |
| TOUCHSTONE SANDS CAP SEL GRWTH Z 303 BROADWAY<br>SUITE 1100<br>CINCINNATI, OH 45202-4203 | 0.40%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                           |                                         |                                           |
| FID INV INST OPS CO                                                                      | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation               |                                         |                                           |
| DREMAN CONTRARIAN SMALL CAP VAL RET PLAZA 10 SUITE 800<br>JERSEY CITY, NJ 07311-4037     | 0.40%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                           |                                         |                                           |
| FID INV INST OPS CO                                                                      | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation               |                                         |                                           |
| WEITZ VALUE 1125 SOUTH 103RD STREET<br>OMAHA, NE 68124                                   | 0.40%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                                     | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation              |                                         |                                           |
| WELLS FARGO ABSOLUTERETURN FUND CL 525 MARKET ST<br>SAN FRANCISCO, CA 94105             | 0.40%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                          |                                         |                                           |
| FID INV INST OPS CO                                                                     | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation              |                                         |                                           |
| INVESCO DIVERSIFIED DIVIDEND INVEST 11 GREENWAY PLAZA<br>SUITE 100<br>HOUSTON, TX 77046 | 0.40%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                          |                                         |                                           |
| FID INV INST OPS CO                                                                     | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation              |                                         |                                           |
| INVESCO EUROPEAN GROWTH CLASS A 11 GREENWAY PLAZA<br>SUITE 100<br>HOUSTON, TX 77046     | 0.40%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                 | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                 |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMANA MUTUAL FUND TRUST INCOME<br>1300 NORTH STATE STREET<br>BELLINGHAM, WA 98225   | 0.40%                                   |                                                                                                                                                                    |
|                                                                                     |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                 | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                 |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AM BEACON BRIDGEWAY LARGE CAP VALU<br>4151 AMON CARTER BLVD<br>FORT WORTH, TX 76155 | 0.40%                                   |                                                                                                                                                                    |
|                                                                                     |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                 | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                 |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMERICAN BEACON GL EV FRT MRKT INC<br>4151 AMON CARTER BLVD<br>FORT WORTH, TX 76155 | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| ARIEL FUND<br>811 E. WISCONSIN AVENUE<br>MILWAUKEE, WI 53202               | 0.40%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>             |                                         |                                           |
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| BARON ASSET<br>767 5TH AVENUE 49TH FLOOR<br>NEW YORK, NY 10153             | 0.40%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>             |                                         |                                           |
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| BARON GROWTH<br>767 5TH AVENUE 49TH FLOOR<br>NEW YORK, NY 10153            | 0.40%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                                                                                                                       | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                                                                                                |                                         |                                           |
| BARON SMALL CAP FD<br>767 5TH AVENUE 49TH FLOOR<br>NEW YORK, NY 10153                                                                                                     |                                         | 0.40%                                     |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                         |                                           |
| <hr/>                                                                                                                                                                     |                                         |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                                                                                                            |                                         |                                           |
| FID INV INST OPS CO                                                                                                                                                       | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                                                                                                |                                         |                                           |
| BERKSHIRE FOCUS FUND<br>475 MILAN DRIVE SUITE 103<br>SAN JOSE, CA 95134                                                                                                   |                                         | 0.40%                                     |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                         |                                           |
| <hr/>                                                                                                                                                                     |                                         |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                                                                                                            |                                         |                                           |
| FID INV INST OPS CO                                                                                                                                                       | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                                                                                                |                                         |                                           |
| BLACKROCK HIGH YELDBOND CLASS A<br>40 EAST 52ND STREET<br>NEW YORK, NY 10022                                                                                              |                                         | 0.40%                                     |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                         |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                          | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>   |                                         |                                           |
| BUFFALO FLEXIBLE INCOME FUND<br>615 E MICHIGAN STREET<br>MILWAUKEE, WI 53202 | 0.40%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>               |                                         |                                           |
| FID INV INST OPS CO                                                          | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>   |                                         |                                           |
| BUFFALO DISCOVERY FUND<br>615 E MICHIGAN STREET<br>MILWAUKEE, WI 53202       | 0.40%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>               |                                         |                                           |
| FID INV INST OPS CO                                                          | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>   |                                         |                                           |
| BUFFALO SMALL CAP GROWTH<br>615 E MICHIGAN STREET<br>MILWAUKEE, WI 53202     | 0.40%                                   |                                           |

**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<br>(see instructions)    | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                 | 60                                         | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| CALAMOS GROWTH & INCOME CL A                                        | 2020 CALAMOS COURT<br>NAPERVILLE, IL 60563 | 0.40%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                            | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                 | 60                                         | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| CALAMOS EVOLVING WORLD GROWTH CL A                                  | 2020 CALAMOS COURT<br>NAPERVILLE, IL 60563 | 0.40%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                            | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                 | 60                                         | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| CALAMOS GROWTH CLASSA                                               | 2020 CALAMOS COURT<br>NAPERVILLE, IL 60563 | 0.40%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                                        | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>                 |                                         |                                           |
| COLUMBIA ACORN CLASS Z<br>225 FRANKLIN ST<br>BOSTON, MA 02110                              | 0.40%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                             |                                         |                                           |
| FID INV INST OPS CO                                                                        | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>                 |                                         |                                           |
| DIREXION MONTHLY EMRG MKT BULL 2X I<br>155 SEAPORT BOULEVARD, SUITE P8<br>BOSTON, MA 02210 | 0.40%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                             |                                         |                                           |
| FID INV INST OPS CO                                                                        | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>                 |                                         |                                           |
| DOUBLELINE TOTAL RT BOND FD CL N<br>777 EAST WISCONSIN AVENUE<br>MILWAUKEE, WI 53202       | 0.40%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|--------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                        | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                        |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DOUBLELINE CORE FIXED INCOME FD CL 777 EAST WISCONSIN AVENUE<br>MILWAUKEE, WI 53202        |                                         | 0.40%                                                                                                                                                              |
|                                                                                            |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                    | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                        | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                        |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DREYFUS HIGH YIELD FD CLASS A 144 GLENN CURTISS BLVD 8TH FLOOR<br>UNIONDALE, NY 11556      |                                         | 0.40%                                                                                                                                                              |
|                                                                                            |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                    | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                        | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                        |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DREYFUS WORLDWIDE GROWTH FUND CL A 144 GLENN CURTISS BLVD 8TH FLOOR<br>UNIONDALE, NY 11556 |                                         | 0.40%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|--------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                            | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation            |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DRIEHAUS EMERGING MARKETS<br>25 EAST ERIE STREET<br>CHICAGO, IL 60611          | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                        |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                            | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation            |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PARAMETRIC EMERGING MKTS INV CL<br>TWO INTERNATIONAL PLACE<br>BOSTON, MA 02110 | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                        |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                            | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation            |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FMI LARGE CAP FUND<br>777 EAST WISCONSIN AVENUE<br>MILWAUKEE, WI 53202         | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                         | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                         |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FEDERATED HIGH YIELDTRUST SS<br>4000 ERICSSON DRIVE<br>WARRENDALE, PA 15086-7515            | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                     |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                         | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                         |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| VULCAN VALUE PARTNERS FUND<br>2801 HIGHWAY 280 SOUTH<br>SUITE 300<br>BIRMINGHAM, AL 35223   | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                     |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                         | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                         |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FIRSTHAND TECHNOLOGYOPPORTUNITIES<br>F 150 ALMADEN BLVD<br>SUITE 1250<br>SAN JOSE, CA 95113 | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                                        | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                 |                                         |                                           |
| GLENMEDE SMALL CAP EQUITY - ADVISOR 1650 MARKET ST<br>SUITE 1200<br>PHILADELPHIA, PA 19103 | 0.40%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                             |                                         |                                           |
| FID INV INST OPS CO                                                                        | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                 |                                         |                                           |
| GUINNESS ATKINSON GLOBAL INNOVATORS 2220 E ROUTE 66<br>GLENDORA, CA 91740                  | 0.40%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                             |                                         |                                           |
| FID INV INST OPS CO                                                                        | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                 |                                         |                                           |
| HARDING LOEVNER EMERG MRKTS PORT AD PO BOX 4766<br>CHICAGO, IL 60680                       | 0.40%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                                   | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>            |                                         |                                           |
| HEARTLAND VALUE PLUS<br>789 N WATER STREET<br>MILWAUKEE, WI 53202                     | 0.40%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                        |                                         |                                           |
| FID INV INST OPS CO                                                                   | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>            |                                         |                                           |
| HEARTLAND SELECT VALUE<br>789 N WATER STREET<br>MILWAUKEE, WI 53202                   | 0.40%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                        |                                         |                                           |
| FID INV INST OPS CO                                                                   | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>            |                                         |                                           |
| HENNESSY CORNERSTONEGROWTH INV CL<br>7250 REDWOOD BLVD<br>STE 200<br>NOVATO, CA 94945 | 0.40%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                                         | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                                         |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| THE INTERNET FUND<br>470 PARK AVENUE SOUTH<br>NEW YORK, NY 10016                                            | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                                     |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                                         | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                                         |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| INTREPID SMALL CAP FUND INVESTOR CL<br>1400 MARSH LANDING PKWY<br>SUITE 106<br>JACKSONVILLE BEACH, FL 32250 | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                                     |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                                         | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                                         |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| 361 MANAGED FUTURES FUND INVESTOR C<br>2220 E ROUTE 66<br>GLENDDORA, CA 91740                               | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                                                 | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>                          |                                         |                                           |
| JACOB INTERNET<br>653 MANHATTAN BEACH BLVD<br>MANHATTAN BEACH, CA 90266                             | 0.40%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                                      |                                         |                                           |
| FID INV INST OPS CO                                                                                 | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>                          |                                         |                                           |
| JAMES BALANCED GOLDEN RAINBOW FUND<br>2960 N MERIDIAN STREET<br>SUITE 300<br>INDIANAPOLIS, IN 46208 | 0.40%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                                      |                                         |                                           |
| FID INV INST OPS CO                                                                                 | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>                          |                                         |                                           |
| JENSEN QUALITY GROWTH FD CL J<br>811 E WISCONSIN AVE<br>MILWAUKEE, WI 53202                         | 0.40%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                          | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| KINETICS SMALL CAP OPPORTUNITIES 470 PARK AVENUE SOUTH<br>NEW YORK, NY 10016 |                                         | 0.40%                                                                                                                                                              |
|                                                                              |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                          | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MANNING & NAPIER WORLD OPPT SER CL 290 WOODCLIFF DR<br>FAIRPORT, NY 14450    |                                         | 0.40%                                                                                                                                                              |
|                                                                              |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                          | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MANNING & NAPIER PROBLEND EXTD CL S 290 WOODCLIFF DR<br>FAIRPORT, NY 14450   |                                         | 0.40%                                                                                                                                                              |

**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<br>(see instructions)         | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                        | 60                                              | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                                 |                                           |
| MARSICO FOCUS                                                              | 803 WEST MICHIGAN STREET<br>MILWAUKEE, WI 53233 | 0.40%                                     |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                                 |                                           |
| FID INV INST OPS CO                                                        | 60                                              | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                                 |                                           |
| MARSICO FLEXIBLE CAPITAL FUND                                              | 803 WEST MICHIGAN STREET<br>MILWAUKEE, WI 53233 | 0.40%                                     |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                                 |                                           |
| FID INV INST OPS CO                                                        | 60                                              | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                                 |                                           |
| MATTHEW 25                                                                 | PO BOX 2479<br>JENKINTOWN, PA 19046             | 0.40%                                     |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                                              | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>                       |                                         |                                           |
| MATTHEWS ASIA DIVIDEND FUND<br>4 EMBARCADERO CENTER SUITE 550<br>SAN FRANCISCO, CA 94111         | 0.40%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                                   |                                         |                                           |
| FID INV INST OPS CO                                                                              | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>                       |                                         |                                           |
| MATTHEWS PACIFIC TIGER FUND<br>4 EMBARCADERO CENTER SUITE 550<br>SAN FRANCISCO, CA 94111         | 0.40%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                                   |                                         |                                           |
| FID INV INST OPS CO                                                                              | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>                       |                                         |                                           |
| MATTHEWS ASIAN GROWTH & INCOME FUND<br>4 EMBARCADERO CENTER SUITE 550<br>SAN FRANCISCO, CA 94111 | 0.40%                                   |                                           |

**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<br>(see instructions)                   | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                 | 60                                                        | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MATTHEWS CHINA FUND                                                 | 4 EMBARCADERO CENTER SUITE 550<br>SAN FRANCISCO, CA 94111 | 0.40%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                           | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                 | 60                                                        | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MATTHEWS INDIA FUND                                                 | 4 EMBARCADERO CENTER SUITE 550<br>SAN FRANCISCO, CA 94111 | 0.40%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                           | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                 | 60                                                        | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| METROPOLITAN WEST HIGH YIELD BOND C                                 | 865 SOUTH FIGUEROA ST<br>#1400<br>LOS ANGELES, CA 90017   | 0.40%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|--------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                        | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                        |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MORGAN STANLEY GLOBLSTRATEGIST PORT<br>522 FIFTH AVENUE<br>4TH FLOOR<br>NEW YORK, NY 10036 | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                    |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                        | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                        |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MORGAN STANLEY MID CAP GRWTH PORT C<br>522 FIFTH AVENUE<br>4TH FLOOR<br>NEW YORK, NY 10036 | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                    |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                        | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                        |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MOTLEY FOOL INDEPENDENCE FD<br>2000 DUKE STREET<br>SUITE 175<br>ALEXANDRIA, VA 22314       | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                      |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MOTLEY FOOL GREAT AMERICA FUND<br>2000 DUKE STREET<br>SUITE 175<br>ALEXANDRIA, VA 22314  | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                  |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                      |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| NEUBERGER BERMAN GENESIS TRUST<br>CLAS<br>605 3RD AVENUE 2ND FLOOR<br>NEW YORK, NY 10158 | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                  |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                      |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| NEUBERGER BERMAN LRG CAP VALUE<br>TRUS<br>605 3RD AVENUE 2ND FLOOR<br>NEW YORK, NY 10158 | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                             | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation             |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| NEUBERGER BERMAN MIDCAP INTRNSC VAL 605 3RD AVENUE 2ND FLOOR NEW YORK, NY 10158 | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                         |                                         | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                             | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation             |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| NEUBERGER BERMAN REAL ESTATE TRUST 605 3RD AVENUE 2ND FLOOR NEW YORK, NY 10158  | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                         |                                         | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                             | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation             |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| NORTHERN INCOME EQUITY 801 SOUTH CANAL CHICAGO, IL 60675                        | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|--------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                            | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation            |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| NORTHERN SMALL CAP VALUE 801 SOUTH CANAL<br>CHICAGO, IL 60675                  |                                         | 0.40%                                                                                                                                                              |
|                                                                                |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                            | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation            |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| NUVEEN REAL ASSET INCOME FUND A SHR 333 WEST WACKER DRIVE<br>CHICAGO, IL 60606 |                                         | 0.40%                                                                                                                                                              |
|                                                                                |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                            | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation            |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| RED OAK TECHNOLOGY SELECT 1290 BROADWAY<br>SUITE 1100<br>DENVER, CO 80203      |                                         | 0.40%                                                                                                                                                              |

**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<br>(see instructions)             | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                 | 60                                                  | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| BLACK OAK EMERGING TECHNOLOGY FUND                                  | 1290 BROADWAY<br>SUITE 1100<br>DENVER, CO 80203     | 0.40%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                     | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                 | 60                                                  | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| OBERWEIS INTL OPPORTUNITIES FUND                                    | 3333 WARRENVILLE ROAD<br>STE 500<br>LISLE, IL 60532 | 0.40%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                     | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                 | 60                                                  | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PIMCO FOREIGN BOND(US-HEDGED)CL                                     | 1633 BROADWAY<br>NEW YORK, NY 10019                 | 0.40%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|--------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                        | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                        |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PIMCO REAL RETURN CLASS D<br>1633 BROADWAY<br>NEW YORK, NY 10019                           | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                    |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                        | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                        |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PIMCO HIGH YIELD CLASS D<br>1633 BROADWAY<br>NEW YORK, NY 10019                            | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                    |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                        | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                        |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PARNASSUS FUND<br>ONE MARKET STREET STEUART TOWER<br>SUITE 1600<br>SAN FRANCISCO, CA 94105 | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                                                        | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>                                 |                                         |                                           |
| PARNASSUS ENDEAVOR FUND<br>ONE MARKET STREET STEUART TOWER<br>SUITE 1600<br>SAN FRANCISCO, CA 94105        | 0.40%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                                             |                                         |                                           |
| FID INV INST OPS CO                                                                                        | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>                                 |                                         |                                           |
| PARNASSUS CORE EQUITY INVESTOR<br>ONE MARKET STREET STEUART TOWER<br>SUITE 1600<br>SAN FRANCISCO, CA 94105 | 0.40%                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                                             |                                         |                                           |
| FID INV INST OPS CO                                                                                        | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>                                 |                                         |                                           |
| PIMCO FOREIGN BOND FUND (UNHEDGED)<br>1633 BROADWAY<br>NEW YORK, NY 10019                                  | 0.40%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| PIMCO GLOBAL BOND FUND (UNHEDGED) C 1633 BROADWAY<br>NEW YORK, NY 10019    | 0.40%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                         |                                           |
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| PIMCO EMERGING MARKETS BOND FUND D 1633 BROADWAY<br>NEW YORK, NY 10019     | 0.40%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                         |                                           |
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| PIMCO INVESTMENT GRADE CORP BOND CL 1633 BROADWAY<br>NEW YORK, NY 10019    | 0.40%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                               | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation        |                                         |                                           |
| AKRE FOCUS FUND RETAIL<br>777 E WISCONSIN AVE<br>4TH FLOOR<br>MILWAUKEE, WI 53202 | 0.40%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                    |                                         |                                           |
| FID INV INST OPS CO                                                               | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation        |                                         |                                           |
| HODGES SMALL CAP FUND<br>2905 MAPLE AVENUE<br>DALLAS, TX 75201                    | 0.40%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                    |                                         |                                           |
| FID INV INST OPS CO                                                               | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation        |                                         |                                           |
| VILLERE BALANCED<br>601 POYDRAS STREET STE 1808<br>NEW ORLEANS, LA 70130          | 0.40%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                                   | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                                   |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| UTILITIES ULTRA SECTOR PRO FUND INV 7501 WISCONSIN AVE EAST TOWER<br>SUITE 1000<br>BETHESDA, MD 20814 | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                               |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                                   | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                                   |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| BIOTECHNOLOGY ULTRA SECTOR PRO FD I 7501 WISCONSIN AVE EAST TOWER<br>SUITE 1000<br>BETHESDA, MD 20814 | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                               |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                                   | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                                   |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ULTRA NASDAQ-100 PRO FUND INVESTOR 7501 WISCONSIN AVE EAST TOWER<br>SUITE 1000<br>BETHESDA, MD 20814  | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions)                 | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                              | 60                                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation       |                                                         |                                           |
| PUTNAM SMALL CAP VALUE CLASS A<br>ONE PO SQUARE MAILZONE G3C<br>BOSTON, MA 02109 | 0.40%                                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                   |                                                         |                                           |
| FID INV INST OPS CO                                                              | 60                                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation       |                                                         |                                           |
| PUTNAM MULTI CAP GROWTH CL A<br>ONE PO SQUARE MAILZONE G3C<br>BOSTON, MA 02109   | 0.40%                                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                   |                                                         |                                           |
| FID INV INST OPS CO                                                              | 60                                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation       |                                                         |                                           |
| ROBECO BOSTON PRTRNSLONGSHORT<br>EQT                                             | PNC GLOBAL 103 BELLEVUE PARKWAY<br>WILMINGTON, DE 19809 | 0.40%                                     |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                         | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                         |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ROBECO BOSTON PRTNS SM CAP VAL 11 I PNC GLOBAL 103 BELLEVUE PARKWAY<br>WILMINGTON, DE 19809 |                                         | 0.40%                                                                                                                                                              |
|                                                                                             |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                         | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                         |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| RENAISSANCE IPO PLUSAFTERMARKET 80 ARKAY DR SUITE 110<br>HAUPPAUGE, NY 11788                |                                         | 0.40%                                                                                                                                                              |
|                                                                                             |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                         | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                         |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ROYCE VALUE FUND SERVICE CL 745 FIFTH AVENUE SUITE 2400<br>NEW YORK, NY 10151               |                                         | 0.40%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                   | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                   |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ROYCE OPPORTUNITY FUND INVEST CLASS 745 FIFTH AVENUE SUITE 2400<br>NEW YORK, NY 10151 |                                         | 0.40%                                                                                                                                                              |
|                                                                                       |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                   | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                   |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| RYDEX NASDAQ 100 INV CLASS 9601 BLACKWELL RD<br>STE 500<br>ROCKVILLE, MD 20850        |                                         | 0.40%                                                                                                                                                              |
|                                                                                       |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                   | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                   |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| RYDEX BIOTECHNOLOGY INV CLASS 9601 BLACKWELL RD<br>ROCKVILLE, MD 20850                |                                         | 0.40%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                             | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                             |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| SSGA EMERGING MARKETS<br>ONE LINCOLN ST STATE STREET FINANCIAL<br>BOSTON, MA 02111              | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                         |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                             | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                             |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| SSGA INTERNATIONAL STOCK SELECTION<br>ONE LINCOLN ST STATE STREET FINANCIAL<br>BOSTON, MA 02111 | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                         |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                             | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                             |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| SCHRODER EMERGING MARKET EQUITY<br>ADV<br>875 3RD AVE 22ND FL<br>NEW YORK, NY 10022             | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                   | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                   |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| STEWARD GLOBAL EQ INCOME - INDIVIDU 3700 W SAM HOUSTON PARKWAY S<br>HOUSTON, TX 77042 |                                         | 0.40%                                                                                                                                                              |
|                                                                                       |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                   | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                   |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| TANAKA GROWTH FUND CLASS R 369 LEXINGTON AVE<br>FLOOR 20<br>NEW YORK, NY 10017        |                                         | 0.40%                                                                                                                                                              |
|                                                                                       |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                   | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                   |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| THIRD AVENUE FOCSED CREDIT FUND INV 622 THIRD AVENUE 32 FLOOR<br>NEW YORK, NY 10017   |                                         | 0.40%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                 | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                 |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| THIRD AVENUE VALUE FUND INVESTOR CL 622 THIRD AVENUE 32 FLOOR<br>NEW YORK, NY 10017 |                                         | 0.40%                                                                                                                                                              |
|                                                                                     |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                 | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                 |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| THE DELAFIELD FUND 40 W 57TH STREET 19TH FL<br>NEW YORK, NY 10019                   |                                         | 0.40%                                                                                                                                                              |
|                                                                                     |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                 | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                 |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| TOCQUEVILLE GOLD FUND 40 W 57TH STREET 19TH FL<br>NEW YORK, NY 10019                |                                         | 0.40%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|----------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                              | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation              |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| USAA HIGH INCOME FUND ADVISER CL 9800 FREDERICKSBURG RD<br>SAN ANTONIO, TX 78288 | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                          |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                              | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation              |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| USAA INCOME FUND ADVISER CL 9800 FREDERICKSBURG RD<br>SAN ANTONIO, TX 78288      | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                          |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                              | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation              |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| VALUE LINE INCOME AND GROWTH FUND 7 TIMES SQUARE, 21ST FL<br>NEW YORK, NY 10036  | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                      |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| WALTHAUSEN SMALL CAP VALUE FD<br>2691 ROUTE 9<br>MALTA, NY 12020                         | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                  |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                      |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| WASATCH WORLD INNOVATORS FUND<br>505 WAKARA WAY<br>3RD FLOOR<br>SALT LAKE CITY, UT 84108 | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                  |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                      |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| WASATCH INTERNATIONAL GROWTH<br>505 WAKARA WAY<br>3RD FLOOR<br>SALT LAKE CITY, UT 84108  | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| WASATCH LONG/SHORT FUND<br>505 WAKARA WAY<br>3RD FLOOR<br>SALT LAKE CITY, UT 84108 | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                            |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| WELLS FARGO SMALL/ MID CAP VAL FD-I<br>525 MARKET ST<br>SAN FRANCISCO, CA 94105    | 0.40%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                            |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| WELLSFARGO DISCOVERYFUND-INVESTOR<br>C<br>525 MARKET ST<br>SAN FRANCISCO, CA 94105 | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions)  | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                 | 60                                       | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| WELLSFARGO LARGE CAPGROWTH FD-<br>INVES                             | 525 MARKET ST<br>SAN FRANCISCO, CA 94105 | 0.40%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                          | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                 | 60                                       | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| WELLS FARGO GROWTH FUND-INVESTOR<br>CL                              | 525 MARKET ST<br>SAN FRANCISCO, CA 94105 | 0.40%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                          | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                 | 60                                       | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| WELLS FARGO ADVAN GOVNT SEC INV CL                                  | 525 MARKET ST<br>SAN FRANCISCO, CA 94105 | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                  | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                        | 60                                                       | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                                          |                                           |
| WESTPORT FUND CLASS R                                                      | 253 RIVERSIDE AVE<br>WESTPORT, CT 06880                  | 0.40%                                     |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                                          |                                           |
| FID INV INST OPS CO                                                        | 60                                                       | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                                          |                                           |
| FPA CRESCENT FUND                                                          | 11400 W OLYMPIC BLVD SUITE 1200<br>LOS ANGELES, CA 90064 | 6                                         |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                                          |                                           |
| FID INV INST OPS CO                                                        | 60                                                       | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                                          |                                           |
| FAIRHOLME FUND                                                             | 4400 BISCAYNE BOULEVARD<br>MIAMI, FL 33137               | 8                                         |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                             | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                             |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FIRST EAGLE OVERSEAS CLASS A<br>1345 AVENUE OF THE AMERICAS<br>43RD FLOOR<br>NEW YORK, NY 10105 | 11                                      |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                         |                                         | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                                             | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                             |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FIRST EAGLE GLOBAL CLASS A<br>1345 AVENUE OF THE AMERICAS<br>43RD FLOOR<br>NEW YORK, NY 10105   | 11                                      |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                         |                                         | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                                             | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                             |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FIRST EAGLE GLOBAL CLASS C<br>1345 AVENUE OF THE AMERICAS<br>43RD FLOOR<br>NEW YORK, NY 10105   | 11                                      |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                                 |
|----------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                    | 60                                      | 0                                                                                                                                                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>             |                                         |                                                                                                                                                                           |
| AEGIS VALUE FUND INC<br>6862 ELM STREET SUITE 830<br>MCLEAN, VA 22101                  | 12                                      | <b>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</b> |
| <b>(a) Enter service provider name as it appears on line 2</b>                         |                                         |                                                                                                                                                                           |
| FID INV INST OPS CO                                                                    | 60                                      | 0                                                                                                                                                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>             |                                         |                                                                                                                                                                           |
| EVENTIDE GILEAD FUND CLASS A<br>630A FITZWATERTOWN RD 2ND FL<br>WILLOW GROVE, PA 19090 | 12                                      | <b>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</b> |
| <b>(a) Enter service provider name as it appears on line 2</b>                         |                                         |                                                                                                                                                                           |
| FID INV INST OPS CO                                                                    | 60                                      | 0                                                                                                                                                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>             |                                         |                                                                                                                                                                           |
| VICTORY MUNDER GRWTHOPPORTUNITIES<br>C 127 PUBLIC SQUARE<br>CLEVELAND, OH 44114        | 12                                      | <b>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</b> |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|--------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                            | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation            |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ALGER GLOBAL GROWTH FUND CLASS A 600 PLAZA ONE 6TH FL<br>JERSEY CITY, NJ 07311 | 12                                      |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                        |                                         | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                            | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation            |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ALGER SPECTRA FUND CLASS CL A 600 PLAZA ONE 6TH FL<br>JERSEY CITY, NJ 07311    | 12                                      |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                        |                                         | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                            | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation            |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FEDERATED KAUFMANN CLASS R 4000 ERICSSON DRIVE<br>WARRENDALE, PA 15086         | 12                                      |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                                 |
|-------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                 | 60                                      | 0                                                                                                                                                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>          |                                         |                                                                                                                                                                           |
| IVY SCIENCE & TECHNOLOGY CL A<br>6300 LAMAR AVE<br>OVERLAND PARK, KS 66202          | 12                                      | <b>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</b> |
| <b>(a) Enter service provider name as it appears on line 2</b>                      |                                         |                                                                                                                                                                           |
| FID INV INST OPS CO                                                                 | 60                                      | 0                                                                                                                                                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>          |                                         |                                                                                                                                                                           |
| CAN SLIM SELECT GROWTH FUND<br>6 GLENVILLE ST<br>GREENWICH, CT 06831                | 12                                      | <b>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</b> |
| <b>(a) Enter service provider name as it appears on line 2</b>                      |                                         |                                                                                                                                                                           |
| FID INV INST OPS CO                                                                 | 60                                      | 0                                                                                                                                                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>          |                                         |                                                                                                                                                                           |
| VAN ECK INTERNATN'L INVESTORS GOLD<br>335 MADISON AVE 19TH FL<br>NEW YORK, NY 10017 | 12                                      | <b>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</b> |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                                   | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation            |                                         |                                           |
| PRIMECAP ODYSSEY GROWTH FUND<br>2020 E FINANCIAL WAY SUITE 100<br>GLEN DORA, CA 91741 | 15                                      |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                        |                                         |                                           |
| FID INV INST OPS CO                                                                   | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation            |                                         |                                           |
| GABELLI GOLD FUND INC CL I<br>401 THEODORE FREMD AVE<br>RYE, NY 10580                 | 16                                      |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                        |                                         |                                           |
| FID INV INST OPS CO                                                                   | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation            |                                         |                                           |
| BERWYN INCOME FUND<br>1189 LANCASTER AVE<br>BERWYN, PA 19312                          | 16                                      |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                                 |
|--------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                  | 60                                      | 0                                                                                                                                                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>           |                                         |                                                                                                                                                                           |
| FRANKLIN INCOME CLASS A<br>100 FOUNTAIN PARKWAY<br>ST PETERSBURG, FL 33716           | 16                                      | <b>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</b> |
| <b>(a) Enter service provider name as it appears on line 2</b>                       |                                         |                                                                                                                                                                           |
| FID INV INST OPS CO                                                                  | 60                                      | 0                                                                                                                                                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>           |                                         |                                                                                                                                                                           |
| FRANKLIN RISING DIVIDENDS CLASS A<br>100 FOUNTAIN PARKWAY<br>ST PETERSBURG, FL 33716 | 16                                      | <b>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</b> |
| <b>(a) Enter service provider name as it appears on line 2</b>                       |                                         |                                                                                                                                                                           |
| FID INV INST OPS CO                                                                  | 60                                      | 0                                                                                                                                                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>           |                                         |                                                                                                                                                                           |
| HOMESTEAD SMALL COMPANY STOCK FD<br>4301 WILSON BLVD<br>ARLINGTON, VA 22203          | 16                                      | <b>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</b> |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                                      | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>               |                                         |                                           |
| IRONCLAD MANAGED RISK FUND<br>2220 E ROUTE 66<br>GLENDDORA, CA 91740                     | 16                                      |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                           |                                         |                                           |
| FID INV INST OPS CO                                                                      | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>               |                                         |                                           |
| LONGLEAF INTERNATL<br>6410 POPLAR AVENUE SUITE 900<br>MEMPHIS, TN 38119                  | 16                                      |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                           |                                         |                                           |
| FID INV INST OPS CO                                                                      | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>               |                                         |                                           |
| NEUBERGER BERMAN LARGE CAP VALUE<br>IN<br>605 3RD AVENUE 2ND FLOOR<br>NEW YORK, NY 10158 | 16                                      |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                                   | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                                   |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| NEUBERGER BERMAN FOCUS INVESTOR CL 605 3RD AVENUE 2ND FLOOR<br>NEW YORK, NY 10158                     |                                         | 16                                                                                                                                                                 |
|                                                                                                       |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                               | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                                   | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                                   |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| THE OSTERWEIS STRATEGIC INCOME FD 777 E WISCONSIN AVE 4TH FL<br>MILWAUKEE, WI 53202                   |                                         | 16                                                                                                                                                                 |
|                                                                                                       |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                               | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FID INV INST OPS CO                                                                                   | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                                   |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ULTRA NASDAQ 100 PRO FD SERVICE CLA 7501 WISCONSIN AVE EAST TOWER<br>SUITE 1000<br>BETHESDA, MD 20814 |                                         | 16                                                                                                                                                                 |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                                 |
|-------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                                       | 60                                      | 0                                                                                                                                                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                |                                         |                                                                                                                                                                           |
| STRATTON SMALL CAP VALUE FUND<br>150 SOUTH WARNER RD STE 460<br>KING OF PRUSSIA, PA 19406 | 16                                      | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| <b>(a)</b> Enter service provider name as it appears on line 2                            |                                         |                                                                                                                                                                           |
| FID INV INST OPS CO                                                                       | 60                                      | 0                                                                                                                                                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                |                                         |                                                                                                                                                                           |
| TEMPLETON WORLD CLASS A<br>100 FOUNTAIN PARKWAY<br>ST PETERSBURG, FL 33716                | 16                                      | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| <b>(a)</b> Enter service provider name as it appears on line 2                            |                                         |                                                                                                                                                                           |
| FID INV INST OPS CO                                                                       | 60                                      | 0                                                                                                                                                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                |                                         |                                                                                                                                                                           |
| TEMPLETON GLOBAL BOND CLASS A<br>100 FOUNTAIN PARKWAY<br>ST PETERSBURG, FL 33716          | 16                                      | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                             | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>      |                                         |                                           |
| OPPENHEIMER INT'L BOND CLASS A<br>6801 SOUTH TUCSON WAY<br>ENGLEWOOD, CO 80112  | 16.5                                    |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                  |                                         |                                           |
| FID INV INST OPS CO                                                             | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>      |                                         |                                           |
| OPPENHEIMERSTEELPATHMLP ALPHA C<br>6801 SOUTH TUCSON WAY<br>ENGLEWOOD, CO 80112 | 16.5                                    |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                  |                                         |                                           |
| FID INV INST OPS CO                                                             | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>      |                                         |                                           |
| AMERICAN BALANCED CLASS A<br>3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251         | 18                                      |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                            | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>     |                                         |                                           |
| AMERICAN HIGH INCOMETRUST CLASS A 3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251   | 18                                      |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                 |                                         |                                           |
| FID INV INST OPS CO                                                            | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>     |                                         |                                           |
| AMERICAN CAPITAL INCOME BUILDER CL 3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251  | 18                                      |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                 |                                         |                                           |
| FID INV INST OPS CO                                                            | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>     |                                         |                                           |
| AMERICAN CAPITAL WORLD GRTH & INC A 3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251 | 18                                      |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                            | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>     |                                         |                                           |
| AMERICAN EUROPACIFICGROWTH CLASS A 3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251  | 18                                      |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                 |                                         |                                           |
| FID INV INST OPS CO                                                            | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>     |                                         |                                           |
| AMERICAN INCOME FUND OF AMERICA CLA 3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251 | 18                                      |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                 |                                         |                                           |
| FID INV INST OPS CO                                                            | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>     |                                         |                                           |
| AMERICAN INVESTMNT CO OF AMERICA CL 3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251 | 18                                      |                                           |

**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<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FID INV INST OPS CO                                                 | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMERICAN WASHNTN MUTUAL INVESTRS<br>CL                              | 3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251      | 18                                                                                                                                                                 |
| (a) Enter service provider name as it appears on line 2             |                                                 | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                 | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PUTNAM CAPITAL SPECTRUM FUND CL C                                   | ONE PO SQUARE MAILZONE G3C<br>BOSTON, MA 02109  | 19                                                                                                                                                                 |
| (a) Enter service provider name as it appears on line 2             |                                                 | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FID INV INST OPS CO                                                 | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| TEMPLETON GLOBAL BOND CLASS C                                       | 100 FOUNTAIN PARKWAY<br>ST PETERSBURG, FL 33716 | 19                                                                                                                                                                 |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| US BANCORP FD SVCS BUFFALO SM CAP S                                        | 0.40%                                   |                                           |
| 39-0281260                                                                 |                                         |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>             |                                         |                                           |
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| BOS FIN DATA SVCS DODGE & COX BALAN                                        | 0.10%                                   |                                           |
| 04-2526037                                                                 |                                         |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>             |                                         |                                           |
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| BOS FIN DATA SVCS DODGE & COX INTL                                         | 0.10%                                   |                                           |
| 04-2526037                                                                 |                                         |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| BOS FIN DATA SVCS PIM COM REAL RET                                         | 0.03%                                   |                                           |
| 04-2526037                                                                 |                                         |                                           |
| (a) Enter service provider name as it appears on line 2                    | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
| FID INV INST OPS CO                                                        | 60                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| T ROWE PRICE SVCS TRP EQUITY INCOME                                        | 0.15%                                   |                                           |
| 52-2269240                                                                 |                                         |                                           |
| (a) Enter service provider name as it appears on line 2                    | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|                                                                            |                                         |                                           |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
|                                                                            |                                         |                                           |

**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 |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

|                                                                                                          |                                                                            |            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>LYONDELLBASELL SAVINGS PLAN</u>                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>007</u> |
|                                                                                                          |                                                                            |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>LYONDELL CHEMICAL COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>95-4160558</u>         |            |

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LYONDELL,EQUISTAR,HOUSTON REFIN MT

**b** Name of sponsor of entity listed in (a): LYONDELLCH EQUISTARCH HOUSTON REFIN

|                                       |                               |                                                                                                                       |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>04-3452906-001</u> | <b>d</b> Entity code <u>M</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1354680306</u> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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)**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)**

(Complete as many entries as needed to report all participating plans)

**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>LYONDELLBASELL SAVINGS PLAN</u>                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>007</u>                    |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>LYONDELL CHEMICAL COMPANY</u>                                                                                                                                                                        |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>95-4160558</u>                                       |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>                  | 841412                | 1059852         |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                  |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>                  |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>                  | 31059180              | 30290206        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 | 1324244738            | 1354680306      |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                 |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 1356145330            | 1386030364      |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |            |            |
|-----------------------------------------------------------|-----------|------------|------------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 1356145330 | 1386030364 |
|-----------------------------------------------------------|-----------|------------|------------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 28592589   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 51440061   |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 5192204    |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 85224854  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 902135     |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 902135    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            | 69006882  |
| (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) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 155133871 |

**Expenses**

|                                                                                      |       |           |           |
|--------------------------------------------------------------------------------------|-------|-----------|-----------|
| e Benefit payment and payments to provide benefits:                                  |       |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 126248701 |           |
| (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) |           | 126248701 |
| f Corrective distributions (see instructions) .....                                  | 2f    |           | 31568     |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |           | 199999    |
| h Interest expense .....                                                             | 2h    |           |           |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) |           |           |
| (2) Contract administrator fees .....                                                | 2i(2) |           |           |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 9978      |           |
| (4) Other .....                                                                      | 2i(4) | -517489   |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |           | -507511   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |           | 125972757 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 29161114 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan .....                                   | 2l(1) |  | 1059549  |
| (2) From this plan .....                                 | 2l(2) |  | 335629   |

**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) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: PRICEWATERHOUSECOOPERS

(2) EIN: 13-4008324

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

**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.) .....

**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.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a | X   |    | 426    |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 60775000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                                     |     | X  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                           |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     |    |          |

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

**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) |
|--------------------------------|--------------|-------------|
| BASELL RETIREMENT SAVINGS PLAN | 76-0550481   | 014         |
|                                |              |             |
|                                |              |             |
|                                |              |             |
|                                |              |             |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

## Part V Trust Information (optional)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                   |  | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| A Name of plan<br>LYONDELLBASELL SAVINGS PLAN                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  | B Three-digit plan number (PN) ►                                                                | 007 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>LYONDELL CHEMICAL COMPANY                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                 |  | D Employer Identification Number (EIN)<br>95-4160558                                            |     |
| 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):<br><br>EIN(s): 04-6568107                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                 |  | 3                                                                                               |     |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| Schedule R (Form 5500) 2014 v. 140124                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |

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

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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) through (c)

- a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%
- b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_



## **Independent Auditor's Report**

To the Administrator of LyondellBasell Savings Plan

We have audited the accompanying financial statements of LyondellBasell Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

### ***Management's Responsibility 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; this includes 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.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on the financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2014 and 2013 and the changes in net assets available for benefits for the year ended December 31, 2014, in accordance with accounting principles generally accepted in the United States of America.



***Other Matter***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at year end) as of December 31, 2014 is presented for the purpose 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 the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*PricewaterhouseCoopers LLP*  
Houston, Texas  
July 1, 2015

**LYONDELLBASELL SAVINGS PLAN**

**SUPPLEMENTAL SCHEDULE**

**EIN: 95-4160558, P/N: 007**

**Schedule H, Line 4i- Schedule of Assets (Held at End of Year)  
As of December 31, 2014**

| <b>(a)</b> | <b>(b) Identity of issue,<br/>borrower, lessor or<br/>similar party</b> | <b>(c) Description of investment including<br/>maturity date, rate of interest, collateral, par,<br/>or maturity value</b> | <b>(d) Cost</b> | <b>(e) Current<br/>Value</b> |
|------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------|
| *          | INVESTMENT<br>INTEREST IN THE<br>MASTER TRUST                           | See Note 6                                                                                                                 | **              | \$ 1,354,680,306             |
| *          | PARTICIPANT LOANS                                                       | Interest rates ranging from 3.25%-9.50%;<br>Maturity dates ranging from 2015 to 2024                                       |                 | \$ 30,290,206                |

\* Denotes a party-in-interest transaction as defined by ERISA.

\*\* Cost is omitted for participant-directed investments.

**LYONDELLBASELL SAVINGS PLAN**

**FINANCIAL STATEMENTS**

**As of December 31, 2014 and 2013  
and for the year ended December 31, 2014**

## LYONDELLBASELL SAVINGS PLAN

### INDEX TO FINANCIAL STATEMENTS

|                                                                | <u>Page</u> |
|----------------------------------------------------------------|-------------|
| Independent Auditor's Report                                   | 2           |
| Financial Statements:                                          |             |
| Statements of Net Assets Available for Benefits                | 4           |
| Statement of Changes in Net Assets Available for Benefits      | 5           |
| Notes to the Financial Statements                              | 6           |
| Supplemental Schedule *                                        |             |
| Schedule H, Line 4i – Schedule of Assets (Held at End of Year) | 17          |

*\* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.*



## **Independent Auditor's Report**

To the Administrator of LyondellBasell Savings Plan

We have audited the accompanying financial statements of LyondellBasell Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

### ***Management's Responsibility 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; this includes 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.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on the financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2014 and 2013 and the changes in net assets available for benefits for the year ended December 31, 2014, in accordance with accounting principles generally accepted in the United States of America.



***Other Matter***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at year end) as of December 31, 2014 is presented for the purpose 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 the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*PricewaterhouseCoopers LLP*  
Houston, Texas  
July 1, 2015

**LYONDELLBASELL SAVINGS PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                                                                                                         | <b>December 31,</b>     |                         |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|
|                                                                                                                         | <b>2014</b>             | <b>2013</b>             |
| <b>ASSETS</b>                                                                                                           |                         |                         |
| Investment in Lyondell Chemical Company, Equistar Chemicals, LP,<br>and Houston Refining LP Master Trust, at fair value | \$ 1,354,680,306        | \$ 1,324,244,738        |
| Employer contributions receivable                                                                                       | 1,059,852               | 841,412                 |
| Notes receivable from participants                                                                                      | 31,709,826              | 32,351,831              |
| Net assets available for benefits                                                                                       | <u>\$ 1,387,449,984</u> | <u>\$ 1,357,437,981</u> |

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

**LYONDELLBASELL SAVINGS PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|                                                                                                                       | <b>For the Year<br/>Ended<br/>December 31,<br/>2014</b> |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Contributions:                                                                                                        |                                                         |
| Participant                                                                                                           | \$ 51,440,061                                           |
| Employer                                                                                                              | 28,592,589                                              |
| Rollover                                                                                                              | 5,192,204                                               |
| Total contributions                                                                                                   | <u>85,224,854</u>                                       |
| Investment income from the Lyondell Chemical Company, Equistar<br>Chemicals, LP, and Houston Refining LP Master Trust | 68,933,852                                              |
| Interest income on notes receivable from participants                                                                 | 902,135                                                 |
| Benefits paid to participants                                                                                         | (126,280,269)                                           |
| Transaction fees, net of revenue credit (Note 8)                                                                      | <u>507,511</u>                                          |
| Net increase before plan transfers                                                                                    | 29,288,083                                              |
| Net assets transferred from the Houston Refining LP 401(K) and Savings Plan<br>for Represented Employees (Note 3)     | 1,059,549                                               |
| Net assets transferred to the Basell Retirement Savings Plan (Note 3)                                                 | <u>(335,629)</u>                                        |
| Net assets transferred to the plan                                                                                    | 723,920                                                 |
| Net increase                                                                                                          | 30,012,003                                              |
| Net assets available for benefits:                                                                                    |                                                         |
| Beginning of year                                                                                                     | 1,357,437,981                                           |
| End of year                                                                                                           | <u><u>\$ 1,387,449,984</u></u>                          |

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

## LYONDELLBASELL SAVINGS PLAN

### NOTES TO THE FINANCIAL STATEMENTS—(CONTINUED)

#### 1. Description of Plan

*General* – The LyondellBasell Savings Plan (the “Plan”) is sponsored by Lyondell Chemical Company (“Lyondell” or the “Company”) and is a defined contribution plan for eligible employees and vested former employees of Lyondell Chemical Company, Basell USA Inc., Equistar Chemicals, LP, and Houston Refining LP.

Full-time or part-time eligible employees participate immediately in the Plan upon the beginning of employment with the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Participants should refer to the Plan document for a complete description of the Plan provisions.

*Plan Administration* – The Plan is administered by the Benefits Administrative Committee (“BAC”), which consists of individuals appointed by the Lyondell Board of Directors (“LBD”). Fidelity Workplace Services LLC (“FWS”) is the Plan’s recordkeeper. Plan assets are maintained in the Lyondell Chemical Company, Equistar Chemicals, LP, and Houston Refining LP Master Trust (“Master Trust”) under the custody of Fidelity Management Trust Company (“Trustee”). The Trustee makes payments in accordance with the provisions of the Plan. Lyondell pays certain administrative expenses of the Plan. Lyondell, the BAC and the Trustee are not responsible for the investment decisions of individual participants.

*Transaction Fees* – Any transaction fees related to withdrawals are paid by the participants from their accounts directly to FWS and are included in the Statement of Changes in Net Assets Available for Benefits.

*Contributions* – Subject to the Internal Revenue Code limitation on the maximum amount of an employee’s contributions on a pre-tax basis of \$17,500 in 2014, participants may contribute from 1% to 50% of their eligible earnings to the Plan through pre-tax payroll deductions (“Elective Deferrals”) and from 1% to 10% of their eligible earnings through after-tax payroll deductions (“Savings Contributions”). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to a maximum amount of \$5,500 in 2014.

Lyondell and the participating employers make matching contributions on behalf of participants at the rate of 100% of the Elective Deferrals up to a maximum matching contribution of 6% of each participant’s eligible earnings. Participants are eligible for matching contributions immediately upon enrollment in the Plan. As of January 1, 2009, matching contributions and earnings thereon are immediately fully vested. However, some participant accounts may include unvested amounts transferred from other plans participating in the Master Trust (e.g., in connection with a change in employment classification) or from amounts not vested at the time of the participant’s termination from employment prior to January 1, 2009.

*Investment Elections* – There are twenty-three core investment options under the Plan, along with a self-directed brokerage account. In addition, effective July 1, 2014, the Plan offers a discretionary managed account service provided by Strategic Advisers, Inc. (“Strategic Advisers”) that participants may elect to utilize for a fee deducted from the participant’s Plan account. Under this service, Strategic Advisers serves as the investment manager, and actively manages the investment of the participant’s Plan account among the core investment options.

All investments in the Plan have some degree of risk. The Plan, the Company and their representatives do not guarantee the investment fund performance. Participation in the Plan is voluntary and participants are responsible for their investment decisions.

The core investment options provide a variety of investment styles and securities. The funds include conservative to aggressive investment fund choices and are monitored periodically by the Benefits Finance Committee (“BFC”), which consists of individuals appointed by the LBD.

## LYONDELLBASELL SAVINGS PLAN

### NOTES TO THE FINANCIAL STATEMENTS—(CONTINUED)

The self-directed brokerage account is an option for those active investors participating in the Plan who are willing to assume the responsibility for monitoring the performance of their investments. The self-directed brokerage account provides a wide array of investments.

The BFC does not monitor the performance of the self-directed brokerage account. Participants investing in the self-directed brokerage account assume the individual responsibility of researching, evaluating, and tracking each investment in which they invest.

Participants are permitted to change their investment elections for future contributions at any time or change how their existing account balance is invested by transferring money between the different funds at any time.

All participant assets are held in the Master Trust. Contributions are invested, based on participants' instructions, in any of the various above-described investment options, and the BFC is not responsible for the investment decisions of individual participants.

*Participant Accounts* – Each participant's account is credited with the participant's contribution and allocations of the Company's contribution and Plan earnings. Allocations are based on participant earnings or account balances, as defined by the terms of the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

*Benefits Paid to Participants* – A participant's vested account balance will be distributed in a single lump sum upon termination of employment for any reason, except that the participant must consent to a distribution prior to attainment of age 65 or death. However, if a participant's vested account balance is \$1,000 or less, the participant's vested account balance will be distributed as soon as practicable after termination without the participant's consent.

The Plan permits in-service withdrawals of Elective Deferrals under certain hardship conditions as defined by the Plan. Savings Contributions may be withdrawn in total or partial amounts at any time. In addition, all contributions are available for in-service withdrawal in total or partial amounts if the participant has attained age 59½.

*Notes Receivable from Participants* – The Plan permits employees to borrow from their vested account balance, as defined by the Plan and subject to a per loan minimum of \$1,000 and \$15,000 for general-purpose and residential loans, respectively, and a per loan maximum of the lesser of \$50,000 (reduced by the highest outstanding loan balance over the preceding 12 months) or 50% of the participant's vested account balance (reduced by any other outstanding loan balance). The interest rate currently charged for loans is a fixed rate equal to the prime rate as supplied by Reuters as of the last business day of the month preceding the date the loan application was received by the Plan, subject to a 6% maximum while a participant is on military leave of absence. The loans are secured by a portion of the balance in the participant's account and bear interest at rates ranging from 3.25% to 9.50%. Repayment periods range from one to five years for general-purpose loans and one to ten years for residential loans. The loans and interest are repaid ratably through payroll deductions. Repaid principal and interest are added to investment funds according to the current investment elections of the participant. When a participant terminates employment with the Company and its affiliates, the unpaid balance of the participant's loan(s) may continue to be repaid in a manner other than by payroll deduction. If a loan payment is not made by the last day of the calendar quarter following the calendar quarter in which it was due, the loan will be declared in default, and the outstanding balance (including accrued interest) will be automatically treated as a deemed distribution to the participant.

*Forfeiture Account* – The amounts forfeited under the Plan and placed in the Plan's forfeiture account totaled \$50,290 during the year ended December 31, 2014. The balance in the Plan's forfeiture account was \$808 and

## LYONDELLBASELL SAVINGS PLAN

### NOTES TO THE FINANCIAL STATEMENTS—(CONTINUED)

\$27,213 at December 31, 2014 and 2013, respectively. This account is used to reduce future matching contributions.

*Termination Provision* – Although it has not expressed any intent to do so, Lyondell has the right to terminate the Plan at any time subject to the provisions of ERISA and the Internal Revenue Code of 1986, as amended (the “Code”). In the event of Plan termination, all participants will be fully vested in their accounts.

## 2. Summary of Significant Accounting Policies

*Basis of Accounting* – The financial statements of the Plan are prepared in accordance with generally accepted accounting principles in the United States of America (“U.S. GAAP”).

*Recently Adopted Guidance* – In July 2013, the Financial Accounting Standards Board (“FASB”) issued Accounting Standards Update (“ASU”) 2013-11, Income Taxes (Topic 740): Presentation of an Unrecognized Tax Benefit when a Net Operating Loss Carryforward, a Similar Tax Loss, or Tax Credit Carryforward Exists (a consensus of the Emerging Issues Task Force). Previous guidance did not explicitly address the balance sheet presentation of an unrecognized tax benefit when a net operating loss (NOL) or similar tax loss carryforward, or a tax credit carryforward exists. The amendments to the guidance require an entity to net its unrecognized tax benefits against the deferred tax assets for all same jurisdiction NOL or similar tax loss carryforwards, or tax credit carryforwards. A gross presentation will be required only if such carryforwards are not available or would not be used by the entity to settle any additional income taxes resulting from disallowance of the uncertain tax position. This ASU requires prospective application and is effective for periods beginning after December 15, 2013. The adoption of this amendment did not have a material impact on the Plan’s financial statements.

*Notes Receivable From Participants* – Borrowings on a participant’s vested account balance in the Plan are carried as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest, on the Statements of Net Assets Available for Benefits.

*Investment Valuation and Income Recognition* – The fair value of the Plan’s interest in the Master Trust is based on the beginning of the year value of the Plan’s interest in the Master Trust plus actual contributions and allocated investment income (loss) less actual distributions. The Master Trust’s assets are allocated among participating plans by assigning to each plan those transactions which can be specifically identified and by allocating among all plans, in proportion to the fair value of the assets assigned to each plan, income (loss) and expenses resulting from the collective investment of the assets of the Master Trust. The Plan’s investments are stated 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. See Note 7 for discussion of fair value measurements.

Purchases and sales of securities are accounted for on the trade date. Gains or losses on the sale or distribution of securities are computed on an average cost basis. Dividend income is accrued on the ex-dividend date and interest income is accrued as earned. The net appreciation or depreciation in the fair value of investments, which consists of the realized gains or losses and the unrealized appreciation or depreciation of those investments, is included in “Investment income from the Lyondell Chemical Company, Equistar Chemicals, LP, and Houston Refining LP Master Trust” in the Statement of Changes in Net Assets Available for Benefits.

*Transfer Activity* – Transfer activity includes transfers to and from other plans participating in the Master Trust. See Note 3 for discussion of transfer activity.

*Benefits Paid to Participants* – Benefits are recorded when paid.

## LYONDELLBASELL SAVINGS PLAN

### NOTES TO THE FINANCIAL STATEMENTS—(CONTINUED)

*Use of Estimates* – The preparation of the Plan’s financial statements in conformity with U.S. GAAP requires the Plan’s management to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the changes in net assets available for benefits during the reporting period and, when applicable, the disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

*Risks and Uncertainties* – The Master Trust provides for various investment options in any combination of money market funds, mutual funds, common stock, bonds, and other investments consisting of stock options, rights, and warrants. Investment securities are exposed to various risks, such as market and credit risks. Changes in the values of investment securities will continue to occur in the near term and such changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

### 3. Transfer Activity

*Transfer from the Houston Refining LP 401(k) and Savings Plan for Represented Employees* – Certain hourly represented employees of Houston Refining LP with account balances under the Houston Refining LP 401(k) and Savings Plan for Represented Employees and whose employment classification was changed from non-exempt to exempt during the year were transferred to the LyondellBasell Savings Plan effective on various dates. As a result, net assets of \$1,059,549 were transferred into the Plan during the year ended December 31, 2014.

*Transfer to the Basell Retirement Savings Plan* – An employee with an account balance under the Plan was transferred to the Basell Retirement Savings Plan upon a change in employment classification. As a result, net assets of \$335,629 were transferred from the Plan during the year ended December 31, 2014.

### 4. Tax Status

U.S. GAAP requires the Plan’s management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service ( “IRS” ). The plan administrator has analyzed the tax positions of the Plan, and has concluded that as of December 31, 2014 and 2013, 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. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The statute of limitations for collecting income taxes from the Plan is closed for the years prior to 2011.

The Plan is a qualified plan under Sections 401(a) and (k) of the Code. The Plan has received a favorable determination letter from the IRS dated December 12, 2014. The BAC believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code and, therefore, the related trust is tax-exempt. Accordingly, no provision is made for federal income taxes.

## LYONDELLBASELL SAVINGS PLAN

### NOTES TO THE FINANCIAL STATEMENTS—(CONTINUED)

#### 5. Reconciliation of the Plan Financial Statements to Schedule H of Form 5500

The following is a reconciliation of the Plan's net assets available for benefits per the financial statements at December 31, 2014 and 2013 to Schedule H of Form 5500:

|                                                                | December 31,     |                  |
|----------------------------------------------------------------|------------------|------------------|
|                                                                | 2014             | 2013             |
| Net assets available for benefits per the financial statements | \$ 1,387,449,984 | \$ 1,357,437,981 |
| Deemed distributions of participant loans                      | (1,419,620)      | (1,292,651)      |
| Net assets available for benefits per Schedule H of Form 5500  | \$ 1,386,030,364 | \$ 1,356,145,330 |

The following is a reconciliation of total distributions paid to participants per the financial statements for the year ended December 31, 2014 to Schedule H of Form 5500:

|                                                                      | 2014           |
|----------------------------------------------------------------------|----------------|
| Total benefits paid to participants per the financial statements     | \$ 126,280,269 |
| Deemed distributions of participant loans                            | 199,999        |
| Total distributions paid to participants per Schedule H of Form 5500 | \$ 126,480,268 |

Amounts allocated to deemed distributions of participant loans are recorded as notes receivable in the financial statements and recorded as an expense on Schedule H of Form 5500.

*Deemed Distribution* – A participant loan is deemed distributed during the plan year under the provisions of Internal Revenue Code section 72(p) and Treasury Regulation section 1.72(p)-1 if the participant loan is treated as a direct investment solely of the participant's individual account and the participant has failed during the year to make a repayment when due (including any grace period). For financial statement purposes, the loan balance is still considered as an outstanding loan until the loan obligation has been satisfied, and to the extent the loan balance cannot be offset against withdrawable amounts at the time of default, it is not treated as an actual distribution until such time that the participant's vested account balance is fully distributed.

#### 6. Lyondell Chemical Company, Equistar Chemicals, LP, and Houston Refining LP Master Trust

The Master Trust is a pooled investment trust composed of the beneficial interests of certain participating defined contribution plans of Lyondell Chemical Company, Equistar Chemicals, LP, and Houston Refining LP, all of which are related entities.

The Plan's investment assets are held in a trust account with the Trustee and consist of a specific interest in the Master Trust. The Plan's specific interest in the Master Trust was approximately 93.29% and 92.95% at December 31, 2014 and 2013, respectively.

**LYONDELLBASELL SAVINGS PLAN**

**NOTES TO THE FINANCIAL STATEMENTS—(CONTINUED)**

The net assets available for benefits of the Master Trust as of December 31, 2014 and 2013 are as follows:

|                                                  | <b>December 31,</b>     |                         |
|--------------------------------------------------|-------------------------|-------------------------|
|                                                  | <b>2014</b>             | <b>2013</b>             |
| <b>ASSETS</b>                                    |                         |                         |
| Investments, at fair value:                      |                         |                         |
| Core                                             |                         |                         |
| Mutual funds                                     |                         |                         |
| Domestic equity funds                            | \$ 442,135,838          | \$ 420,680,263          |
| International equity funds                       | 80,799,298              | 86,650,121              |
| Fixed income funds                               | 100,182,315             | 97,086,264              |
| Balanced funds                                   | 111,644,327             | 105,679,440             |
| Retirement date funds                            | 399,201,842             | 401,455,583             |
| Alternative investment funds                     | 9,515,833               | 2,131,243               |
| Money market funds                               | 109,621,863             | 113,054,262             |
|                                                  | <u>1,253,101,316</u>    | <u>1,226,737,176</u>    |
| Self-Directed Brokerage Account                  |                         |                         |
| Mutual funds                                     |                         |                         |
| Domestic equity funds                            | 25,002,233              | 23,349,114              |
| International equity funds                       | 3,961,660               | 4,769,130               |
| Fixed income funds                               | 6,934,224               | 6,243,307               |
| Balanced funds                                   | 5,628,849               | 5,794,603               |
| Retirement date funds                            | 48,786                  | --                      |
| Alternative investment funds                     | 725,255                 | --                      |
| Money market funds                               | 56,768,664              | 61,095,215              |
| Common stock                                     |                         |                         |
| Domestic                                         | 87,177,929              | 82,006,389              |
| International                                    | 11,591,981              | 13,479,019              |
| Corporate bonds                                  | 869,261                 | 923,669                 |
| U.S. government and agency securities            | 143,799                 | 121,614                 |
|                                                  | <u>198,852,641</u>      | <u>197,782,060</u>      |
| Total investments in Master Trust, at fair value | 1,451,953,957           | 1,424,519,236           |
| Cash                                             | 230,825                 | 168,776                 |
| Total net assets in Master Trust, at fair value  | <u>\$ 1,452,184,782</u> | <u>\$ 1,424,688,012</u> |

## LYONDELLBASELL SAVINGS PLAN

### NOTES TO THE FINANCIAL STATEMENTS—(CONTINUED)

The components of total investment income of the Master Trust for the year ended December 31, 2014 are as follows:

Investment income:

Net appreciation (depreciation) in the fair value of investments:

|                                       |                    |
|---------------------------------------|--------------------|
| Mutual funds                          | \$ (7,948,488)     |
| Money market funds                    | 10,003             |
| Common stock                          | (772,537)          |
| Corporate bonds                       | (9,779)            |
| U.S. government and agency securities | 688                |
| Total                                 | <u>(8,720,113)</u> |

Interest and dividend income:

|                 |                   |
|-----------------|-------------------|
| Interest income | 154,754           |
| Dividend income | 82,320,947        |
| Total           | <u>82,475,701</u> |

|                         |                             |
|-------------------------|-----------------------------|
| Total investment income | <u><u>\$ 73,755,588</u></u> |
|-------------------------|-----------------------------|

#### 7. Fair Value Measurements

ASC 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants. ASC 820 also specifies a fair value hierarchy based upon the observability of inputs used in valuation techniques. Observable inputs (highest level) reflect market data obtained from independent sources, while unobservable inputs (lowest level) reflect internally-developed market assumptions. In accordance with ASC 820, fair value measurements are classified using the following hierarchy:

Level 1 – Quoted prices for identical instruments in active markets.

Level 2 – Quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; and model-derived valuations in which all significant inputs or significant value-drivers are observable in active markets.

Level 3 – Model-derived valuations in which one or more significant inputs or significant value-drivers are unobservable.

When available, quoted market prices are used to determine fair value and such measurements are classified within Level 1. In some cases where market prices are not available, observable market-based inputs are used to calculate fair value, in which case the measurements are classified within Level 2. If quoted or observable market prices are not available, fair value is based upon internally-developed models that use, where possible, current market-based parameters such as interest rates, yield curves and currency rates. These measurements are classified within Level 3.

## LYONDELLBASELL SAVINGS PLAN

### NOTES TO THE FINANCIAL STATEMENTS—(CONTINUED)

Fair value measurements are classified according to the lowest level input or value-driver that is significant to the valuation. A measurement may therefore be classified within Level 3 even though there may be significant inputs that are readily observable.

*Changes in Fair Value Levels* – Management reviews the disclosures regarding fair value measurements annually at year end. If an instrument classified as Level 1 subsequently ceases to be actively traded, it is transferred out of Level 1. In such cases, instruments are reclassified as Level 2, unless the measurement of its fair value requires the use of significant unobservable inputs, in which cases it is reclassified as Level 3.

Valuation methodologies used for major investment types measured at fair value include:

*Mutual funds* – Valued at the net asset value price of shares held by the Master Trust at year end.

*Money market funds* – Valued at the net asset value price of shares held by the Master Trust at year end.

*Common stock* – Valued at the closing price reported on the active market on which the individual securities are traded.

*Corporate bonds* – Certain bonds that are not traded on an exchange are valued at the quoted closing price reported by pricing services. Other bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

*U.S. government and agency securities* – Certain securities are valued at the closing price reported on the active market on which the individual securities are traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Company 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.

**LYONDELLBASELL SAVINGS PLAN**

**NOTES TO THE FINANCIAL STATEMENTS—(CONTINUED)**

The investments of the Master Trust that are measured at fair value as of December 31, 2014 are summarized below:

|                                       | December 31, 2014       |                         |                   |              |
|---------------------------------------|-------------------------|-------------------------|-------------------|--------------|
|                                       | Fair Value              | Level 1                 | Level 2           | Level 3      |
| Core                                  |                         |                         |                   |              |
| Mutual funds                          |                         |                         |                   |              |
| Domestic equity funds                 | \$ 442,135,838          | \$ 442,135,838          | \$ --             | \$ --        |
| International equity funds            | 80,799,298              | 80,799,298              | --                | --           |
| Fixed income funds                    | 100,182,315             | 100,182,315             | --                | --           |
| Balanced funds                        | 111,644,327             | 111,644,327             | --                | --           |
| Retirement date funds                 | 399,201,842             | 399,201,842             | --                | --           |
| Alternative investment funds          | 9,515,833               | 9,515,833               | --                | --           |
| Money market funds                    | 109,621,863             | 109,621,863             | --                | --           |
|                                       | <u>1,253,101,316</u>    | <u>1,253,101,316</u>    | <u>--</u>         | <u>--</u>    |
| Self-Directed Brokerage Account       |                         |                         |                   |              |
| Mutual funds                          |                         |                         |                   |              |
| Domestic equity funds                 | 25,002,233              | 25,002,233              | --                | --           |
| International equity funds            | 3,961,660               | 3,961,660               | --                | --           |
| Fixed income funds                    | 6,934,224               | 6,934,224               | --                | --           |
| Balanced funds                        | 5,628,849               | 5,628,849               | --                | --           |
| Retirement date funds                 | 48,786                  | 48,786                  | --                | --           |
| Alternative investment funds          | 725,255                 | 725,255                 | --                | --           |
| Money market funds                    | 56,768,664              | 56,768,664              | --                | --           |
| Common stock                          |                         |                         |                   |              |
| Domestic                              | 87,177,929              | 87,177,929              | --                | --           |
| International                         | 11,591,981              | 11,591,981              | --                | --           |
| Corporate bonds                       | 869,261                 | --                      | 869,261           | --           |
| U.S. government and agency securities | 143,799                 | 143,799                 | --                | --           |
|                                       | <u>198,852,641</u>      | <u>197,983,380</u>      | <u>869,261</u>    | <u>--</u>    |
| Total investments in Master Trust     | <u>\$ 1,451,953,957</u> | <u>\$ 1,451,084,696</u> | <u>\$ 869,261</u> | <u>\$ --</u> |

**LYONDELLBASELL SAVINGS PLAN**

**NOTES TO THE FINANCIAL STATEMENTS—(CONTINUED)**

The investments of the Master Trust that are measured at fair value as of December 31, 2013 are summarized below:

|                                       | December 31, 2013       |                         |                   |              |
|---------------------------------------|-------------------------|-------------------------|-------------------|--------------|
|                                       | Fair Value              | Level 1                 | Level 2           | Level 3      |
| Core                                  |                         |                         |                   |              |
| Mutual funds                          |                         |                         |                   |              |
| Domestic equity funds                 | \$ 420,680,263          | \$ 420,680,263          | \$ --             | \$ --        |
| International equity funds            | 86,650,121              | 86,650,121              | --                | --           |
| Fixed income funds                    | 97,086,264              | 97,086,264              | --                | --           |
| Balanced funds                        | 105,679,440             | 105,679,440             | --                | --           |
| Retirement date funds                 | 401,455,583             | 401,455,583             | --                | --           |
| Alternative investment funds          | 2,131,243               | 2,131,243               | --                | --           |
| Money market funds                    | 113,054,262             | 113,054,262             | --                | --           |
|                                       | <u>1,226,737,176</u>    | <u>1,226,737,176</u>    | <u>--</u>         | <u>--</u>    |
| Self-Directed Brokerage Account       |                         |                         |                   |              |
| Mutual funds                          |                         |                         |                   |              |
| Domestic equity funds                 | 23,349,114              | 23,349,114              | --                | --           |
| International equity funds            | 4,769,130               | 4,769,130               | --                | --           |
| Fixed income funds                    | 6,243,307               | 6,243,307               | --                | --           |
| Balanced funds                        | 5,794,603               | 5,794,603               | --                | --           |
| Money market funds                    | 61,095,215              | 61,095,215              | --                | --           |
| Common stock                          |                         |                         |                   |              |
| Domestic                              | 82,006,389              | 82,006,389              | --                | --           |
| International                         | 13,479,019              | 13,479,019              | --                | --           |
| Corporate bonds                       | 923,669                 | --                      | 923,669           | --           |
| U.S. government and agency securities | 121,614                 | 121,614                 | --                | --           |
|                                       | <u>197,782,060</u>      | <u>196,858,391</u>      | <u>923,669</u>    | <u>--</u>    |
| Total investments in Master Trust     | <u>\$ 1,424,519,236</u> | <u>\$ 1,423,595,567</u> | <u>\$ 923,669</u> | <u>\$ --</u> |

## **LYONDELLBASELL SAVINGS PLAN**

### **NOTES TO THE FINANCIAL STATEMENTS—(CONTINUED)**

#### **8. Related-Party Transactions**

Certain Master Trust investments are shares of mutual funds managed by Fidelity Management & Research Company. Fidelity Management Trust Company is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. These party-in-interest transactions are permissible under the provisions of ERISA.

Effective April 1, 2013, a revenue credit account was established under the Plan to which the Trustee credits a negotiated portion of the revenue sharing payments it receives from fund managers with respect to investments under the Plan. The portion of the revenue sharing payments retained by the Trustee is intended to cover the Trustee's routine administrative and trustee fees. The portion credited back to the Plan can be used to pay other reasonable administrative fees of the Plan or allocated to participants' accounts. During the year ended 2014, a total of \$865,471 was credited to the revenue credit account, of which \$232,785 was used to pay administrative fees of the Plan and \$632,686 was allocated to participants' accounts.

Fees reimbursed to Lyondell on behalf of the Plan for certain prior year administrative costs were approximately \$6,228 in 2014.

#### **9. Subsequent Events**

The Company has evaluated subsequent events through July 1, 2015, the date the financial statements were available to be issued.

**LYONDELLBASELL SAVINGS PLAN**

**SUPPLEMENTAL SCHEDULE**

**EIN: 95-4160558, P/N: 007**

**Schedule H, Line 4i- Schedule of Assets (Held at End of Year)  
As of December 31, 2014**

| <b>(a)</b> | <b>(b) Identity of issue,<br/>borrower, lessor or<br/>similar party</b> | <b>(c) Description of investment including<br/>maturity date, rate of interest, collateral, par,<br/>or maturity value</b> | <b>(d) Cost</b> | <b>(e) Current<br/>Value</b> |
|------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------|
| *          | INVESTMENT<br>INTEREST IN THE<br>MASTER TRUST                           | See Note 6                                                                                                                 | **              | \$ 1,354,680,306             |
| *          | PARTICIPANT LOANS                                                       | Interest rates ranging from 3.25%-9.50%;<br>Maturity dates ranging from 2015 to 2024                                       |                 | \$ 30,290,206                |

\* Denotes a party-in-interest transaction as defined by ERISA.

\*\* Cost is omitted for participant-directed investments.