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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>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</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 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u> |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> 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.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</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)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> 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</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>AKZONOBEL RETIREMENT SAVINGS PLAN</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>076</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>09/01/1984</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>076</u>                                                       | <b>1c</b> Effective date of plan<br><u>09/01/1984</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                           | <u>076</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>09/01/1984</u>                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br><u>AKZO NOBEL INC.</u><br><br><br><u>535 MARRIOTT DRIVE</u><br><u>5TH FLOOR</u><br><u>NASHVILLE, TN 37214</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>56-1349341</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>629-208-2414</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>325100</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>56-1349341</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>629-208-2414</u> | <b>2d</b> Business code (see instructions)<br><u>325100</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>56-1349341</u>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>629-208-2414</u>                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>325100</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. | 10/14/2021 | YVETTE WILLIGER                                              |
|                  | 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                      |

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

Form 5500 (2020)  
v. 200204

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> 5097                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <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> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 2350<br><b>6a(2)</b> 2222<br><b>6b</b> 123<br><b>6c</b> 2480<br><b>6d</b> 4825<br><b>6e</b> 29<br><b>6f</b> 4854<br><b>6g</b> 4822<br><b>6h</b> 125                                                                                                                                                                                                                                                                                                                                                                                                |
| <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 2S 2T 3F 3H<br><br><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><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <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><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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**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.

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**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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 \_\_\_\_\_

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|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
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| <b>SCHEDULE C<br/>(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>2020</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020 |                                                             |     |
| <b>A</b> Name of plan<br>AKZONOBEL RETIREMENT SAVINGS PLAN                                 | <b>B</b> Three-digit plan number (PN) ▶                     | 076 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>AKZO NOBEL INC.           | <b>D</b> Employer Identification Number (EIN)<br>56-1349341 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <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 |
| FIDELITY INVESTMENTS OP COMPANY                                                                                   |
| 04-2647786                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <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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**(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)

FINANCIAL ENGINES

77-0473565

| (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 14               | NONE                                                                                              | 514321                                                                 | 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)

FIDELITY INVESTMENTS INSTITUTIONAL

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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 64 65<br>71 50 26   | NONE                                                                                              | 314322                                                                 | 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)

TOWERS WATSON INVESTMENT SERVICES

52-1868818

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 70 15<br>50         | NONE                                                                                              | 187656                                                                 | 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)

WILLIS TOWERS WATSON US LLC

52-0181291

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 99 17 50               | NONE                                                                                              | 19803                                                                  | 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)

BAKER TILLY US, LLP

39-0859910

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 12600                                                                  | 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)

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | 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 |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INST OPS CO                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MULTIPLE SOURCES<br><br>04-2647786                                  | .08% TO 0.40% SEE ATTACHED SCHEDULE                                                                                                                                |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

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

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

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

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

|                    |                     |
|--------------------|---------------------|
| <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:

|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>SCHEDULE D</b><br/><b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security Administration</p> | <p style="text-align: center;"><b>DFE/Participating Plan Information</b></p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p> | <p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;"><b>2020</b></p> <hr/> <p style="text-align: center; font-size: small;"><b>This Form is Open to Public Inspection.</b></p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

|                                                                                                        |                                                                            |  |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--|
| <p><b>A</b> Name of plan<br/><u>AKZONOBEL RETIREMENT SAVINGS PLAN</u></p>                              | <p><b>B</b> Three-digit plan number (PN) ▶ <u>076</u></p>                  |  |
| <p><b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br/><u>AKZO NOBEL INC.</u></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><u>56-1349341</u></p> |  |

|        |                                                                                                                                                                                  |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | <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: AKZONOBEL RETIREMENT SAVINGS MASTER

**b** Name of sponsor of entity listed in (a): AKZO NOBEL INC.

|                                       |                               |                                                                                                                      |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>04-3500520-001</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>852601145</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>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>AKZONOBEL RETIREMENT SAVINGS PLAN</u>                                                                                                                                                                                                        | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>076</u>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>AKZO NOBEL INC.</u>                                                                                                                                                                                  | <b>D</b> Employer Identification Number (EIN)<br><u>56-1349341</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>                  | 970192                | 928082          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  | 483725                | 479064          |
| <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>                  | 11466026              | 9892095         |
| <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>                 | 810756880             | 852601145       |
| <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>                 |                       |                 |

| <b>1d</b> 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>    | 823676823             | 863900386       |

**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> | 823676823 | 863900386 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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> | 17894295   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 15808681   |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 2035404    |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            | 35738380  |
| (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>    |            |           |
| <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> | 580029     |           |
| <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> |            | 580029    |
| (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.<br>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)  |            | 92896799  |
| (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     |            | 129215208 |

**Expenses**

|                                                                                     |       |          |          |
|-------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                 |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 87749496 |          |
| (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) |          | 87749496 |
| f Corrective distributions (see instructions) .....                                 | 2f    |          | 3460     |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |          | 80636    |
| h Interest expense.....                                                             | 2h    |          |          |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) | 220234   |          |
| (2) Contract administrator fees .....                                               | 2i(2) | 314322   |          |
| (3) Investment advisory and management fees .....                                   | 2i(3) | 514321   |          |
| (4) Other.....                                                                      | 2i(4) | 54076    |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                | 2i(5) |          | 1102953  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |          | 88936545 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 40278663 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan.....                                    | 2l(1) |  | 3096     |
| (2) From this plan .....                                 | 2l(2) |  | 58196    |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **BAKER TILLY US,LLP**

(2) EIN: **39-0859910**

**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.) .....

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

|                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                 | No                 | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------|
| <b>b</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.) .....                                                                                |                     |                    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |         |
| <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.) .....                                                                                                                                                                                                            |                     |                    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | 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.) .....                                                                                                                                                                                                 |                     |                    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                        | X                   |                    | 5000000 |
| <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>4f</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | 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? .....                                                                                                                                                                                                                      |                     |                    |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | 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? .....                                                                                                                                                                                                            |                     |                    |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | 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>4i</b>                                                                                                                                                                                                                                                                                                                                                                                       | 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.) .....                                                                                                                                                                    |                     |                    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | 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? .....                                                                                                                                                                                                                             |                     |                    |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                              |                     |                    |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                    |                     |                    |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | 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. ....                                                                                                                                                                                                        |                     |                    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     |                    |         |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                             |                     |                    |         |
| <b>5b</b> 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.)                                                                                                                                                                                    |                     |                    |         |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                    | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |         |
| NOURYON CHEMICALS HOURLY SAVINGS PLAN                                                                                                                                                                                                                                                                                                                                                           | 83-1177040          | 003                |         |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |         |
| <b>5c</b> Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. |                     |                    |         |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<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</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

|                                                                                  |                                                             |
|----------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>AKZONOBEL RETIREMENT SAVINGS PLAN                       | <b>B</b> Three-digit plan number (PN) ▶ 076                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>AKZO NOBEL INC. | <b>D</b> Employer Identification Number (EIN)<br>56-1349341 |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                             |          |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | <b>1</b> | 0 |
| <b>2</b> 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.                                                                                                                                                                                            |          |   |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | <b>3</b> |   |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> 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.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....                                                                                                                                                                                                                    | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> 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 |
| <b>8</b> 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 |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> 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 |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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 |
| <b>12</b> 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, see the Instructions for Form 5500.

Schedule R (Form 5500) 2020  
v. 200204

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

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

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

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

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

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation \_\_\_\_\_

# **AkzoNobel Retirement Savings Plan**

Financial Statements and  
Supplementary Information

December 31, 2020 and 2019

# AkzoNobel Retirement Savings Plan

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December 31, 2020 and 2019

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## **Independent Auditors' Report**

To the Participants and the Akzo Nobel North American Pension Committee of the AkzoNobel Retirement Savings Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of AkzoNobel Retirement Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020 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 these 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.

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the Trustee of the Plan (the Trustee), except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the Plan administrator by the Trustee is complete and accurate.

### ***Disclaimer of Opinion***

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

### ***Other Matter***

The supplementary schedule, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2020, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplementary schedule.

Baker Tilly US, LLP, trading as Baker Tilly, is a member of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities.

## **Report on Form and Content in Compliance with DOL's Rules and Regulations**

The form and content of the information included in the financial statements and supplementary schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Baker Tilly US, LLP*

Chicago, Illinois  
October 12, 2021

## AkzoNobel Retirement Savings Plan

Statements of Net Assets Available for Benefits  
December 31, 2020 and 2019

|                                                                              | <u>2020</u>           | <u>2019</u>           |
|------------------------------------------------------------------------------|-----------------------|-----------------------|
| <b>Assets</b>                                                                |                       |                       |
| Investments in Master Trust:                                                 |                       |                       |
| Plan interest in AkzoNobel Retirement Savings Master Trust at fair value     | \$ 738,356,402        | \$ 704,883,274        |
| Plan Interest in AkzoNobel Retirement Savings Master Trust at contract value | <u>114,244,743</u>    | <u>105,873,606</u>    |
| Total investments in Master Trust                                            | <u>852,601,145</u>    | <u>810,756,880</u>    |
| Receivables:                                                                 |                       |                       |
| Employer contributions                                                       | 928,082               | 970,192               |
| Participant contributions                                                    | 479,064               | 483,725               |
| Notes receivable from participants                                           | <u>9,892,095</u>      | <u>11,466,026</u>     |
| Total receivables                                                            | <u>11,299,241</u>     | <u>12,919,943</u>     |
| Total assets                                                                 | <u>863,900,386</u>    | <u>823,676,823</u>    |
| Net assets available for benefits                                            | <u>\$ 863,900,386</u> | <u>\$ 823,676,823</u> |

See notes to financial statements

## AkzoNobel Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits  
Year Ended December 31, 2020

### Additions

|                                                                                 |               |
|---------------------------------------------------------------------------------|---------------|
| Plan investment gain from interest in AkzoNobel Retirement Savings Master Trust | \$ 92,896,799 |
| Interest income on notes receivable from participants                           | 580,029       |
| Contributions:                                                                  |               |
| Employer                                                                        | 17,894,295    |
| Participant                                                                     | 15,808,681    |
| Rollovers                                                                       | 2,035,404     |
| Total contributions                                                             | 35,738,380    |
| Total additions                                                                 | 129,215,208   |

### Deductions

|                                   |            |
|-----------------------------------|------------|
| Benefits paid to participants     | 87,833,592 |
| Administrative expenses           | 1,102,953  |
| Total deductions                  | 88,936,545 |
| Net increase before net transfers | 40,278,663 |
| Transfers into the Plan (Note 1)  | (55,100)   |
| Net increase after net transfers  | 40,223,563 |

### Net Assets Available for Benefits

|                   |                |
|-------------------|----------------|
| Beginning of Year | 823,676,823    |
| End of Year       | \$ 863,900,386 |

# AkzoNobel Retirement Savings Plan

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Notes to Financial Statements  
December 31, 2020 and 2019

## 1. Description of the Plan

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

### General

The Plan is a defined contribution plan covering salaried and nonunion hourly paid employees of AkzoNobel, Inc. (the Company), the Plan sponsor, as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Employees are immediately eligible to participate in the Plan on his or her date of hire or (October 1, 2010), if later. Fidelity Management Trust Company is the trustee of the Plan (Trustee). The Plan's investments are held in the AkzoNobel, Inc. Savings Master Trust (Master Trust), which also includes investments of the AkzoNobel Hourly Savings Plan, another savings plan sponsored by the Company.

### Contributions

Participants may contribute up to 25 percent of pretax annual compensation and up to 6 percent of after-tax eligible compensation, as defined in the Plan document, up to the maximum limits of the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to applicable limits of the IRC. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover contributions). New employees have 60 days from their date of hire to make an election regarding deferment of eligible compensation. If no such election is made, the employee will be deemed to have elected to defer 3 percent of his or her eligible compensation, until such election is modified or revoked. This assumption of deferral is facilitated through the Plan's automatic enrollment feature. Participants may elect to opt out of deferring compensation by revoking the automatic enrollment option with the Trustee. The Company makes matching and service-based contributions based on the elective contributions made by the participants or based on participant compensation, as defined by Plan provisions. The Company also may make a discretionary service-based contribution or discretionary supplementary allowance contribution each plan year for certain participants as defined in the Plan document. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Effective January 1, 2020, for the first (6) percent of eligible compensation contributed using before-tax contributions and/or Roth after-tax contributions, the Company will add an amount equal to (70) percent of contributions for employees of AkzoNobel Car Refinishes and AkzoNobel Industrial Chemicals, (100) percent of contributions for employees from AkzoNobel Powder Coatings divisions.

### Participant Accounts

Each participant's account is credited with the participant's contributions and the Company's matching contribution, as well as allocation(s) of the Plan's earnings. Participants are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### Vesting

Participants are vested in their contributions and any Company matching contributions plus actual earnings thereon. Company service based contributions are fully vested after three years with no incremental vesting. However, for any employees who are employed past normal retirement date, then they are immediately vested in the Company contributions.

# AkzoNobel Retirement Savings Plan

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Notes to Financial Statements  
December 31, 2020 and 2019

## Forfeited Accounts

As of December 31, 2020 and 2019, forfeited nonvested accounts totaled \$314,317 and \$164,979. These accounts may be used to reduce future Company contributions or Plan expenses. In 2020, the Company's contributions were reduced by \$(226,808) from forfeited nonvested accounts.

## Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance, reduced by their highest outstanding loan balance in the preceding 12 months. The loans are secured by the balance in the participant's account and bear interest at the prime rate based on Reuters Prime Rate on the first business day of the month in which a participant loan becomes effective, plus one percent as defined by the Plan document. Principal and interest is paid ratably through payroll deductions and are reinvested in the investment option(s) selected by the participant. Terms range from one to five years or greater for the purchase of a primary residence.

## Payment of Benefits

On termination of service due to death, disability retirement or other reasons, a participant may elect to receive either a lump-sum distribution equal to the value of the participant's vested interest in their account or periodic partial distributions, as defined by the Plan document. In addition, the Plan allows for hardship distributions if certain criteria are met, as defined by the Plan document. In-service distributions are allowed for participants that have attained the age of 59 1/2.

## Fund Transfers

During 2020, due to participant job transfers and business unit divestitures, certain assets totaling approximately \$55,100, were transferred in to the Plan from the AkzoNobel Hourly Savings Plan, a related plan sponsored by the Company.

## CARES Act

On March 27, 2020, the Coronavirus Aid Relief and Economic Security Act (CARES Act) was signed into law. This aid package was designed to help the economy from the effects of the coronavirus pandemic, several of the provisions of CARES Act affected employee benefit plans. The provisions of the CARES Act were optional. During 2020, the Plan has opted into the following provisions of the CARES Act:

- Hardship distributions - Qualified plan participants were permitted to take a coronavirus-related distribution of up to \$100,000 from the Plan without a 10 percent early withdrawal penalty. Eligible distributions were permitted to be taken up till December 30, 2020. Distributions may be repaid within three years or a participant may elect these distributions to be included in taxable income on a pro rata basis over three years.
- Participant loans - Qualified plan participants with loans outstanding were permitted to defer payment on the loans that were due during 2020 to after January 1, 2021.
- Participant loans - Qualified plan participants may have borrowed up to \$100,000 during 2020 (an increase from \$50,000 previously permitted), these repayments may be delayed to 2021.
- Required minimum distributions (RMDs) - A temporary waiver of required minimum distributions rules permitted participants to suspend their RMDs for 2020 for participants that turned 70 ½ in 2019 and 72 in 2020.

# AkzoNobel Retirement Savings Plan

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Notes to Financial Statements  
December 31, 2020 and 2019

## 2. Summary of Significant Accounting Policies

### Basis of Accounting

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

### Use of Estimates

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

### Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract 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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Investment income and losses relating to the Master Trust are allocated to individual plans based upon each Plan's undivided interest in the Master Trust.

### Fixed Income Fund

The Plan invests in the AkzoNobel Fixed Income Fund (the Fund), a separately managed account through the Master Trust. The Fund is managed by Galliard Capital Management (the Fund Manager). The Fund is valued based on its underlying assets, which consist of security-backed synthetic guaranteed investment contracts (synthetic GICs) and collective trust funds. The Plan owns the underlying investments associated with the synthetic GICs which are held within Wells Fargo-Managed Fixed Income Funds. The synthetic GIC contracts within the Fund are considered fully benefit responsive. Contract value represents contributions made under the contract, plus interest accrued at the contract rate, less any withdrawals. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits presents the contract value of the Plan's interest in the Master Trust for the synthetic GICs held by Fund. The statements of net assets available for benefits present the fair value of the Plan's interest in the Master Trust's investment for the collective trust funds held by Fund, which are valued at the NAV of units of the underlying collective trust funds.

### Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. Related fees are recorded as administrative expenses and are expensed when they are incurred. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2020 and 2019.

## AkzoNobel Retirement Savings Plan

Notes to Financial Statements

December 31, 2020 and 2019

### Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Certain investment related expenses are included in the Plan investment loss in the Master Trust.

### Payment of Benefits

Benefits are recorded when paid.

### 3. Plan's Interest in Master Trust (Unaudited)

The Plan's assets are in the Master Trust, which was established for the investment of assets of the Plan and other Company-sponsored retirement plans. Each participating retirement Plan has an undivided interest in the Master Trust based on each Plan's investment options chosen by their respective participants. The assets of the Master Trust are held by the Trustee.

The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. At December 31, 2020 and 2019, the Plan's undivided interest in the net assets of the Master Trust was approximately 99 percent and 1 percent, respectively. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon each Plan's interest in the Master Trust, unless fees are directly related to the Plan.

The following table presents the investments other assets and liabilities of the Master Trust and the Plan's undivided interest as of December 31, 2020 and 2019:

|                                                     | <b>2020</b>                      |                                                        |
|-----------------------------------------------------|----------------------------------|--------------------------------------------------------|
|                                                     | <b>Master Trust<br/>Balances</b> | <b>Plan's Interest<br/>in Master Trust<br/>Balance</b> |
| <b>Investments at Fair Value</b>                    |                                  |                                                        |
| Shares of registered investment companies           | \$ 54,169,366                    | \$ 324,175,681                                         |
| Money market fund                                   | 18,824,208                       | 18,601,297                                             |
| Self-directed brokerage account                     | 21,941,183                       | 21,703,144                                             |
| Units of common/collective trusts                   | 654,377,300                      | 373,876,280                                            |
| Total investments at fair value                     | 749,312,057                      | 738,356,402                                            |
| <b>Net Assets of Master Trust at Contract Value</b> |                                  |                                                        |
| Synthetic GICs                                      | 114,434,727                      | 114,244,743                                            |
| Total Master Trust assets                           | <u>\$ 863,746,784</u>            | <u>\$ 852,601,145</u>                                  |

## AkzoNobel Retirement Savings Plan

Notes to Financial Statements  
December 31, 2020 and 2019

|                                                     | 2019                     |                                               |
|-----------------------------------------------------|--------------------------|-----------------------------------------------|
|                                                     | Master Trust<br>Balances | Plan's Interest<br>in Master Trust<br>Balance |
| <b>Investments at Fair Value</b>                    |                          |                                               |
| Shares of registered investment companies           | \$ 316,360,030           | \$ 312,911,776                                |
| Money market fund                                   | 15,019,101               | 14,776,561                                    |
| Self-directed brokerage account                     | 20,043,097               | 19,864,438                                    |
| Units of common/collective trusts                   | 363,743,544              | 357,330,499                                   |
| Total investments at fair value                     | 715,165,772              | 704,883,274                                   |
| <b>Net Assets of Master Trust at Contract Value</b> |                          |                                               |
| Synthetic GICs                                      | 106,256,508              | 105,873,606                                   |
| Total Master Trust assets                           | <u>\$ 821,422,280</u>    | <u>\$ 810,756,880</u>                         |

The following net appreciation in the fair value of investments and investment income for the Master Trust for period January 1, 2020 through December 31, 2020:

|                                               |                      |
|-----------------------------------------------|----------------------|
| Net appreciation in fair value of investments | \$ 93,073,914        |
| Interest and dividends                        | <u>1,070,479</u>     |
| Total investment gain of Master Trust         | <u>\$ 94,144,393</u> |

#### 4. Information Prepared and Certified by Trustee, Unaudited

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan's Trustee has certified that the following data included in the accompanying financial statements and supplementary schedule is complete and accurate:

- Plan interest in the Master Trust (fair value and contract value) and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2020 and 2019.
- Plan investment gain from the Master Trust and interest income on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2020.
- Schedule H, Line 4(i), Schedule of Assets (Held at End of Year) as of December 31, 2020.
- Investment information included in Master Trust (Note 3).

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplementary schedule. The pending transfer to another plan has not been certified by the Plan's Trustee.

# AkzoNobel Retirement Savings Plan

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Notes to Financial Statements  
December 31, 2020 and 2019

## 5. Fair Value Measurements, Master Trust

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted market prices for identical assets in active markets that the Plan has the ability to access.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observables and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets of the Master Trust measured at fair value. There has been no changes in the methodologies used at December 31, 2020 and 2019.

**Shares of registered investment companies (Level 1):** Registered investment companies (mutual funds) are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

**Money market fund (Level 1):** Money market fund is valued at the quoted NAV of shares held by the Plan at year end.

**Self-directed brokerage account (Level 1):** The fair values of investments in the self-directed brokerage account are determined by obtaining quoted market prices from a nationally recognized exchange.

**Units of collective trusts:** The collective trust funds are valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

## AkzoNobel Retirement Savings Plan

Notes to Financial Statements  
December 31, 2020 and 2019

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the assets held by the Master Trust measured at fair value as of December 31, 2020 and 2019:

| <b>Assets at Fair Value as of December 31, 2020</b> |                      |                |                |                       |
|-----------------------------------------------------|----------------------|----------------|----------------|-----------------------|
|                                                     | <b>Level 1</b>       | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>          |
| Shares of registered investment companies           | \$ 54,169,366        | \$ -           | \$ -           | \$ 54,169,366         |
| Money market                                        | 18,824,208           | -              | -              | 18,824,208            |
| Self-directed brokerage account                     | 21,941,183           | -              | -              | 21,941,183            |
| Total investments                                   | <u>\$ 94,934,757</u> | <u>\$ -</u>    | <u>\$ -</u>    | <u>94,934,757</u>     |
| Investments measured at net asset value:            |                      |                |                |                       |
| Collective trusts (a)                               |                      |                |                | <u>654,377,300</u>    |
| Investments at fair value                           |                      |                |                | <u>\$ 749,312,057</u> |

| <b>Assets at Fair Value as of December 31, 2019</b> |                       |                |                |                       |
|-----------------------------------------------------|-----------------------|----------------|----------------|-----------------------|
|                                                     | <b>Level 1</b>        | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>          |
| Shares of registered investment companies           | \$ 316,360,030        | \$ -           | \$ -           | \$ 316,360,030        |
| Money market                                        | 15,019,101            | -              | -              | 15,019,101            |
| Self-directed brokerage account                     | 20,043,097            | -              | -              | 20,043,097            |
| Total investments                                   | <u>\$ 351,422,228</u> | <u>\$ -</u>    | <u>\$ -</u>    | <u>351,422,228</u>    |
| Investments measured at net asset value (a)         |                       |                |                | <u>363,743,544</u>    |
| Investments at fair value                           |                       |                |                | <u>\$ 715,165,772</u> |

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy.

## AkzoNobel Retirement Savings Plan

Notes to Financial Statements

December 31, 2020 and 2019

The following table sets forth the fair value of investments in certain collective trust funds that calculate NAV per share (or its equivalent):

| Investment                               | 2020<br>Fair Value    | 2019<br>Fair Value    | Unfunded<br>Commitment | Redemption<br>Frequency            | Redemption<br>Notice Period |
|------------------------------------------|-----------------------|-----------------------|------------------------|------------------------------------|-----------------------------|
| BGI Lifepath Retirement Fund - Class G   | \$ 73,554,567         | \$ 74,019,647         | \$ -                   | - Up to discretion of fund trustee | None                        |
| BGI Lifepath 2025 Fund - Class G         | 79,117,160            | 74,065,235            | -                      | - Up to discretion of fund trustee | None                        |
| BGI Lifepath 2030 Fund - Class G         | 84,609,606            | 77,140,848            | -                      | - Up to discretion of fund trustee | None                        |
| BGI Lifepath 2035 Fund - Class G         | 53,502,863            | 53,846,338            | -                      | - Up to discretion of fund trustee | None                        |
| BGI Lifepath 2040 Fund - Class G         | 37,236,714            | 34,653,889            | -                      | - Up to discretion of fund trustee | None                        |
| BGI Lifepath 2045 Fund - Class G         | 21,544,867            | 20,710,609            | -                      | - Up to discretion of fund trustee | None                        |
| BGI Lifepath 2050 Fund - Class G         | 15,635,567            | 15,212,356            | -                      | - Up to discretion of fund trustee | None                        |
| BGI Lifepath 2050 Fund - Class GG        | 11,689,904            | 10,075,833            | -                      | - Up to discretion of fund trustee | None                        |
| BGI Lifepath 2060 Fund - Class G         | 1,394,761             | 859,788               | -                      | - Up to discretion of fund trustee | None                        |
| SS RSL SMMDCP NL A                       | 57,910,880            | -                     | -                      | - Up to discretion of fund trustee | None                        |
| SS S&P 500 Index NL A                    | 145,034,229           | -                     | -                      | - Up to discretion of fund trustee | None                        |
| SS US Bond Index NL A                    | 71,167,815            | -                     | -                      | - Up to discretion of fund trustee | None                        |
| Wells Fargo Short-Term Investment Fund S | -                     | 3,159,001             | -                      | Daily                              | None                        |
| Total                                    | <u>\$ 652,398,933</u> | <u>\$ 363,743,544</u> |                        |                                    |                             |

### 6. Investment in AkzoNobel Fixed Income Fund

At December 31, 2020 and 2019, the Master Trust is invested in the AkzoNobel Fixed Income Fund, (the Fund). The Fund is principally invested in synthetic GICs and collective trust funds.

The synthetic GICs are composed of underlying security-backed assets and wrappers, which are contracts that enable withdrawals to be made at contract value rather than at the fair value of the underlying assets. The contracts have underlying assets invested in common/collective trusts. Contract crediting rates for synthetic GICs are reset at least quarterly, as specified in the respective contracts and will have an interest crediting rate not less than zero percent. Formulas are provided in each contract that adjusts renewal crediting rates to recognize the difference between the fair value and the book value of the underlying assets.

The Fund holds investments in the Wells Fargo Stable Value Fund W and the Wells Fargo Short-Term Investment Fund S, which are collective trust funds, as of December 31, 2020 and 2019.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

## AkzoNobel Retirement Savings Plan

Notes to Financial Statements  
December 31, 2020 and 2019

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.

The Fund is made of the following underlying assets:

|                                | <u>2020</u>           | <u>2019</u>           |
|--------------------------------|-----------------------|-----------------------|
| AkzoNobel Fixed Income Fund:   |                       |                       |
| Synthetic investment contracts | \$ 114,434,727        | \$ 106,256,508        |
| Collective trust funds         | <u>1,783,090</u>      | <u>3,159,001</u>      |
| Total                          | <u>\$ 116,217,817</u> | <u>\$ 109,415,509</u> |

The following table details the interest crediting rates of the Fund at December 31, 2020 and 2019, for each of the synthetic GICs:

|                                         | <u>2020</u> | <u>2019</u> |
|-----------------------------------------|-------------|-------------|
| Synthetic investment contracts:         |             |             |
| Metropolitan Life Insurance Co.         | 2.23%       | 2.70%       |
| Prudential Insurance Company of America | 2.63%       | 3.06%       |
| Transamerica Premier Life Insurance Co  | 2.47%       | 2.79%       |
| American General Life Insurance         | 2.63%       | 3.01%       |

### 7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their Company contributions.

### 8. Related Party and Party-In-Interest Transactions

Certain of the Plan's investments are managed by the Trustee, and therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment manager services are included in Plan investment loss in the Master Trust, as they are paid through revenue sharing, rather than a direct payment. Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transaction qualify as party-in-interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

# AkzoNobel Retirement Savings Plan

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Notes to Financial Statements  
December 31, 2020 and 2019

## 9. Tax Status

The IRS has determined and informed the Company by a letter dated January 19, 2018, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

U.S. GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## 10. Risks and Uncertainties

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

As of December 31, 2020 and 2019, the Master Trust held investments of \$261,447,325 and \$253,279,349 that were concentrated in two funds.

## 11. Administration of Plan Assets

The Plan's assets are administered under a contract with the Trustee. The Trustee invests funds received from contributions, investment sales, interest and dividend income and makes distribution payments to participants.

## 12. Subsequent Events

The Plan administrator has evaluated subsequent events through October 12, 2021, which is the date that the financial statements were approved and available to be issued, for events requiring recording or disclosure in the Plan's financial statements.

## AkzoNobel Retirement Savings Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 56-1349341 Plan Number: 076

December 31, 2020

| (a)                                       | (b)<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | (c)<br>Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current Value  |
|-------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|-----------------------|
| <b>Investments</b>                        |                                                                 |                                                                                                                  |             |                       |
|                                           | Master Trust                                                    | Plan interest in AkzoNobel Retirement Savings<br>Master Trust                                                    | N/R         | \$ 738,356,402        |
| <b>Notes Receivable From Participants</b> |                                                                 |                                                                                                                  |             |                       |
| *                                         | Participant Loans                                               | Maturities varying from 0 to 5 years and interest rates<br>varying from 4.25% to 6.50%                           | \$0         | <u>9,892,095</u>      |
|                                           |                                                                 |                                                                                                                  |             | <u>\$ 748,248,497</u> |

- \* A party in interest as defined by ERISA  
N/R - cost omitted for participant directed investments.

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME<br><i>Part I, Line 3(a)</i>           | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA)<br><i>Part I, Line 3(e)</i> |
|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | INVESCO SENIOR FLOATING RATE A                                      | 11 GREENWAY PLAZA SUITE 100 HOUSTON TX US 77046                               | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | JOHCM INTERNATIONAL SELECT FUND CL                                  | 14 RYDER STREET RYDER COURT GROUN LONDON GB GB SW1Y 6QB                       | 0.08%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | AMERICAN BEACON ARK TRANS INNOVTN I                                 | 220 EAST LAS COLINAS BLVD SUITE 12 IRVING TX US 75039                         | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | AMERICAN CENTURY GL REAL ESTATE INV                                 | 4400 MAIN ST 1ST FLOOR KANSAS CITY MO US 64111                                | 0.35%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | ARTISAN SMALL CAP FUND INVESTOR CL                                  | 875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE WI US 53202                     | 0.39%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME<br><i>Part I, Line 3(a)</i>           | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA)<br><i>Part I, Line 3(e)</i> |
|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | ARTISAN INTERNATL INVESTOR CLASS                                    | 875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE WI US 53202                     | 0.39%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | ARTISAN GLOBAL OPPORTUNITIES INV                                    | 875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE WI US 53202                     | 0.39%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | BNY MELLON INCOME STOCK INVESTOR SH                                 | 144 GLENN CURTISS BLVD 8TH FLOOR UNIONDALE NY US 11556                        | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | BARON DISCOVERY FUND INSTL SHARES                                   | 767 5TH AVENUE 49TH FLOOR NEW YORK NY US 10153                                | 0.10%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | BARON DISCOVERY FUNDRETAIL SHARES                                   | 767 5TH AVENUE 49TH FLOOR NEW YORK NY US 10153                                | 0.40%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME<br><i>Part I, Line 3(a)</i>           | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA)<br><i>Part I, Line 3(e)</i> |
|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | BARON GLOBAL ADVANTAGE FD RETAIL                                    | 767 5TH AVENUE 49TH FLOOR<br>NEW YORK NY<br>US 10153                          | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | BERKSHIRE FOCUS FUND                                                | 475 MILAN DRIVE<br>SUITE 103<br>SAN JOSE CA<br>US 95134                       | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | BLACKROCK TECHNOLOGY OPPORTUNITIES C                                | 40 EAST 52ND STREET<br>NEW YORK NY<br>US 10022                                | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | ISHARES RUSSELL SM MID CP IDX INV A                                 | 40 EAST 52ND STREET<br>NEW YORK NY<br>US 10022                                | 0.30%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | BUFFALO DISCOVERY FUND                                              | 615 E. MICHIGAN STREET<br>MILWAUKEE WI<br>US 53202                            | 0.40%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME<br><i>Part I, Line 3(a)</i>           | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA)<br><i>Part I, Line 3(e)</i> |
|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | BUFFALO INTERNATIONAL FUND                                          | 615 E. MICHIGAN STREET<br>MILWAUKEE WI<br>US 53202                            | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | BUFFALO GROWTH FUND                                                 | 615 E. MICHIGAN STREET<br>MILWAUKEE WI<br>US 53202                            | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | CALVERT US MID CAP CORE RSPNSBL IND                                 | 4550 MONTGOMERY AVENUESUITE 1000 N<br>BETHESDA MD<br>US 20814                 | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | FULLER & THALER BEHV SMALL CAP EQTY                                 | 411 BOREL AVENUE<br>SUITE 300<br>SAN MATEO CA<br>US 94402                     | 0.10%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | COLUMBIA ACORN EUROPEAN FUND CL A                                   | 225 FRANKLIN ST BX25<br>10320<br>BOSTON MA<br>US 02110                        | 0.40%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME<br><i>Part I, Line 3(a)</i>           | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA)<br><i>Part I, Line 3(e)</i> |
|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | COLUMBIA DIVIDEND INCOME CL A                                       | 225 FRANKLIN ST BX25<br>10320<br>BOSTON MA<br>US 02110                        | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | COLUMBIA DIVIDEND INCOME FUND CL I2                                 | 225 FRANKLIN ST BX25<br>10320<br>BOSTON MA<br>US 02110                        | 0.15%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | CULLEN HIGH DIVIDENDEQUITY FUND RET                                 | 645 FIFTH AVENUE<br>NEW YORK NY<br>US 10022                                   | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | DFA EMERGING MRKTS CORE EQU PORTF                                   | 6300 BEE CAVES ROAD<br>BUILDING ONE<br>AUSTIN TX<br>US 78746                  | 0.02%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | DFA INT'L SMALL CAP VALUE                                           | 6300 BEE CAVES ROAD<br>BUILDING ONE<br>AUSTIN TX<br>US 78746                  | 0.02%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME<br><i>Part I, Line 3(a)</i>           | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA)<br><i>Part I, Line 3(e)</i> |
|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | DFA US LARGE CAP VALUE PRTF INSTL                                   | 6300 BEE CAVES ROAD<br>BUILDING ONE<br>AUSTIN TX<br>US 78746                  | 0.02%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | DFA U.S. LARGE CAP GROWTH PORT INST                                 | 6300 BEE CAVES ROAD<br>BUILDING ONE<br>AUSTIN TX<br>US 78746                  | 0.02%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | DWS RREEF REAL ESTATE SECURITIES A                                  | 280 PARK AVE<br>FINANCE PCAM CTRL<br>9T<br>NEW YORK NY<br>US 10026            | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | FMI INTERNATIONAL                                                   | 777 EAST WISCONSIN AVENUE MK WI T4M<br>MILWAUKEE WI<br>US 53202               | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | FIRST EAGLE GOLD CLASS A                                            | 1345 AVENUE OF THE AMERICAS 48TH FL<br>NEW YORK NY<br>US 10105                | 0.40%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME<br><i>Part I, Line 3(a)</i>           | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA)<br><i>Part I, Line 3(e)</i> |
|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | FRANKLIN DYNATECH FUND A                                            | 100 FOUNTAIN PARKWAY<br>ST. PETERSBURG FL<br>US 33716                         | \$16.00                                                                               |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | POLEN GROWTH FUND INST'L SHARES                                     | 1825 NW CORPORATE BLVD SUITE 300<br>BOCA RATON FL<br>US 33431                 | 0.12%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | GABELLI ASSET FUND AAA                                              | 401 THEODORE FREMD. AVE.<br>RYE NY<br>US 10580                                | 0.35%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | GABELLI GOLD FUND CLAAA                                             | 401 THEODORE FREMD. AVE.<br>RYE NY<br>US 10580                                | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | GABELLI SMALL CAP GROWTH AAA                                        | 401 THEODORE FREMD. AVE.<br>RYE NY<br>US 10580                                | 0.35%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME<br><i>Part I, Line 3(a)</i>           | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA)<br><i>Part I, Line 3(e)</i> |
|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | GLENMEDE LARGE CAP CORE                                             | 1650 MARKET ST. SUITE 1200<br>PHILADELPHIA PA<br>US 19103                     | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | GOLDMAN SACHS INTL SM CAP INSIGHTS                                  | 71 S. WACKER DRIVE<br>4TH FLOOR<br>CHICAGO IL<br>US 60606                     | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | GOLDMAN SACHS MLP ENERGY INFRSTCTR                                  | 71 S. WACKER DRIVE<br>4TH FLOOR<br>CHICAGO IL<br>US 60606                     | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | AMERICAN GROWTH FUND OF AMERICA CLAS                                | 3500 WISEMAN BLVD<br>SAN ANTONIO TX<br>US 782514321                           | \$18.00                                                                               |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | JOHN HANCOCK FDMTL LRG CAP CORE CL                                  | 601 CONGRESS ST. 9TH FL.<br>BOSTON MA<br>US 02210                             | 0.10%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME<br><i>Part I, Line 3(a)</i>           | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA)<br><i>Part I, Line 3(e)</i> |
|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | HARDING LOEVNER EMERG MRKTS PORT AD                                 | PO BOX 4766<br>CHICAGO IL<br>US 60680                                         | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | OAKMARK INTL INVESTOR CL                                            | 111 SOUTH WACKER DR.<br>CHICAGO IL<br>US 60606                                | 0.35%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | OAKMARK EQUITY & INCOME INVESTOR CL                                 | 111 SOUTH WACKER DR.<br>CHICAGO IL<br>US 60606                                | 0.35%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | HARTFORD STRATEGIC INCOME FUND CL A                                 | 100 MATSONFORD RD<br>STE 300<br>RADNOR PA<br>US 19087                         | 0.35%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | HENNESSY FOCUS FUND INVESTOR CLASS                                  | 7250 REDWOOD BLVD.<br>STE 200<br>NOVATO CA<br>US 94945                        | 0.40%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

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|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | HENNESSY BP ENERGY INVESTOR CL                                      | 7250 REDWOOD BLVD.<br>STE 200<br>NOVATO CA<br>US 94945                        | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | HENNESSY GAS UTILITYINVESTOR CL                                     | 7250 REDWOOD BLVD.<br>STE 200<br>NOVATO CA<br>US 94945                        | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | RNC GENTER DIVIDEND INCOME FUND                                     | 2220 E ROUTE 66<br>GLEN DORA CA<br>US 91740                                   | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | JPMORGAN GL BOND OPPORTUNITIES FUND                                 | 1111 POLARIS PARKWAY<br>COLUMBUS OH<br>US 43240                               | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | JANUS HENDERSON GLOB TECH & INNOV I                                 | 151 DETROIT ST.<br>DENVER CO<br>US 80206                                      | \$14.00                                                                               |

## SCHEDULE C SUPPLEMENTAL REPORT

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|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | JANUS HENDERSON VENTURE T                                           | 151 DETROIT ST.<br>DENVER CO<br>US 80206                                      | 0.35%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | JANUS HENDERSON TRITON T                                            | 151 DETROIT ST.<br>DENVER CO<br>US 80206                                      | 0.35%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | JANUS HENDERSON GLOB TECH & INNOV T                                 | 151 DETROIT ST.<br>DENVER CO<br>US 80206                                      | 0.35%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | JANUS HENDERSON GL LIFE SCIENCES T                                  | 151 DETROIT ST.<br>DENVER CO<br>US 80206                                      | 0.35%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | JANUS HENDERSON OVERSEAS T                                          | 151 DETROIT ST.<br>DENVER CO<br>US 80206                                      | 0.35%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

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|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | JENSEN QUALITY GROWTH FD CL J                                       | 811 E. WISCONSIN AVE<br>8TH FLOOR<br>MILWAUKEE WI<br>US 53202                 | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | JPMORGAN EUROPE DYNAMIC CLASS L                                     | 1111 POLARIS PARKWAY<br>COLUMBUS OH<br>US 43240                               | 0.08%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | LOCORR MACRO STRATEGIES FD CL I                                     | 261 SCHOOL AVENUE<br>4TH FLOOR<br>EXCELSIOR MN<br>US 55331                    | 0.15%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | LOOMIS SAYLES BOND RETAIL SHARES                                    | 399 BOYLSTON STREET<br>8TH FL<br>BOSTON MA<br>US 02116                        | 0.35%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | MFS LOW VOLATILITY EQUITY CLASS I                                   | 111 HUNTINGTON AVE<br>BOSTON MA<br>US 021997632                               | 0.08%                                                                                 |

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|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | JACKSON SQUARE SMID CAP GROWTH INST                                 | 1 LETTERMAN DRIVE<br>SAN FRANCISCO CA<br>US 94129                             | 0.12%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | MATTHEWS CHINA SMALLCOMPANIES INVES                                 | 4 EMBARCADERO CENTER SUITE 550<br>SAN FRANCISCO CA<br>US 94111                | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | MATTHEWS EMERGING ASIA FUND INSTL                                   | 4 EMBARCADERO CENTER SUITE 550<br>SAN FRANCISCO CA<br>US 94111                | 0.10%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | MATTHEWS KOREA FUND                                                 | 4 EMBARCADERO CENTER SUITE 550<br>SAN FRANCISCO CA<br>US 94111                | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | MATTHEWS ASIAN INNOVATORS FD INVST                                  | 4 EMBARCADERO CENTER SUITE 550<br>SAN FRANCISCO CA<br>US 94111                | 0.40%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME<br><i>Part I, Line 3(a)</i>           | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA)<br><i>Part I, Line 3(e)</i> |
|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | MEEDER DYNAMIC ALLOCATION RETAIL                                    | 6125 MEMORIAL DRIVE<br>DUBLIN OH<br>US 43017                                  | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | THE MERGER FUND CL I                                                | 100 SUMMIT LAKE DRIVE #201<br>VALHALLA NY<br>US 10595                         | 0.15%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | MORGAN STANLEY EUROPEAN OPPORT CL A                                 | 522 FIFTH AVENUE 4TH FLOOR<br>NEW YORK NY<br>US 10036                         | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | MORGAN STANLEY DISCOVERY PORT CL A                                  | 522 FIFTH AVENUE 4TH FLOOR<br>NEW YORK NY<br>US 10036                         | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | MORGAN STANLEY GROWTH PORTFOLIO A                                   | 522 FIFTH AVENUE 4TH FLOOR<br>NEW YORK NY<br>US 10036                         | 0.40%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME<br><i>Part I, Line 3(a)</i>           | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA)<br><i>Part I, Line 3(e)</i> |
|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | MORGAN STANLEY GROWTH PORTFOLIO I                                   | 522 FIFTH AVENUE 4TH FLOOR<br>NEW YORK NY<br>US 10036                         | 0.10%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | MORGAN STANLEY INTL ADVANTAGE CL A                                  | 522 FIFTH AVENUE 4TH FLOOR<br>NEW YORK NY<br>US 10036                         | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | MORGAN STANLEY GLOBAL OPPORTUNITY A                                 | 522 FIFTH AVENUE 4TH FLOOR<br>NEW YORK NY<br>US 10036                         | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | ALPHACENTRIC INCOME OPPORTUNITIES C                                 | 80 ARKAY DRIVE<br>HAUPPAUGE NY<br>US 11788                                    | 0.15%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | EVENTIDE HEALTHCARE AND LIFE SCIENC                                 | 80 ARKAY SUITE 110<br>HAUPPAUGE NY<br>US 11788                                | 0.40%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME<br><i>Part I, Line 3(a)</i>           | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA)<br><i>Part I, Line 3(e)</i> |
|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | NEEDHAM SMALL CAP GROWTH                                            | 445 PARK AVE. 15TH FLOOR<br>NEW YORK NY<br>US 10022                           | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | RED OAK TECHNOLOGY SELECT                                           | 225 PICTORIA DRIVE<br>SUITE 450<br>CINCINNATI OH<br>US 45246                  | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | PIMCO TOTAL RETURN CLASS A                                          | 1633 BROADWAY<br>NEW YORK NY<br>US 10019                                      | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | PIMCO EMERGING MARKETS BOND FUND A                                  | 1633 BROADWAY<br>NEW YORK NY<br>US 10019                                      | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | PACIFIC FUNDS SHORT DURATION INCOME                                 | 700 NEWPORT CENTER DRIVE<br>NEWPORT BEACH CA<br>US 92660                      | 0.10%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME<br><i>Part I, Line 3(a)</i>           | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA)<br><i>Part I, Line 3(e)</i> |
|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | PARNASSUS MID CAP                                                   | ONE MARKET STREET<br>STEUART TOWER SUI<br>SAN FRANCISCO CA<br>US 94105        | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | PERMANENT PORTFOLIO                                                 | 600 MONTGOMERY ST.<br>SUITE 4100<br>SAN FRANCISCO CA<br>US 941112702          | 0.38%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | PIMCO INVESTMENT GR CREDIT BOND FUN                                 | 1633 BROADWAY<br>NEW YORK NY<br>US 10019                                      | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | PIMCO REAL ESTATE REAL RETURN STRAT                                 | 1633 BROADWAY<br>NEW YORK NY<br>US 10019                                      | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | PIMCO INCOME FUND CL A                                              | 1633 BROADWAY<br>NEW YORK NY<br>US 10019                                      | 0.40%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME<br><i>Part I, Line 3(a)</i>           | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA)<br><i>Part I, Line 3(e)</i> |
|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | PIMCO STOCKSPUS SMALL FUND A                                        | 1633 BROADWAY<br>NEW YORK NY<br>US 10019                                      | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | T ROWE PRICE COMM & TECHNOLOGY INVE                                 | 4515 PAINTERS MILL RD<br>OWINGS MILLS MD<br>US 21117                          | 0.15%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | T ROWE PRICE HEALTH SCIENCES                                        | 4515 PAINTERS MILL RD<br>OWINGS MILLS MD<br>US 21117                          | 0.15%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | T ROWE PRICE GLOBAL TECHNOLOGY                                      | 4515 PAINTERS MILL RD<br>OWINGS MILLS MD<br>US 21117                          | 0.15%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | PRIMECAP ODYSSEY GROWTH FUND                                        | 2020 E. FINANCIAL WAY SUITE 100<br>GLEN DORA CA<br>US 91741                   | 0.10%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME<br><i>Part I, Line 3(a)</i>           | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA)<br><i>Part I, Line 3(e)</i> |
|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | HODGES BLUE CHIP EQUITY INCOME RETA                                 | 2905 MAPLE AVENUE<br>DALLAS TX<br>US 75201                                    | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | PUTNAM GLOBAL TECHNOLOGY FUND CL A                                  | ONE POST OFFICE SQUARE MAILZONE G3C<br>BOSTON MA<br>US 02109                  | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | PUTNAM FOCUSED EQ FUND CLASS A                                      | ONE POST OFFICE SQUARE MAILZONE G3C<br>BOSTON MA<br>US 02109                  | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | T ROWE PRICE FINANCIAL SERVICES                                     | 4515 PAINTERS MILL RD<br>OWINGS MILLS MD<br>US 21117                          | 0.15%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | T ROWE PRICE U.S. EQUITY RESEARCH FD                                | 4515 PAINTERS MILL RD<br>OWINGS MILLS MD<br>US 21117                          | 0.15%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME<br><i>Part I, Line 3(a)</i>           | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA)<br><i>Part I, Line 3(e)</i> |
|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | T ROWE PRICE BLUE CHIP GROWTH INC                                   | 4515 PAINTERS MILL RD<br>OWINGS MILLS MD<br>US 21117                          | 0.15%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | T ROWE PRICE GLOBAL CONSUMER FUND I                                 | 4515 PAINTERS MILL RD<br>OWINGS MILLS MD<br>US 21117                          | 0.15%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | T ROWE PRICE US TREA LONG TERM INDE                                 | 4515 PAINTERS MILL RD<br>OWINGS MILLS MD<br>US 21117                          | 0.15%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | T ROWE PRICE INFLATION PROT BD FD                                   | 4515 PAINTERS MILL RD<br>OWINGS MILLS MD<br>US 21117                          | 0.15%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | RYDEX TRANSPORTATIONINVESTOR CLASS                                  | 9601 BLACKWELL RD.<br>STE. 500<br>ROCKVILLE MD<br>US 20850                    | 0.40%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME<br><i>Part I, Line 3(a)</i>           | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA)<br><i>Part I, Line 3(e)</i> |
|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | RYDEX RETAILING INV CLASS                                           | 9601 BLACKWELL RD.<br>STE. 500<br>ROCKVILLE MD<br>US 20850                    | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | SA REAL ESTATE SEC FD SELECT SHARE                                  | 10 ALMADEN BLVD<br>15TH FLOOR<br>SAN JOSE CA<br>US 95113                      | 0.10%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | SA EMERGING MRKTS VAL FD SELECT SHA                                 | 10 ALMADEN BLVD<br>15TH FLOOR<br>SAN JOSE CA<br>US 95113                      | 0.10%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | SA INTL SMALL CO FD SELECT SHARE CL                                 | 10 ALMADEN BLVD<br>15TH FLOOR<br>SAN JOSE CA<br>US 95113                      | 0.10%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | SA INTERNATIONAL VAL FD SELECT SHAR                                 | 10 ALMADEN BLVD<br>15TH FLOOR<br>SAN JOSE CA<br>US 95113                      | 0.10%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME<br><i>Part I, Line 3(a)</i>           | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA)<br><i>Part I, Line 3(e)</i> |
|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | SA U.S. SMALL CO FUND SELECT SHARE                                  | 10 ALMADEN BLVD<br>15TH FLOOR<br>SAN JOSE CA<br>US 95113                      | 0.10%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | SA U.S. VALUE FUND SELECT SHARE CLA                                 | 10 ALMADEN BLVD<br>15TH FLOOR<br>SAN JOSE CA<br>US 95113                      | 0.10%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | SA U.S. CORE MARKET FD SELECT SHARE                                 | 10 ALMADEN BLVD<br>15TH FLOOR<br>SAN JOSE CA<br>US 95113                      | 0.10%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | SA GLOBAL FIXED INC FD SELECT SHARE                                 | 10 ALMADEN BLVD<br>15TH FLOOR<br>SAN JOSE CA<br>US 95113                      | 0.10%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | SA U.S. FIXED INCOME FUND SELECT SH                                 | 10 ALMADEN BLVD<br>15TH FLOOR<br>SAN JOSE CA<br>US 95113                      | 0.10%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME<br><i>Part I, Line 3(a)</i>           | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA)<br><i>Part I, Line 3(e)</i> |
|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | T ROWE PRICE GLBL ALLOCATION INVEST                                 | 4515 PAINTERS MILL RD<br>OWINGS MILLS MD<br>US 21117                          | 0.15%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | TEMPLETON GLOBAL TOTAL RETURN CL A                                  | 100 FOUNTAIN PARKWAY<br>ST. PETERSBURG FL<br>US 33716                         | \$16.00                                                                               |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | TOUCHSTONE SANDS CAP SEL GRWTH Z                                    | 303 BROADWAY SUITE 1100<br>CINCINNATI OH<br>US 452024203                      | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | USAA SCIENCE & TECHNOLOGY CL A                                      | 4900 TIEDEMAN RD 4TH FLOOR<br>BROOKLYN OH<br>US 44114                         | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | USAA NASDAQ 100 INDEX RETAIL                                        | 4900 TIEDEMAN RD 4TH FLOOR<br>BROOKLYN OH<br>US 44114                         | 0.10%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME<br><i>Part I, Line 3(a)</i>           | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA)<br><i>Part I, Line 3(e)</i> |
|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | USAA SCIENCE & TECHNOLOGY RETAIL                                    | 4900 TIEDEMAN RD 4TH FLOOR<br>BROOKLYN OH<br>US 44114                         | 0.10%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | VALUE LINE ASSET ALLOCATION INVESTO                                 | 7 TIMES SQUARE SUITE 1606<br>NEW YORK NY<br>US 10036                          | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | VAN ECK EMERGING MARKETS CLASS A                                    | 666 3RD AVENUE 9TH FL<br>NEW YORK NY<br>US 10017                              | 0.38%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | VIRTUS DUFF & PHELPS RL ESTATE SECS                                 | 101 MUNSON ST. STE. 3<br>GREENFIELD MA<br>US 01301                            | 0.10%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | VIRTUS ZEVENBERGEN INNOVATIVE GR ST                                 | 101 MUNSON ST. STE. 3<br>GREENFIELD MA<br>US 01301                            | 0.40%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME<br><i>Part I, Line 3(a)</i>           | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA)<br><i>Part I, Line 3(e)</i> |
|-------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | VIRTUS SEIX FLOATINGRATE HIGH INCOM                                 | 101 MUNSON ST. STE. 3<br>GREENFIELD MA<br>US 01301                            | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | WASATCH HOISINGTON US TREASURY                                      | 505 WAKARA WAY<br>SUITE 300<br>SALT LAKE CITY UT<br>US 84108                  | 0.25%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | WASATCH GLOBAL OPPORTUNITIES RETAIL                                 | 505 WAKARA WAY<br>SUITE 300<br>SALT LAKE CITY UT<br>US 84108                  | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | 60                                                                   | \$0                                                         | WESTERN ASSET MACRO OPPORTUNITIES C                                 | 620 8TH AVENUE 49TH FL.<br>NEW YORK NY<br>US 10018                            | 0.40%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

| FUND CODE | NAME OF SOURCE OF INDIRECT COMPENSATION                       | TICKER | PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION            | SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION | AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA) |
|-----------|---------------------------------------------------------------|--------|-------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2363      | FID INTL INDEX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC   | FSPSX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | FUND MANAGEMENT                                                   | 0.03%                                                                                    |
| 2365      | FID EXTD MKT IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC | FSMAX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. | FUND MANAGEMENT                                                   | 0.03%                                                                                    |
| O96P      | BTC LIFEPAATH RET J                                           |        | BLACKROCK                                                   | SEE NOTE *2                                                       | 0.07%*5                                                                                  |
| O96Q      | BTC LIFEPAATH 2025 J                                          |        | BLACKROCK                                                   | SEE NOTE *2                                                       | 0.07%*5                                                                                  |
| O96R      | BTC LIFEPAATH 2030 J                                          |        | BLACKROCK                                                   | SEE NOTE *2                                                       | 0.07%*5                                                                                  |

## SCHEDULE C SUPPLEMENTAL REPORT

## ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

| FUND<br>CODE | NAME OF SOURCE<br>OF INDIRECT<br>COMPENSATION | TICKER | PARTY OR PARTIES<br>RECEIVING INDIRECT<br>COMPENSATION | SERVICES PROVIDED<br>OR PURPOSE OF<br>PAYMENT FOR<br>INDIRECT COMPENSATION | AMOUNT, ESTIMATE<br>OF FORMULA USED<br>TO CALCULATE<br>INDIRECT COMPENSATION<br>(ANNUALIZED<br>FORMULA) |
|--------------|-----------------------------------------------|--------|--------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| O96S         | BTC LIFEPATH 2035 J                           |        | BLACKROCK                                              | SEE NOTE *2                                                                | 0.07%*5                                                                                                 |
| O96T         | BTC LIFEPATH 2040 J                           |        | BLACKROCK                                              | SEE NOTE *2                                                                | 0.07%*5                                                                                                 |
| O96U         | BTC LIFEPATH 2045 J                           |        | BLACKROCK                                              | SEE NOTE *2                                                                | 0.07%*5                                                                                                 |
| O96V         | BTC LIFEPATH 2050 J                           |        | BLACKROCK                                              | SEE NOTE *2                                                                | 0.07%*5                                                                                                 |
| O96W         | BTC LIFEPATH 2055 J                           |        | BLACKROCK                                              | SEE NOTE *2                                                                | 0.07%*5                                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

| FUND<br>CODE | NAME OF SOURCE<br>OF INDIRECT<br>COMPENSATION | TICKER | PARTY OR PARTIES<br>RECEIVING INDIRECT<br>COMPENSATION | SERVICES PROVIDED<br>OR PURPOSE OF<br>PAYMENT FOR<br>INDIRECT COMPENSATION | AMOUNT, ESTIMATE<br>OF FORMULA USED<br>TO CALCULATE<br>INDIRECT COMPENSATION<br>(ANNUALIZED<br>FORMULA) |
|--------------|-----------------------------------------------|--------|--------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| O96X         | BTC LIFEPAATH 2060 J                          |        | BLACKROCK                                              | SEE NOTE *2                                                                | 0.07%*5                                                                                                 |
| OD2X         | BTC LIFEPAATH 2060 G                          |        | BLACKROCK                                              | SEE NOTE *2                                                                | 0.11%*5                                                                                                 |
| OMMW         | VANG INST INDEX PLUS -<br>VANGUARD GROUP INC  | VIIIIX | VANGUARD                                               | FUND MANAGEMENT                                                            | 0.02%                                                                                                   |
| OOOT         | AN FIXED INC FUND                             |        | GALLIARD CAPITAL<br>MANAGEMENT                         | SEE NOTE *2                                                                | 0.345%*5                                                                                                |
| OQFC         | VANG TOT BD MKT INST -<br>VANGUARD GROUP INC  | VBPIX  | VANGUARD                                               | FUND MANAGEMENT                                                            | 0.03%                                                                                                   |

## SCHEDULE C SUPPLEMENTAL REPORT

## ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

| FUND<br>CODE | NAME OF SOURCE<br>OF INDIRECT<br>COMPENSATION | TICKER | PARTY OR PARTIES<br>RECEIVING INDIRECT<br>COMPENSATION | SERVICES PROVIDED<br>OR PURPOSE OF<br>PAYMENT FOR<br>INDIRECT COMPENSATION | AMOUNT, ESTIMATE<br>OF FORMULA USED<br>TO CALCULATE<br>INDIRECT COMPENSATION<br>(ANNUALIZED<br>FORMULA) |
|--------------|-----------------------------------------------|--------|--------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| OQQL         | VANG VMMR-FED MMKT<br>- VANGUARD GROUP INC    | VMFXX  | VANGUARD                                               | FUND MANAGEMENT                                                            | 0.09%                                                                                                   |
| OXPK         | BTC LIFEPAATH RET G                           |        | BLACKROCK                                              | SEE NOTE *2                                                                | 0.11%*5                                                                                                 |
| OXPN         | BTC LIFEPAATH 2025 G                          |        | BLACKROCK                                              | SEE NOTE *2                                                                | 0.11%*5                                                                                                 |
| OXPO         | BTC LIFEPAATH 2030 G                          |        | BLACKROCK                                              | SEE NOTE *2                                                                | 0.11%*5                                                                                                 |
| OXPP         | BTC LIFEPAATH 2035 G                          |        | BLACKROCK                                              | SEE NOTE *2                                                                | 0.11%*5                                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

| FUND<br>CODE | NAME OF SOURCE<br>OF INDIRECT<br>COMPENSATION | TICKER | PARTY OR PARTIES<br>RECEIVING INDIRECT<br>COMPENSATION | SERVICES PROVIDED<br>OR PURPOSE OF<br>PAYMENT FOR<br>INDIRECT COMPENSATION | AMOUNT, ESTIMATE<br>OF FORMULA USED<br>TO CALCULATE<br>INDIRECT COMPENSATION<br>(ANNUALIZED<br>FORMULA) |
|--------------|-----------------------------------------------|--------|--------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| EXPQ         | BTC LIFEPAATH 2040 G                          |        | BLACKROCK                                              | SEE NOTE *2                                                                | 0.11%*5                                                                                                 |
| EXPR         | BTC LIFEPAATH 2045 G                          |        | BLACKROCK                                              | SEE NOTE *2                                                                | 0.11%*5                                                                                                 |
| EXPS         | BTC LIFEPAATH 2050 G                          |        | BLACKROCK                                              | SEE NOTE *2                                                                | 0.11%*5                                                                                                 |
| EXPT         | BTC LIFEPAATH 2055 G                          |        | BLACKROCK                                              | SEE NOTE *2                                                                | 0.11%*5                                                                                                 |
| TFGJ         | SS RSL SMMDCP NL A                            |        | STATE STREET GLOBAL<br>ADVISORS                        | SEE NOTE *2                                                                | 0.026%*5                                                                                                |

## SCHEDULE C SUPPLEMENTAL REPORT

## ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

| FUND<br>CODE | NAME OF SOURCE<br>OF INDIRECT<br>COMPENSATION | TICKER | PARTY OR PARTIES<br>RECEIVING INDIRECT<br>COMPENSATION | SERVICES PROVIDED<br>OR PURPOSE OF<br>PAYMENT FOR<br>INDIRECT COMPENSATION | AMOUNT, ESTIMATE<br>OF FORMULA USED<br>TO CALCULATE<br>INDIRECT COMPENSATION<br>(ANNUALIZED<br>FORMULA) |
|--------------|-----------------------------------------------|--------|--------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| TFGK         | SS S&P 500 IDX NL A                           |        | STATE STREET GLOBAL<br>ADVISORS                        | SEE NOTE *2                                                                | 0.009%*5                                                                                                |
| TFGL         | SS US BOND IDX NL A                           |        | STATE STREET GLOBAL<br>ADVISORS                        | SEE NOTE *2                                                                | 0.015%*5                                                                                                |

## SCHEDULE C SUPPLEMENTAL REPORT

\*1 If EIN is provided, Address will not be provided. If EIN is not available and Address is available, the Address will be displayed. If neither EIN nor Address is available "See Note \*2" will be displayed.

\*2 Disclosures in this report are intended to satisfy the alternative reporting option. If complete information for non-Fidelity funds and/or other third party service providers related to compensation is not available, more information for the annual operating expenses of the fund may be found in the Fee Table of the Fund Summary section of each prospectus and/or statement of additional information. In addition, information about the services provided and the identity of the entities performing services with respect to each fund may be found in the Fund Services section of each prospectus. If the compensation being reported relates to a Fidelity fund, more information for the annual operating expenses of the fund may be found in the Fee section of one or more of the following sources: investment management agreement, trust agreement, collective trust participation agreement, commingled pool participation agreement, mutual fund prospectus, statement of additional information, the fund's investment manager or annuity provider.

\*3 For Self-Directed Brokerage Investments, each fund family may offer an indirect support fee paid to Fidelity Investments. Each indirect support fee paid by a fund may differ depending on the form of investment. Please contact your Fidelity representative to receive information on indirect support fees for your Self-Directed Brokerage Investments.

\*4 Net Expense Ratio is displayed.

\*5 Gross Expense Ratio is displayed.

\*6 Disclosures in this report are intended to satisfy the alternative reporting option. If complete information for this Fund is not available, the fee information for the annual operating expenses and/or information about the services provided and identity of the entities performing the services can be found in the Fee section of one or more of the following sources: investment management agreement, trust agreement, collective trust participation agreement, commingled pool participation agreement, mutual fund prospectus, the fund's investment manager or annuity provider.

Additional Information:

Fidelity may have provided non-monetary compensation, such as meals or business entertainment, to associates or service providers during the plan year for which this data is being reported. If you believe there are associates or plan service providers who have received total non-monetary compensation, from all sources of \$5,000 or more, that are not reflected on this report, you may contact your Fidelity representative and ask for a detailed summary of non-monetary compensation provided during the plan year. For additional information, please refer to the Auditor's Guide.

Fidelity utilizes omnibus accounts at unaffiliated banks to facilitate transactions for the defined contribution plans it services as set forth in your trust or service agreement or letter of authorization. If markets permit, omnibus account balances are invested in short-term investments that generally earn a rate approximating the Target Federal Funds Rate and/or money market rates. These earnings are called "float" and are considered eligible indirect compensation for purposes of Schedule C. Fidelity uses these earnings to pay bank fees and make other required adjustments and generally retains any float earnings that exceed such fees and adjustments. Fidelity is responsible for paying bank fees to the extent they exceed float earnings.

Since the amount of float generated depends on the length of time that assets are held in the omnibus accounts, Fidelity adheres to the following specific time frames within which cash pending investment or distribution is held:

## SCHEDULE C SUPPLEMENTAL REPORT

- If contributions are received by Fidelity in good order before the close of trading, Fidelity executes transactions in the investment options as of that day's closing price (the "transaction date" or "T"). Settlement of trades for most investment options occurs on the following business day ("T+1") or, in the case of certain securities including company stock, on T+2 (prior to September 5, 2017 the settlement period for certain securities including company stock was T+3).
- Exchange requests received by Fidelity in good order before the close of trading are processed in that day's nightly cycle. If investment options have identical settlement rules, exchanges between them generate no overnight balances, as money is received from one investment option and conveyed to another investment option on the same business day. If investment options have different settlement rules, balances attributable to exchanges may remain in the omnibus account for a few days if FMTC serves as trustee of the plan.
- Disbursement requests received in good order before the close of trading are processed in that day's nightly cycle, and reflected as debits from participant accounts as of that date ("T"). Proceeds attributable to disbursements are received from investment options or from the unaffiliated Plan trustee based on the settlement period for the investment options. Disbursements are made to participants on T+2 either through electronic funds transfers or by mailing a check. Disbursement proceeds distributed by check remain in the omnibus account until the check is presented for payment.

AKZONOBEL RETIREMENT SAVINGS PLAN  
EIN 56-1349341  
PN 076  
PLAN YEAR ENDED DECEMBER 31, 2020  
SCHEDULE H, LINE 4i

THE SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES IS INCLUDED IN THE  
AUDIT REPORT AND FINANCIAL STATEMENT ATTACHMENT.