Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
VANDERBILT UNIVERSITY RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

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

PMB 407700
2301 VANDERBILT PLACE
NASHVILLE, TN 37240-7700

2b Employer Identification Number (EIN) 62-0476822

2c Plan Sponsor's telephone number 615-343-4788

2d Business code (see instructions) 611000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/01/2022	ERIC KOPSTAIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/01/2022	ERIC KOPSTAIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	

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

5 Total number of participants at the beginning of the plan year	**5**	20194
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	6759
a(2) Total number of active participants at the end of the plan year	**6a(2)**	6877
b Retired or separated participants receiving benefits	**6b**	160
c Other retired or separated participants entitled to future benefits	**6c**	12930
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	19967
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	272
f Total. Add lines **6d** and **6e**	**6f**	20239
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	16270
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2G 2L 2M

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 4 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
VANDERBILT UNIVERSITY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VANDERBILT UNIVERSITY

D Employer Identification Number (EIN)
62-0476822

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	439719 / 806545	0	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	50054

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

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

FIDELITY INVESTMENTS TAX EXEMPT SER
82 DEVONSHIRE ST
STE MCIE
BOSTON, MA 02109-3605

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	50054	REFERRAL/SERVICE FEE	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED INTEREST BALANCE CONTRAC

b	Balance at the end of the previous year			7b	21521828
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	263024		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	13201982		
	▶ PURCHASES/DEPOSITS				
	(6) Total additions			7c(6)	13465006
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	34986834
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	16288409		
	▶ WITHDRAWALS/REDEMPTIONS				
	(5) Total deductions			7e(5)	16288409
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	18698425

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
VANDERBILT UNIVERSITY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VANDERBILT UNIVERSITY

D Employer Identification Number (EIN)
62-0476822

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1624203	69345	101002	4068	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	333964002
5	Current value of plan's interest under this contract in separate accounts at year end	5	491659226

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	346118385
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	11915654		
	(4) Transferred from separate account	7c(4)	24118373		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	36034027
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	382152412
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	23363597		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	24220970		
	(4) Other (specify below)	7e(4)	603843		
	▶ WITHDRWALS/REDEMPTIONS				
	(5) Total deductions			7e(5)	48188410
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	333964002

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
VANDERBILT UNIVERSITY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VANDERBILT UNIVERSITY

D Employer Identification Number (EIN)
62-0476822

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

1 Coverage Information:

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
74-1625348	70238	45861-001	880	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
4333	0

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

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

SEE ATTACHMENT
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4333			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	15107271
5	Current value of plan's interest under this contract in separate accounts at year end	5	34590526

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	15187277
c	Additions: (1) Contributions deposited during the year	7c(1)	254		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	527648		
	(4) Transferred from separate account	7c(4)	809959		
	(5) Other (specify below)	7c(5)	9		
	▶ PURCHASES/DEPOSITS				
	(6) Total additions			7c(6)	1337870
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	16525147
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1417876		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	1417876
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	15107271

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
VANDERBILT UNIVERSITY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VANDERBILT UNIVERSITY

D Employer Identification Number (EIN)
62-0476822

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

1 Coverage Information:

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
74-1625348	70238	45861-003	618	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
1273	0

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

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

SEE ATTACHMENT
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
1273			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	2698788
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	8959878

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	2530381
c	Additions: (1) Contributions deposited during the year	**7c(1)**	71		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	91088		
	(4) Transferred from separate account	**7c(4)**	320760		
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6)Total additions			**7c(6)**	411919
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	2942300
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	243512		
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	243512
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	2698788

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan	**B** Three-digit plan number (PN) ▶
VANDERBILT UNIVERSITY RETIREMENT PLAN	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
VANDERBILT UNIVERSITY	62-0476822

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA

13-1624203

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

VARIABLE ANNUITY LIFE INSURANCE CO.

74-1625348

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65 71	RECORDKEEPER	562391	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	223304	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.
04-2647786	SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
VANDERBILT UNIVERSITY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
VANDERBILT UNIVERSITY

D Employer Identification Number (EIN)
62-0476822

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

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE

b Name of sponsor of entity listed in (a): TIAA-CREF

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)
13-1624203-004	P	30427304

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)

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
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
VANDERBILT UNIVERSITY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VANDERBILT UNIVERSITY

D Employer Identification Number (EIN)
62-0476822

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1403070	1448977
(2) Participant contributions	1b(2)	2640230	2880350
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	47597762	38095468
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1834850	1817284
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	26909655	30427304
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1638720572	1848377887
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	385929033	371041917
(15) Other	1c(15)	141824323	159538103

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2246859495	2453627290
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2246859495	2453627290

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	20957594	
	(B) Participants	2a(1)(B)	45673471	
	(C) Others (including rollovers)	2a(1)(C)	9008728	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		75639793
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5964	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	101459	
	(F) Other	2b(1)(F)	12831227	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12938650
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	49550855	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		49550855
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		4706861
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		202584092
c Other income	2c		21938104
d Total income. Add all **income** amounts in column (b) and enter total	2d		367358355
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	159811337	
(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)		159811337
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	779223	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		779223
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		160590560
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		206767795
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: KRAFTCPAS PLLC **(2)** EIN: 62-0713250

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
VANDERBILT UNIVERSITY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VANDERBILT UNIVERSITY

D Employer Identification Number (EIN)
62-0476822

Part I Distributions

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

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

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

EIN(s): 04-6568107 13-1624203

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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 _____

KraftCPAs PLLC

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees and Participants
Vanderbilt University Retirement Plan
Nashville, Tennessee

SCOPE AND NATURE OF THE ERISA SECTION 103(a)(3)(C) AUDIT OF THE 2021 FINANCIAL STATEMENTS

We have performed an audit of the financial statements of Vanderbilt University Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by banks or similar institutions or insurance carriers that are regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the banks or similar institutions or insurance carriers in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institutions).

Management has obtained certifications from the qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

OPINION ON THE 2021 FINANCIAL STATEMENTS

In our opinion, based on our audit and on procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").

KraftCPAs PLLC • Certified Public Accountants and Consultants
555 Great Circle Road • Nashville, TN 37228 • phone: 615-242-7351 • fax: 615-782-4271 • kraftcpas.com

- The information in the accompanying 2021 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BASIS FOR OPINION ON THE 2021 FINANCIAL STATEMENTS

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

RESPONSIBILITIES OF MANAGEMENT FOR THE 2021 FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE 2021 FINANCIAL STATEMENTS

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

OTHER MATTERS

2021 SUPPLEMENTAL SCHEDULE REQUIRED BY ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

AUDITOR'S REPORT ON THE 2020 FINANCIAL STATEMENTS

We were engaged to audit the 2020 financial statements of the Plan. Because of inadequacies in the Plan's historical records, we were unable to perform auditing procedures with respect to individual participant account balances accumulated from the inception of the Plan, to satisfy ourselves as to the basis on which participants' equity is stated as of December 31, 2020, or to satisfy ourselves on the propriety of the distributions to participants who terminated and withdrew during the years then ended.

As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by the qualified institutions. In our report dated July 27, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Nashville, Tennessee
July 26, 2022

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DODGE & COX GLOBAL - DST ASSET MANAGER SOLUTIONS, INC	430 W 7TH STREET STE 219432 KANSAS CITY MO US 64105	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	HRDG LVNR INTL EQ IS - NORTHERN TRUST COMPANY	333 SOUTH WABASH AVENUE CHICAGO IL US 60604	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	JCKSNSQ SMID CPGR IS - US BANCORP FUND SERVICES, LLC	39-0281260	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	LOOMIS CORE PL BD Y - DST ASSET MANAGER SOLUTIONS, INC	430 W 7TH STREET STE 219432 KANSAS CITY MO US 64105	0.20%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PRINCIPAL FIXED ACCT	711 High Street Des Moines IA US 50392	0.25%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PRINCIPAL FIXED ACCT	711 High Street Des Moines IA US 50392	0.25%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	INVESCO DEVELOPING MARKETS Y	11 GREENWAY PLAZA SUITE 100 HOUSTON TX US 77046	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMG MANAGERS CENTER SQUARE REAL EST	600 STEAMBOAT ROAD SUITE 300 GREENWICH CT US 06830	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMG YACKTMAN FUND I	600 STEAMBOAT ROAD SUITE 300 GREENWICH CT US 06830	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AQR GLOBAL MACRO OPPORTUNITIES FD I	1 GREENWICH PLAZA GREENWICH CT US 06830	0.10%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AQR LARGE CAP DEFENSIVE STYLE CL N	1 GREENWICH PLAZA GREENWICH CT US 06830	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ADVISORONE CLS GLOBLDIVERFIED EQUIT	17605 WRIGHT STREET OMAHA NE US 68130	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ADVISORONE CLS GROWTH AND INC CL N	17605 WRIGHT STREET OMAHA NE US 68130	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ADVISORONE CLS SHELTER CL N	17605 WRIGHT STREET OMAHA NE US 68130	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ADVISORONE CLS GLOBLAGGRESSIVE EQUI	17605 WRIGHT STREET OMAHA NE US 68130	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ADVISORONE CLS FLEXIBLE INC CL N	17605 WRIGHT STREET OMAHA NE US 68130	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PZENA EMERGING MRKTS FOCUSED VAL IN	320 PARK AVE 8TH FLOOR NEW YORK NY US 10022	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ADV PREFERRED GOLD BULLION STRAT IN	1445 RESEARCH BLVD SUITE 530 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	GQG PARTNERS EMERG MARKETS EQ INSTL	1 FREEDOM VALLEY DRIVE OAKS PA US 19456	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	INVESCO GLOBAL OPPORTUNITIES A	11 GREENWAY PLAZA SUITE 100 HOUSTON TX US 77046	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AB LARGE CAP GROWTH ADVISOR CLASS	8000 IH 10 WEST SUITE 1400 14TH F SAN ANTONIO TX US 78230	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMER BEACON BRDGWAY LARGE CAP VAL I	220 EAST LAS COLINAS BLVD SUITE 12 IRVING TX US 75039	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMER BEACON BRDGWAY LRG CAP GRWTH R	220 EAST LAS COLINAS BLVD SUITE 12 IRVING TX US 75039	0.04%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	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 LLC	60	$0	AMERICAN BEACON AHL TARGET RISK CL	220 EAST LAS COLINAS BLVD SUITE 12 IRVING TX US 75039	0.10%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN CENTURY SHTDUR STRAT INC I	4400 MAIN ST 1ST FLOOR KANSAS CITY MO US 64111	0.25%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN CEN FOCUSEDDYNAMIC GROWTH	4400 MAIN ST 1ST FLOOR KANSAS CITY MO US 64111	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN CENTURY CHGAL GOLD INV CL	4400 MAIN ST 1ST FLOOR KANSAS CITY MO US 64111	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN CENTURY DSPLN CORE VALUE I	4400 MAIN ST 1ST FLOOR KANSAS CITY MO US 64111	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN FDS DEVELOPWORLD GRWTH & I	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN FDS TAX AWRCONS GR AND INC	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN FUNDS MULTISECTOR INCOME F	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN MUTUAL FUNDCLASS F1	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ARIEL FUND	811 E. WISCONSIN AVENUE. MK WI J8NF MILWAUKEE WI US 53202	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	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 *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ARTISAN INTERNATL INVESTOR CLASS	875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE WI US 53202	0.39%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ARTISAN MID CAP	875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE WI US 53202	0.39%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ARTISAN DEVELOPING WORLD FD INVESTO	875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE WI US 53202	0.39%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ARTISAN INTL SMALL MID CAP INV	875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE WI US 53202	0.39%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BNY MELLON SMALL MIDCAP GROWTH A	144 GLENN CURTISS BLVD 8TH FLOOR UNIONDALE NY US 11556	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BAILLIE GIFFORD EMERG MRKTS EQ INST	780 THIRD AVENUE NEW YORK NY US 10017	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BARON DISCOVERY FUND INSTL SHARES	767 5TH AVENUE 49TH FLOOR NEW YORK NY US 10153	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BARON PARTNERS FUND	767 5TH AVENUE 49TH FLOOR NEW YORK NY US 10153	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BARON FOCUSED GROWTHFUND	767 5TH AVENUE 49TH FLOOR NEW YORK NY US 10153	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BARON FINTECH FUND RETAIL	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 *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BARON REAL ESTATE FUND RETAIL	767 5TH AVENUE 49TH FLOOR NEW YORK NY US 10153	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BARON GLOBAL ADVANTAGE FD INTSL	767 5TH AVENUE 49TH FLOOR NEW YORK NY US 10153	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BARON GLOBAL ADVANTAGE FD RETAIL	767 5TH AVENUE 49TH FLOOR NEW YORK NY US 10153	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BERKSHIRE FOCUS FUND	475 MILAN DRIVE SUITE 103 SAN JOSE CA US 95134	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BLACKROCK MID CAP GROWTH EQUITY CL	40 EAST 52ND STREET NEW YORK NY US 10022	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BLACKROCK TECHNOLOGYOPPORTUNITIES C	40 EAST 52ND STREET NEW YORK NY US 10022	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BLACKROCK TECHNOLOGYOPPORTUNITIES I	40 EAST 52ND STREET NEW YORK NY US 10022	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BLACKROCK ADVANTAGE SMALL CAP CORE	40 EAST 52ND STREET NEW YORK NY US 10022	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BLACKROCK GL LONG/ SHORT EQUITY INS	40 EAST 52ND STREET NEW YORK NY US 10022	0.08%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BLACKROCK 40/60 TARGET ALLOC FD CL	40 EAST 52ND STREET NEW YORK NY US 10022	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BLACKROCK MANAGED INCOME INVESTOR A	40 EAST 52ND STREET NEW YORK NY US 10022	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BLACKROCK ENERGY OPPORTUNITIES CL A	40 EAST 52ND STREET NEW YORK NY US 10022	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BLACKROCK HEALTH SCIENCES OPP PRT A	40 EAST 52ND STREET NEW YORK NY US 10022	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BLACKROCK EVENT DRIVEN EQUITY FUND	40 EAST 52ND STREET NEW YORK NY US 10022	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BLACKROCK GLOBAL ALLOCATION FD INST	40 EAST 52ND STREET NEW YORK NY US 10022	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BLACKROCK STRATEGIC INCOME OPPRTSI	40 EAST 52ND STREET NEW YORK NY US 10022	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN BOND FUND OF AMERICA CLASS	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BOSTON TRUST WALDEN SMALL CAP FUND	1 BEACON ST. 33RD FLOOR BOSTON MA US 02108	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BRIDGEWAY SMALL CAP VALUE FUND CL N	20 GREENWAY PLAZA STE 450 HOUSTON TX US 77046	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DESTINATIONS LARGE CAP EQUITY INSTL	1055 WESTLAKES DRIVE SUITE 250 BERWYN PA US 19312	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DESTINATIONS SMALL MID CAP EQ INSTL	1055 WESTLAKES DRIVE SUITE 250 BERWYN PA US 19312	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DESTINATIONS INTL EQUITY FD INSTL	1055 WESTLAKES DRIVE SUITE 250 BERWYN PA US 19312	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DESTINATIONS EQUITY INCOME FD INSTL	1055 WESTLAKES DRIVE SUITE 250 BERWYN PA US 19312	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DESTINATIONS CORE FIXED INCOME INST	1055 WESTLAKES DRIVE SUITE 250 BERWYN PA US 19312	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DESTINATIONS LOW DURFIXED INC INSTL	1055 WESTLAKES DRIVE SUITE 250 BERWYN PA US 19312	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DESTINATIONS GLOBAL FIXD INC OPPOR	1055 WESTLAKES DRIVE SUITE 250 BERWYN PA US 19312	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DESTINATIONS MULTI STRGY ALT INSTL	1055 WESTLAKES DRIVE SUITE 250 BERWYN PA US 19312	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BROWN ADVISORY SUSTAIN GROWTH ADV	777 E. WISCONSIN AVE 4TH FLOOR MILWAUKEE WI US 53202	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BROWN INTERNATIONAL SMALL COMPANY I	1290 BROADWAY STE 1100 DENVER CO US 80203	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BROWN INTERNATIONAL SMALL COMPANY I	1290 BROADWAY STE 1100 DENVER CO US 80203	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CALVERT ULTRA SHORT DURATION INCOME	4550 MONTGOMERY AVENUESUITE 1000 N BETHESDA MD US 20814	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CALVERT CORE BOND FUND CL A	4550 MONTGOMERY AVENUESUITE 1000 N BETHESDA MD US 20814	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CALVERT U.S. LRG CAPCORE RESPNSBL I	4550 MONTGOMERY AVENUESUITE 1000 N BETHESDA MD US 20814	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CALVERT BALANCED FUND CLASS A	4550 MONTGOMERY AVENUESUITE 1000 N BETHESDA MD US 20814	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CALVERT GLOBAL WATERFUND CL A	4550 MONTGOMERY AVENUESUITE 1000 N BETHESDA MD US 20814	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CALVERT GLOBAL ENERGY SOLUTIONS A	4550 MONTGOMERY AVENUESUITE 1000 N BETHESDA MD US 20814	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CALVERT US LRG CAP VAL RESPONS INDE	4550 MONTGOMERY AVENUESUITE 1000 N BETHESDA MD US 20814	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CALVERT MID CAP FUND CL A	4550 MONTGOMERY AVENUESUITE 1000 N BETHESDA MD US 20814	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CARILLON REAMS UNCONSTRAINED BOND I	P. O. BOX 33022 ST PETERSBURG FL US 337338022	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CARLYLE TACTICAL PRIVATE CREDIT N	520 Madison Ave NEW YORK NY US 10010	0.20%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CION ARES DIVERSIFIED CREDIT I	1290 BROADWAY SUITE 1100 DENVER CO US 80220	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	COHEN & STEERS PREF SECURITIES INC	280 PARK AVENUE 10TH FLOOR NEW YORK NY US 10017	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	COLUMBIA DIVIDEND OPPORTUNITY CL A	225 FRANKLIN ST BX25 10320 BOSTON MA US 02110	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	COLUMBIA STRATEGIC INCOME CL A	225 FRANKLIN ST BX25 10320 BOSTON MA US 02110	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	COLUMBIA DIVIDEND INCOME CL A	225 FRANKLIN ST BX25 10320 BOSTON MA US 02110	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	COLUMBIA BALANCED FUND CL A	225 FRANKLIN ST BX25 10320 BOSTON MA US 02110	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	COLUMBIA GLOBAL TECHGROWTH CL A	225 FRANKLIN ST BX25 10320 BOSTON MA US 02110	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	COLUMBIA TOTAL RETURN BOND CL I2	225 FRANKLIN ST BX25 10320 BOSTON MA US 02110	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CONESTOGA SMID CAP FUND INSTITUTION	225 PICTORIA DRIVE SUITE 450 CINCINNATI OH US 45246	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DFA INTL REAL ESTATE SEC PORTFOLIO	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DFA INTERNATIONAL CORE EQUITY	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DFA US CORE EQUITY I	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DFA EMERGING MRKTS CORE EQU PORTF	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DFA US MICRO CAP PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DIMENSIONAL EMERGING MKTS VAL PRTF	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DFA ONE YEAR FIXED INCOME PRTF INST	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DFA EMERGING MARKETS SMALL CAP	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DFA INTERNATIONAL SMALL COMPANY POR	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DFA INV'T TWO YEAR GLOBAL FIXED INC	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DFA INT'L SMALL CAP VALUE	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DFA US SMALL CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DFA US LARGE CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DFA REAL ESTATE SEC PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DFA US SMALL CAP PORTFOLIO INSTL CL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DFA FIVE YEAR GLBL FIXED INC PRTF I	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DFA GLOBAL REAL ESTATE SEC PORTFOLI	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PHAEACIAN ACCENT INTL VALUE INVESTO	801 S. CANAL STREET CHICAGO IL US 60603	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DIAMOND HILL CORE BOND FUND CL I	325 JOHN H. MCCONNELL BLVD. SUITE COLUMBUS OH US 43215	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DFA INTERNATIONAL VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DIREXION MONTHLY SML CAP BEAR 2X IN	155 SEAPORT BOULEVARD SUITE P8 BOSTON MA US 02210	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DIREXION MONTHLY NASDAQ100BULL2X IN	155 SEAPORT BOULEVARD SUITE P8 BOSTON MA US 02210	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DIREXION MONTHLY S&P 500 BEAR 2X IN	155 SEAPORT BOULEVARD SUITE P8 BOSTON MA US 02210	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DIREXION MONTHLY SM CAP BULL 2X INV	155 SEAPORT BOULEVARD SUITE P8 BOSTON MA US 02210	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DOUBLELINE TOTAL RT BOND FD CL N	777 EAST WISCONSIN AVENUE MILWAUKEE WI US 53202	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DOUBLELINE SHILLER ENHANCED CAP CL	777 EAST WISCONSIN AVENUE MILWAUKEE WI US 53202	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PARAMETRIC COMMODITYSTRATEGIC INV C	TWO INTERNATIONAL PLACE BOSTON MA US 02110	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	EATON VANCE EMERGINGAND FRONT COUNT	TWO INTERNATIONAL PLACE BOSTON MA US 02110	$16.00
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN EUROPACIFICGROWTH CLASS F1	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	FMI INTERNATIONAL	777 EAST WISCONSIN AVENUE MK WI T4M MILWAUKEE WI US 53202	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	FEDERATED HERMES KAUFMANN SM CAP A	4000 ERICSSON DRIVE WARRENDALE PA US 150867515	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	FEDERATED HERMES OPPOR HIGH YLD BD	4000 ERICSSON DRIVE WARRENDALE PA US 150867515	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	EMERALD FINANCE AND BANKING INNOV I	3175 OREGON PIKE LEOLA PA US 17540	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	SEAFARER OVERSEAS GROWTH & INCOME I	1290 BROADWAY SUITE 1100 DENVER CO US 80203	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	FIRST EAGLE GOLD CLASS A	1345 AVENUE OF THE AMERICAS 48TH FL NEW YORK NY US 10105	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	FIRST EAGLE GLOBAL CLASS I	1345 AVENUE OF THE AMERICAS 48TH FL NEW YORK NY US 10105	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ABSOLUTE CONVERTIBLE ARBITRAGE INST	PO BOX 588 PORTLAND ME US 04112	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	FRANKLIN DYNATECH FD ADV CLASS SHAR	100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716	$16.00
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN FUNDAMENTALINVESTORS CL F1	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	GLENMEDE TOTAL MARKET PORTFOLIO	1650 MARKET ST. SUITE 1200 PHILADELPHIA PA US 19103	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	GOLDMAN SACHS INTL SM CAP INSIGHTS	71 S. WACKER DRIVE 4TH FLOOR CHICAGO IL US 60606	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	GOLDMAN SACHS MLP ENERGY INFRSTCTR	71 S. WACKER DRIVE 4TH FLOOR CHICAGO IL US 60606	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	GOLDMAN SACHS RISINGDIVIDEND GROWTH	71 S. WACKER DRIVE 4TH FLOOR CHICAGO IL US 60606	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN GROWTH FUNDOF AMERICA CLAS	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	$18.00
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	GUGGENHEIM TOTAL RETURN BOND A	9601 BLACKWELL RD. STE. 500 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	GUGGENHEIM CORE BOND FUND P	9601 BLACKWELL RD. STE. 500 ROCKVILLE MD US 20850	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	GUGGENHEIM LIMITED DURATION CL P	9601 BLACKWELL RD. STE. 500 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	GUGGENHEIM RISK MANAGED REAL EST P	9601 BLACKWELL RD. STE. 500 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	HARDING LOEVNER INTL EQUITY PORT IN	PO BOX 4766 CHICAGO IL US 60680	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	OAKMARK FUND INVESTOR CLASS	111 SOUTH WACKER DR. CHICAGO IL US 60606	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	OAKMARK INTL INVESTOR CL	111 SOUTH WACKER DR. CHICAGO IL US 60606	0.35%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	OAKMARK INTERNAT'L SMALL CAP INVEST	111 SOUTH WACKER DR. CHICAGO IL US 60606	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	OAKMARK SELECT INVESTOR CL	111 SOUTH WACKER DR. CHICAGO IL US 60606	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	OAKMARK GLOBAL FUND INVESTOR CLASS	111 SOUTH WACKER DR. CHICAGO IL US 60606	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	HARTFORD BALANCED INCOME FD CL A	100 MATSONFORD RD STE 300 RADNOR PA US 19087	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	HARTFORD STRATEGIC INCOME FUND CL A	100 MATSONFORD RD STE 300 RADNOR PA US 19087	0.35%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	HARTFORD CLIMATE OPPORTUNITIES CL A	100 MATSONFORD RD STE 300 RADNOR PA US 19087	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	HENNESSY CORNERSTONEMID CAP 30 INV	7250 REDWOOD BLVD. STE 200 NOVATO CA US 94945	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	HENNESSY BP ENERGY TRANSITION INVES	7250 REDWOOD BLVD. STE 200 NOVATO CA US 94945	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN INTERNATL GROWTH & INCOME	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	THE INTERNET FUND	470 PARK AVENUE SOUTH NEW YORK NY US 10016	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	JPMORGAN INCOME FUNDCLASS A	1111 POLARIS PARKWAY COLUMBUS OH US 43240	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	JACOB INTERNET	727 2ND STREET SUITE 106 HERMOSA BEACH CA US 90254	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	JANUS HENDERSON VENTURE T	151 DETROIT ST. DENVER CO US 80206	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	JANUS HENDERSON TRITON T	151 DETROIT ST. DENVER CO US 80206	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	JANUS HENDERSON GLOB TECH & INNOV T	151 DETROIT ST. DENVER CO US 80206	0.35%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	JANUS HENDERSON GL LIFE SCIENCES T	151 DETROIT ST. DENVER CO US 80206	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	JANUS HENDERSON BALANCED T	151 DETROIT ST. DENVER CO US 80206	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	JENSEN QUALITY GROWTH FD CL J	811 E. WISCONSIN AVE 8TH FLOOR MILWAUKEE WI US 53202	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	JPMORGAN GLOBAL ALLOCATION CLASS I	1111 POLARIS PARKWAY COLUMBUS OH US 43240	0.08%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	KINETICS PARADIGM FUND	470 PARK AVENUE SOUTH NEW YORK NY US 10016	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	KINETICS SMALL CAP OPPORTUNITIES	470 PARK AVENUE SOUTH NEW YORK NY US 10016	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	KINETICS MARKET OPPORTUNITIES FD	470 PARK AVENUE SOUTH NEW YORK NY US 10016	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	KINETICS GLOBAL FUNDNO LOAD CLASS S	470 PARK AVENUE SOUTH NEW YORK NY US 10016	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	LAZARD GLOBAL LISTEDINFRASTRUCTUR E	30 ROCKEFELLER PLAZA 57TH FL. NEW YORK NY US 10112	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	LAZARD US SMALL MID CAP EQ PORT OPE	30 ROCKEFELLER PLAZA 57TH FL. NEW YORK NY US 10112	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	LAZARD EMERGING MKTS EQUITY INSTITU	30 ROCKEFELLER PLAZA 57TH FL. NEW YORK NY US 10112	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CLEARBRIDGE INTERN'LSMALL CAP FUND	620 8TH AVENUE 49TH FL. NEW YORK NY US 10018	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CLEARBRIDGE SELECT FUND CL A	620 8TH AVENUE 49TH FL. NEW YORK NY US 10018	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	LOCORR LONG/SHORT COMMODITIES STRGY	261 SCHOOL AVENUE 4TH FLOOR EXCELSIOR MN US 55331	0.08%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	LONGLEAF INTERNATL	6410 POPLAR AVENUE SUITE 900 MEMPHIS TN US 38119	0.12%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	LOOMIS SAYLES BOND RETAIL SHARES	399 BOYLSTON STREET 8TH FL BOSTON MA US 02116	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	LORD ABBETT FLOATING RATE FUND I	90 HUDSON STREET 10TH FLOOR JERSEY CITY NJ US 07302	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	LORD ABBETT MICRO CAP GROWTH FUND I	90 HUDSON STREET 10TH FLOOR JERSEY CITY NJ US 07302	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	MFS GLOBAL REAL ESTATE CL A	111 HUNTINGTON AVE BOSTON MA US 021997632	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	MFS MID CAP GROWTH CLASS A	111 HUNTINGTON AVE BOSTON MA US 021997632	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	MAIRS & POWER GROWTH FUND	777 E. WISCONSIN AVENUE FLOOR 4 MK MILWAUKEE WI US 53202	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BLACKROCK US MORTGAGE PORT CL A	40 EAST 52ND STREET NEW YORK NY US 10022	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	JACKSON SQUARE SMID CAP GROWTH INST	1 LETTERMAN DRIVE SAN FRANCISCO CA US 94129	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	MANNING & NAPIER OVERSEAS SERIES CL	290 WOODCLIFF DR. FAIRPORT NY US 14450	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	MARSICO GLOBAL FUND	235 WEST GALENA STREET MILWAUKEE WI US 53212	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	MATTHEWS CHINA SMALLCOMPANIES INVES	4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO CA US 94111	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	MATTHEWS ASIAN GROWTH & INCOME FUND	4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO CA US 94111	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	MATTHEWS ASIA DIVIDEND INST'L	4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO CA US 94111	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	THE MERGER FUND CL I	100 SUMMIT LAKE DRIVE #201 VALHALLA NY US 10595	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	METROPOLITAN WEST ALPHA TRAK 500 CL	865 SOUTH FIGUEROA ST. #1400 LOS ANGELES CA US 90017	0.10%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	METROPOLITAN WEST HIGH YIELD BOND C	865 SOUTH FIGUEROA ST. #1400 LOS ANGELES CA US 90017	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	MORGAN STANLEY DISCOVERY PORT CL I	522 FIFTH AVENUE 4TH FLOOR NEW YORK NY US 10036	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	MORGAN STANLEY DISCOVERY PORT CL A	522 FIFTH AVENUE 4TH FLOOR NEW YORK NY US 10036	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	MORGAN STANLEY GLBL FRANCHISE CLASS	522 FIFTH AVENUE 4TH FLOOR NEW YORK NY US 10036	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	MORGAN STA INST INC. INCEPTION PORT	522 FIFTH AVENUE 4TH FLOOR NEW YORK NY US 10036	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	MORGAN STANLEY GROWTH PORTFOLIO A	522 FIFTH AVENUE 4TH FLOOR NEW YORK NY US 10036	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	MORGAN STA INST INC. INCEPTION PORT	522 FIFTH AVENUE 4TH FLOOR NEW YORK NY US 10036	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	MORGAN STANLEY GROWTH PORTFOLIO I	522 FIFTH AVENUE 4TH FLOOR NEW YORK NY US 10036	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	MORGAN STANLEY INSIGHT A	522 FIFTH AVENUE 4TH FLOOR NEW YORK NY US 10036	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	MORGAN STANLEY INSIGHT I	522 FIFTH AVENUE 4TH FLOOR NEW YORK NY US 10036	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	MSIF GLOBAL INSIGHT PORT CL A	522 FIFTH AVENUE 4TH FLOOR NEW YORK NY US 10036	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	MORGAN STANLEY GLOBAL OPPORTUNITY A	522 FIFTH AVENUE 4TH FLOOR NEW YORK NY US 10036	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	MORGAN STANLEY GLOBAL OPPORTUNITY I	522 FIFTH AVENUE 4TH FLOOR NEW YORK NY US 10036	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	MORGAN STANLEY INSTLINTERNTL OPP CL	522 FIFTH AVENUE 4TH FLOOR NEW YORK NY US 10036	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	MSIF ASIA OPPORTUNITY CL A	522 FIFTH AVENUE 4TH FLOOR NEW YORK NY US 10036	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	MS INSTIT EMRG MRKTSLEADERS CLASS A	522 FIFTH AVENUE 4TH FLOOR NEW YORK NY US 10036	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	EVENTIDE GILEAD FUND CLASS N	80 ARKAY SUITE 110 HAUPPAUGE NY US 11788	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	EVENTIDE HEALTHCARE AND LIFE SCIENC	80 ARKAY SUITE 110 HAUPPAUGE NY US 11788	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	NATIONWIDE BNYM DYNMIC US CORE CL A	1000 CONTINENTAL DR STE 400 KING OF PRUSSIA PA US 194062850	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	VAUGHAN NELSON SELECT FUND CL A	399 BOYLSTON STREET 8TH FLOOR BOSTON MA US 02116	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	NEUBERGER BERMAN LARGE CAP VALUE IN	1290 AVENUE OF THE AMERICAS 22ND F NEW YORK NY US 101040002	$16.00
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	NEUBERGER BERMAN MULTI CAP OPPT INS	1290 AVENUE OF THE AMERICAS 22ND F NEW YORK NY US 101040002	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN NEW ECONOMYCLASS F1	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ALTEGRIS AACA OPPORTREAL ESTATE CL	1200 PROSPECT STREET SUITE 400 LAJOLLA CA US 92037	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PFG MFS AGGRESSIVE GROWTH STRATEGY	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PFG JP MORGAN TACTICAGGRESSIVE STRA	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PFG BNY MELLON DIVERSIFIER STRAT R	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PFG MEEDER TACTICAL STRATEGY FUND R	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PFG INVESCO THEMATIC ESG STRATEGY C	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PFG JANUS HENDERSON BALANCED STRATE	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PFG TACTICAL INCOME STRATEGY CL R	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PFG EQUITY INDEX FOCUSED STRATEGY R	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PFG SECTOR EQUITY BUS CYCLE STRAT R	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PFG BR EQUITY ESG STRATEGY CL R	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PFG AMERICAN FUNDS GROWTH STRAT CL	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ROCK OAK CORE GROWTH FUND	225 PICTORIA DRIVE SUITE 450 CINCINNATI OH US 45246	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	OBERWEIS MICRO CAP FUND	3333 WARRENVILLE ROAD STE. 500 LISLE IL US 60532	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	OBERWEIS INTL OPPORTUNITIES FUND	3333 WARRENVILLE ROAD STE. 500 LISLE IL US 60532	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PARNASSUS ENDEAVOR INSTITUTIONAL FD	ONE MARKET STREET STEUART TOWER SUI SAN FRANCISCO CA US 94105	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PARNASSUS ENDEAVOR FUND	ONE MARKET STREET STEUART TOWER SUI SAN FRANCISCO CA US 94105	0.40%

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

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FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PARNASSUS MID CAP	ONE MARKET STREET STEUART TOWER SUI SAN FRANCISCO CA US 94105	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PARNASSUS CORE EQUITY INVESTOR	ONE MARKET STREET STEUART TOWER SUI SAN FRANCISCO CA US 94105	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PAX WORLD HIGH YIELDBOND INV CL	1290 BROADWAY SUITE 1100 DENVER CO US 80203	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PAX ELLEVATE GLOBAL WOMENS LDERSP I	1290 BROADWAY SUITE 1100 DENVER CO US 80203	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PEAR TREE POLARIS FRGN VAL SM CAP I	55 OLD BEDFORD ROAD LINCOLN MA US 01773	0.15%

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FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PEAR TREE POLARIS FRGN VALUE INSTL	55 OLD BEDFORD ROAD LINCOLN MA US 01773	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PIMCO INVESTMENT GR CREDIT BOND FUN	1633 BROADWAY NEW YORK NY US 10019	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PIMCO DIVERSIFIED INCOME FUND CL A	1633 BROADWAY NEW YORK NY US 10019	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PIMCO INCOME FUND CL A	1633 BROADWAY NEW YORK NY US 10019	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PIMCO RAE US SMALL FUND A	1633 BROADWAY NEW YORK NY US 10019	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PIONEER FUND CLASS Y	60 STATE STREET 17TH FL. BOSTON MA US 02109	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	T ROWE PRICE COMM & TECHNOLOGY INVE	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	T ROWE PRICE GROWTH STOCK	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	T ROWE PRICE HEALTH SCIENCES	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	T ROWE PRICE GLOBAL TECHNOLOGY	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	T ROWE PRICE RETIREMENT 2025 FD	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PRIMECAP ODYSSEY GROWTH FUND	2020 E. FINANCIAL WAY SUITE 100 GLENDORA CA US 91741	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PRIMECAP ODYSSEY STO CK FUND	2020 E. FINANCIAL WAY SUITE 100 GLENDORA CA US 91741	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	FINISTERRE EMERG MKT TL RTRN BD INS	620 COOLIDGE DRIVE SUITE 300 FOLSOM CA US 95630	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PRINCIPAL BLUE CHIP I SHARES	620 COOLIDGE DRIVE SUITE 300 FOLSOM CA US 95630	0.10%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AKRE FOCUS FUND RETAIL	777 E. WISCONSIN AVE. 4TH FL MILWAUKEE WI US 53202	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	OTTER CREEK LONG SHORT OPPORT INSTL	777 E. WISCONSIN AVE. MILWAUKEE WI US 53202	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	SEMICONDUCTOR ULTRA SECTOR PRO FD I	7501 WISCONSIN AVE SUITE 1000 EAST BETHESDA MD US 20814	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BIOTECHNOLOGY ULTRA SECTOR PRO FD I	7501 WISCONSIN AVE SUITE 1000 EAST BETHESDA MD US 20814	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ULTRA BULL PRO FUND INVESTORS SHARE	7501 WISCONSIN AVE SUITE 1000 EAST BETHESDA MD US 20814	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BANKS ULTRA SECTOR PRO FUND INVESTO	7501 WISCONSIN AVE SUITE 1000 EAST BETHESDA MD US 20814	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PGIM TOTAL RETURN BOND CL A	655 BROAD STREET NEWARK NJ US 07102	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PGIM TOTAL RETURN BOND CL Z	655 BROAD STREET NEWARK NJ US 07102	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PGIM HIGH YIELD CL Z	655 BROAD STREET NEWARK NJ US 07102	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	T ROWE PRICE FINANCIAL SERVICES	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	T ROWE PRICE BLUE CHIP GROWTH INC	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	T ROWE PRICE VALUE	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	T ROWE PRICE SMALL CAP VALUE FUND	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	T ROWE PRICE MID CAP VALUE	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	T ROWE PRICE DIVERSDMID CAP GROWTH	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ROYCE INTRNL PREMIER FD INVESTMENT	745 FIFTH AVENUE SUITE 2400 NEW YORK NY US 10151	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ROYCE PA MUTUAL FUND SERVICE CLASS	745 FIFTH AVENUE SUITE 2400 NEW YORK NY US 10151	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ROYCE MICROCAP INVESTMENT CLASS	745 FIFTH AVENUE SUITE 2400 NEW YORK NY US 10151	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ROYCE OPPORTUNITY FDSVCS CL	745 FIFTH AVENUE SUITE 2400 NEW YORK NY US 10151	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	RYDEX INVERSE S&P 500 STRATEGY INV	9601 BLACKWELL RD. STE. 500 ROCKVILLE MD US 20850	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	RYDEX S&P 500 2X STRATEGY CL H	9601 BLACKWELL RD. STE. 500 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	RYDEX INVERSE NASDAQ 100 STRATEGY I	9601 BLACKWELL RD. STE. 500 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	RYDEX NASDAQ 100 INV CLASS	9601 BLACKWELL RD. STE. 500 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	RYDEX BIOTECHNOLOGY INV CLASS	9601 BLACKWELL RD. STE. 500 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	RYDEX INVERSE RUSSEL2000 STRATEGY C	9601 BLACKWELL RD. STE. 500 ROCKVILLE MD US 20850	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	RYDEX RUSSELL 2000 2X STRATEGY CL H	9601 BLACKWELL RD. STE. 500 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	RYDEX MONTHLY REBAL NASDAQ 100 2X S	9601 BLACKWELL RD. STE. 500 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	SHELTON GREEN ALPHA FUND S CLASS	P.O. BOX 87 DENVER CO US 802010087	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN SHORT TERM BOND FD CL F1	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN SMALLCAP WORLD CLASS F1	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	STATE STREET SM/MID CAP EQ INDEX CL	ONE LINCOLN ST. BOSTON MA US 021112900	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	STONE RIDGE HIGH YLD REINSRNCE RSK	510 MADISON AVENUE NEW YORK NY US 10022	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	TCW EMERGING MARKETS INCOME CL N	865 SOUTH FIGUERA STREET 22ND FLOO LOS ANGELES CA US 90017	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	TIAA CREF CORE IMPACT BOND RETIRE	730 THIRD AVENUE NEW YORK NY US 10017	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	TEMPLETON INTL BOND CLASS A	100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716	0.35%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	TIAA CREF SOCIAL CHOICE EQUITY RETA	730 THIRD AVENUE NEW YORK NY US 10017	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	TIMOTHY PLAN ISRAEL COMMON VALUES C	80 ARKAY DRIVE SUITE 110 HAUPPAUGE NY US 11788	0.08%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	TRANSMERICA INTERNTLSMALL CAP VALUE	4333 EDGEWOOD RD NE CEDAR RAPIDS IA US 52499	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	TRANSAMERICA CAPITAL GROWTH CL I	4333 EDGEWOOD RD NE CEDAR RAPIDS IA US 52499	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	TWEEDY BROWNE INTERNATL VALUE FUND	ONE STATION PLACE 5TH FLOOR STAMFORD CT US 06902	$25.00

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	UNDISCOVERED MANAGERBEHAVIORAL VAL	1111 POLARIS PARKWAY COLUMBUS OH US 43240	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	GOLD AND PRECIOUS METALS FUND	3 CANAL PLAZA SUITE 600 PORTLAND ME US 04101	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	VALUE LINE ASSET ALLOCATION INVESTO	7 TIMES SQUARE SUITE 1606 NEW YORK NY US 10036	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	VALUE LINE MID CAP FOCUSED INVESTOR	7 TIMES SQUARE SUITE 1606 NEW YORK NY US 10036	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	FOUNDRY PARTNERS FDMSMALL CAP VAL I	510 FIRST AVENUE N. SUITE 409 MINNEAPOLIS MN US 55401	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	VICTORY FLOATING RATE FUND CL A	4900 TIEDEMAN RD 4TH FLOOR BROOKLYN OH US 44114	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	VICTORY GLOBAL ENERGY TRANSITION A	4900 TIEDEMAN RD 4TH FLOOR BROOKLYN OH US 44114	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	VIRTUS KAR SMALL CAP GROWTH FUND CL	101 MUNSON ST. STE. 3 GREENFIELD MA US 01301	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	VIRTUS KAR SMALL CAP GROWTH CL A	101 MUNSON ST. STE. 3 GREENFIELD MA US 01301	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	VIRTUS DUFF & PHELPSRL ESTATE SECS	101 MUNSON ST. STE. 3 GREENFIELD MA US 01301	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	VIRTUS KAR INTL SMALL MID CAP I	101 MUNSON ST. STE. 3 GREENFIELD MA US 01301	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	VIRTUS ZEVENBERGEN INNOVATIVE GR ST	101 MUNSON ST. STE. 3 GREENFIELD MA US 01301	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	VIRTUS SEIX HIGH YIELD CL A	101 MUNSON ST. STE. 3 GREENFIELD MA US 01301	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	VIRTUS ALLIANZGI WATER A	101 MUNSON ST. STE. 3 GREENFIELD MA US 01301	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	VOYA SECURITIZED CRD FUND CLASS A	7337 E. DOUBLETREE RANCH RD SCOTTSDALE AZ US 85258	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	WASATCH CORE GROWTH	505 WAKARA WAY SUITE 300 SALT LAKE CITY UT US 84108	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	WASATCH ULTRA GROWTH	505 WAKARA WAY SUITE 300 SALT LAKE CITY UT US 84108	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	WASATCH MICROCAP	505 WAKARA WAY SUITE 300 SALT LAKE CITY UT US 84108	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	WASATCH EMERGING INDIA FUND	505 WAKARA WAY SUITE 300 SALT LAKE CITY UT US 84108	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN WASHINGTON MUTUAL INVESTOR	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ALLSPRING SPECIALIZDTECH FUND A	525 MARKET ST. MAC #A0103 122 SAN FRANCISCO CA US 94105	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	WESTERN ASSET CORE PLUS BOND FUND I	620 8TH AVENUE 49TH FL. NEW YORK NY US 10018	0.15%

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)
GVUB	PRINCIPAL FIXED ACCT	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
OERM	VANG TOT INTL STK IS - VANGUARD GROUP INC	VTSNX	VANGUARD	FUND MANAGEMENT	0.07%
OI6R	VANG INST TR 2065 - VANGUARD GROUP INC	VSXFX	VANGUARD	SEE NOTE *2	0.09%*4
OIWV	JCKSNSQ SMID CPGR IS - JACKSON SQUARE PARTNERS, LLC	JSMTX	JACKSON SQUARE	FUND MANAGEMENT	0.75%
OKE8	LOOMIS CORE PL BD Y - LOOMIS, SAYLES & COMPANY LP	NERYX	NATIXIS FUNDS	FUND MANAGEMENT	0.32%

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)
OKRF	DFA US TARGET VALUE - DIMENSIONAL FUND ADVISORS LP	DFFVX	DIMENSIONAL FUND ADVISORS	FUND MANAGEMENT	0.30%
OKWQ	VANG FTSE SOC IDX IS - VANGUARD GROUP INC	VFTNX	VANGUARD	FUND MANAGEMENT	0.11%
OLLK	DODGE & COX GLOBAL - DODGE & COX	DODWX	DODGE & COX	FUND MANAGEMENT	0.60%
OMCF	VANG DIV GROWTH INV - WELLINGTON MANAGEMENT COMPANY LLP	VDIGX	VANGUARD	FUND MANAGEMENT	0.25%
OMMW	VANG INST INDEX PLUS - VANGUARD GROUP INC	VIIIX	VANGUARD	FUND MANAGEMENT	0.02%

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)
OMZE	VANG SM CAP IDX INST - VANGUARD GROUP INC	VSCIX	VANGUARD	FUND MANAGEMENT	0.04%
OQFB	VANG CR FED MM ADM - VANGUARD GROUP INC	VMRXX	VANGUARD	FUND MANAGEMENT	0.09%
OQFC	VANG TOT BD MKT INST - VANGUARD GROUP INC	VBTIX	VANGUARD	FUND MANAGEMENT	0.03%
OV6M	VANG INST TR INCOME - VANGUARD GROUP INC	VITRX	VANGUARD	SEE NOTE *2	0.09%*4
OV6O	VANG INST TR 2015 - VANGUARD GROUP INC	VITVX	VANGUARD	SEE NOTE *2	0.09%*4

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)
OV6P	VANG INST TR 2020 - VANGUARD GROUP INC	VITWX	VANGUARD	SEE NOTE *2	0.09%*4
OV6Q	VANG INST TR 2025 - VANGUARD GROUP INC	VRIVX	VANGUARD	SEE NOTE *2	0.09%*4
OV6R	VANG INST TR 2030 - VANGUARD GROUP INC	VTTWX	VANGUARD	SEE NOTE *2	0.09%*4
OV6S	VANG INST TR 2035 - VANGUARD GROUP INC	VITFX	VANGUARD	SEE NOTE *2	0.09%*4
OV6T	VANG INST TR 2040 - VANGUARD GROUP INC	VIRSX	VANGUARD	SEE NOTE *2	0.09%*4

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)
OV6U	VANG INST TR 2045 - VANGUARD GROUP INC	VITLX	VANGUARD	SEE NOTE *2	0.09%*4
OV6V	VANG INST TR 2050 - VANGUARD GROUP INC	VTRLX	VANGUARD	SEE NOTE *2	0.09%*4
OV6W	VANG INST TR 2055 - VANGUARD GROUP INC	VIVLX	VANGUARD	SEE NOTE *2	0.09%*4
OV6X	VANG INST TR 2060 - VANGUARD GROUP INC	VILVX	VANGUARD	SEE NOTE *2	0.09%*4
OYOJ	HRDG LVNR INTL EQ IS - HARDING LOEVNER LP	HLMIX	HARDING LOEVNER	FUND MANAGEMENT	0.67%

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.

Vanderbilt University Retirement Plan
62-0476822 Plan #001 Plan Year 12/31/2021
Attachment to Schedule A Valic #001

(a) (b) (e)

Agent	Amount of commission	Org code
MCCLENDON, THOMAS E	2527.12	3
EMBRY, NATHAN S	564.62	3
HUNLEY, JOSHUA L	256	3
HANNAH, JEREMY	124.37	3
WARREN, ROBERT	121.64	3
WAGNER, JAYSON W	119.21	3
KING, JEREMY G	74.24	3
JIMENEZ, ANDREW	70.04	3
TICKNOR, MATTHEW A	48.89	3
OVERCASH, COREY L	43.02	3
HOFMANN, JEFFREY A	34.41	3
MERLET, NORMAN C	30.49	3
BAZAREVITSCH, NICOLAS	28.93	3
ST.CLAIR, LOYCE A	27.19	3
ROBBINS, RALPH (ROB) R	24.43	3
HOUGHLAND, VIVIAN (RENE)	24.39	3
KNOLL, SUZANNE M	24.1	3
PEARSON, RICHARD W	22.83	3
BATEZEL, LINDSAY	19.91	3
TRUDO, ROBERT	19.73	3
JAQUAYS, TAYLOR	19.24	3
ZEBRUN, MITCHELL A	19.15	3
BALLENGER, MELVIN	16.72	3
CRAFT, ANDREW C	16.23	3
HARPER, BRENT	15.26	3
KLEINE-KRACHT, II, JOSEPH M	14.62	3
HARRIS, TRENT	14.13	3
HALPERN, MARTIN B	11.97	3
Total	4,332.88	

The addresses for all of the agents above is

2929 Allen Parkway
Houston, Tx 77019

Vanderbilt University Retirement Plan
62-0476822 Plan #001 Plan Year 12/31/2021
Attachement to Schedule A Valic #003

(a)	(b)	(e)
Agent	Amount of commission	Org code
MCCLENDON, THOMAS E	738.77	3
EMBRY, NATHAN S	161.33	3
HUNLEY, JOSHUA L	74.82	3
HANNAH, JEREMY	40.09	3
WAGNER, JAYSON W	39.05	3
WARREN, ROBERT	36.02	3
HOFMANN, JEFFREY A	31.37	3
BAUER, BARBARA J	24.64	3
TICKNOR, MATTHEW A	21.99	3
KING, JEREMY G	20.11	3
BAZAREVITSCH, NICOLAS	15.11	3
JIMENEZ, ANDREW	13.53	3
OVERCASH, COREY L	13.02	3
GAHM, ERICA L	11.38	3
ZEBRUN, MITCHELL A	11.26	3
KNOLL, SUZANNE M	10.65	3
JAQUAYS, TAYLOR	10.22	3
Total	1,273.36	

The addresses for all of the agents above is

2929 Allen Parkway

Houston, Tx 77019

VANDERBILT UNIVERSITY RETIREMENT PLAN

FINANCIAL STATEMENTS,

SUPPLEMENTARY INFORMATION

AND INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2021

EMPLOYER IDENTIFICATION NUMBER: 62-0476822

PLAN NUMBER: 001

VANDERBILT UNIVERSITY RETIREMENT PLAN

FINANCIAL STATEMENTS,

SUPPLEMENTARY INFORMATION

AND INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2021

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All other supplemental schedules ordinarily required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable to this Plan for the audit years addressed in the Independent Auditor's Report.

KraftCPAs PLLC

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees and Participants
Vanderbilt University Retirement Plan
Nashville, Tennessee

SCOPE AND NATURE OF THE ERISA SECTION 103(a)(3)(C) AUDIT OF THE 2021 FINANCIAL STATEMENTS

We have performed an audit of the financial statements of Vanderbilt University Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by banks or similar institutions or insurance carriers that are regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the banks or similar institutions or insurance carriers in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institutions).

Management has obtained certifications from the qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

OPINION ON THE 2021 FINANCIAL STATEMENTS

In our opinion, based on our audit and on procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").

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555 Great Circle Road • Nashville, TN 37228 • phone: 615-242-7351 • fax: 615-782-4271 • kraftcpas.com

- The information in the accompanying 2021 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BASIS FOR OPINION ON THE 2021 FINANCIAL STATEMENTS

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

RESPONSIBILITIES OF MANAGEMENT FOR THE 2021 FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE 2021 FINANCIAL STATEMENTS

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

OTHER MATTERS

2021 SUPPLEMENTAL SCHEDULE REQUIRED BY ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

AUDITOR'S REPORT ON THE 2020 FINANCIAL STATEMENTS

We were engaged to audit the 2020 financial statements of the Plan. Because of inadequacies in the Plan's historical records, we were unable to perform auditing procedures with respect to individual participant account balances accumulated from the inception of the Plan, to satisfy ourselves as to the basis on which participants' equity is stated as of December 31, 2020, or to satisfy ourselves on the propriety of the distributions to participants who terminated and withdrew during the years then ended.

As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by the qualified institutions. In our report dated July 27, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Nashville, Tennessee
July 26, 2022

VANDERBILT UNIVERSITY RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2021 AND 2020

	2021	2020
ASSETS		
Investments, at fair value	$ 2,377,864,316	$ 2,168,333,152
Investments, at contract value	69,616,363	72,648,193
Receivables:		
Notes receivable from participants	1,817,284	1,834,850
Participant contributions receivable	2,880,350	2,640,230
Employer contributions receivable	1,448,977	1,403,070
Total receivables	6,146,611	5,878,150
TOTAL ASSETS	2,453,627,290	2,246,859,495
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,453,627,290	$ 2,246,859,495

See accompanying notes to financial statements.

VANDERBILT UNIVERSITY RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2021

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation in fair value of investments	$ 218,792,573
Dividend income	59,992,246
Interest income	12,832,284
Total investment income	291,617,103
Interest income on notes receivable from participants	101,459
Contributions:	
Participants	45,673,471
Employer	20,957,594
Rollovers	9,008,728
Total contributions	75,639,793
TOTAL ADDITIONS	367,358,355
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	156,796,427
Purchases of annuity contracts	3,014,910
Administrative expenses	779,223
TOTAL DEDUCTIONS	160,590,560
NET INCREASE	206,767,795
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	2,246,859,495
End of year	$ 2,453,627,290

See accompanying notes to financial statements.

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of Vanderbilt University Retirement Plan (the "Plan"), formerly the Vanderbilt University Retirement Plan and New Faculty Plan, is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a participant directed defined contribution plan, covering eligible employees of Vanderbilt University (the "University"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Board of Trustees and the Benefits Fiduciary Oversight Committee are responsible for oversight of the Plan and determine the appropriateness of the Plan's investment offerings.

Effective January 1, 2020, the Plan was amended and restated as a single plan eliminating the two plan distinction and renaming the Plan the "Vanderbilt University Retirement Plan". The amendment also changed the named plan administrator to the Benefits Fiduciary Oversight Committee.

Eligibility

The Plan covers substantially all employees, except for students, post-doctoral fellows or trainees, any person not classified as an employee and employees who work less than 20 hours per week.

Effective January 1, 2020, the "once eligible, always eligible" participation standard was removed and an employee ceases to be eligible to participate in the Plan once they no longer meet eligibility requirements or experiences a severance from employment.

Participant accounts

Each participant's account is credited with the participant's contributions, allocations of Employer contributions and plan earnings, and reduced by an allocation of administrative expenses, any distributions and plan losses. Allocations are based on participant earnings, account balances or specific participant transactions, as defined by the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment options

Participants direct the investment of their contributions into various investment options offered by the Plan.

Contributions

Eligible employees are required as a condition of employment to make mandatory deferrals of 3% of compensation. Faculty employees begin mandatory contributions upon hire. Non-faculty employees begin mandatory contributions after completion of one year of service with 1,000 hours. The University contributes mandatory matching contributions equal to 100% of mandatory deferrals up to 3%.

Certain employees are not required to make mandatory deferrals and do not receive mandatory matching contributions. They include employees under the age of 21, employees in a collective bargaining unit participating in a union-sponsored plan, temporary faculty members, part-time faculty members, employees of Vanderbilt Temporary Services and certain other faculty as defined in the plan documents.

The Plan allows for elective deferrals upon hire for both faculty and non-faculty employees. The University makes matching contributions of 100% of elective deferrals of at least 1%, but not greater than 2%, of compensation. Employees in a collective bargaining unit who elect not to participate in a union sponsored plan receive matching contributions of 100% of elective deferrals up to 5%. Roth elective deferrals are allowed for all eligible employees.

Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

Participants may also contribute amounts representing distributions from other qualified plans.

Contributions are subject to certain limitations in accordance with applicable regulatory requirements.

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% of their account balance. The loans are secured by the vested balance in the participant's account and bear interest at rates that range from 4.25% to 6.50% which are commensurate with local prevailing rates as determined by the Plan Administrator. Loan terms are for a maximum of 5 years, or longer if used for the purchase of a primary residence. Principal and interest are paid ratably by participants directly to plan custodians.

Policy loans

Prior to April 15, 2015, participants could borrow directly from Teachers Insurance and Annuity Association ("TIAA"), College Retirement Equities Fund ("CREF") and The Variable Annuity Life Insurance Company ("VALIC") using a portion of their Plan account as security for the loan. Effective April 15, 2015, the Plan was amended to allow participants to borrow from their accounts with Fidelity Management Trust Company ("Fidelity") and only loans initiated prior to this date were allowed with TIAA, CREF, and VALIC.

As of December 31, 2021 and 2020, $726,183 and $793,194, respectively, was held as collateral against policy loans. Collateral amounts are held in stable/fixed investments. Principal payments on the loans release collateral and increase the amount of funds available for a participant's use. Interest and principal are paid directly to the plan custodians.

Payment of benefits

Benefit distributions equal to a participant's vested account balance are payable to the participant or their beneficiaries upon retirement, death or termination of employment. The method of distribution shall be determined by the Plan Administrator in accordance with the provisions of the Plan. Payment methods include lifetime monthly payments, lump-sum payments or periodic payments over a specified period of time.

In-service withdrawals

In-service withdrawals are permitted by participants who have reached the age of 59½. Early withdrawals may also be made in the case of financial hardship, as determined by the University. Early withdrawals may also be made in the case of financial hardship, as determined by the University. Hardship withdrawals are permitted from elective deferrals.

Effective January 1, 2020, the Plan was amended in accordance with new regulations to eliminate the six-month suspension of elective deferrals following a hardship and to eliminate the requirement to first take plan loans before a hardship distribution.

Purchases of annuity contracts

Participants may elect to purchase an annuity from their account balance at retirement. The annuity contract provides for a guaranteed payment period of 10, 15, or 20 years not to exceed the life expectancy of the participant. Participants also have the option to elect payments without a guaranteed period. Annuities purchased are outside of the Plan; therefore, they are excluded from the Plan's net assets.

Vesting

Participants are immediately vested in their contributions, University contributions and actual earnings thereon.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of presentation

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of estimates

The preparation of financial statements in conformity with GAAP requires the Plan to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses as incurred.

No allowance for credit losses has been recorded as of December 31, 2021 and 2020. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Investment valuation and income recognition

Investments are stated 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 determines the valuation policies utilizing information provided by the investment advisers, custodians and insurance companies. See Note 5 for discussion of fair value measurements.

Contract value is the relevant measure of 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 normally would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. See Note 6 for a discussion of investments at contract value.

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. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits

Benefit payments are recognized in the year paid.

Expenses

The Plan is responsible for its administrative expenses unless paid by the University. Expenses paid by the University are excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of investments.

Events occurring after reporting date

The Plan has evaluated events and transactions that occurred between December 31, 2021 and July 26, 2022, the date the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

NOTE 3 - CHANGE IN ACCOUNTING PRINCIPLE

In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement,* which modifies the disclosure requirements for fair value measurements by removing, modifying or adding certain disclosures. ASU 2018-13 is effective for all entities for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. The plan adopted this ASU for the 2020 plan year and the effect of adoption resulted in the removal or modification of certain fair value measurement disclosures presented in Note 5 of the financial statements.

NOTE 4 - INFORMATION CERTIFIED BY CUSTODIANS

Except for the fair value of the investment contract, certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplementary information, including investments and notes receivable from participants held at December 31, 2021 and 2020, and investment income and interest income on notes receivable for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified by Teachers Insurance and Annuity Association ("TIAA"), College Retirement Equities Fund ("CREF"), The Variable Annuity Life Insurance Company ("VALIC") and Fidelity Management Trust Company ("Fidelity"), the Custodians of the Plan. The contract value of the investment contracts were certified by the Custodians.

NOTE 5 - FAIR VALUE

The Plan classifies its investments based on a hierarchy consisting of: Level 1 (valued using unadjusted quoted prices from active markets for identical assets), Level 2 (not traded on an active market, but for which observable market inputs are readily available) and Level 3 (valued based on significant unobservable inputs). The asset's 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 used maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets and liabilities measured at fair value:

Registered investment companies	Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The funds held by the Plan are deemed to be actively traded.

Self-directed brokerage accounts	Self-directed accounts consist primarily of mutual funds 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 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.
Separate accounts	Separate accounts that are classified in the fair value hierarchy consist of the TIAA Real Estate Account, which is a separate account valued at the daily price as reported by the fund based on the market value of the underlying assets. The unit values are published on NASDAQ. The fund is not traded on this exchange. The account is not redeemable daily; transfers out of the fund can be executed on any business day but are limited to once per calendar quarter. Separate accounts that are not classified in the fair value hierarchy are valued at NAV per share at the close of each business day as reported by each fund, which is then adjusted for dividends and separate account fees. This practical expedient will not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily.
Fixed annuity contracts	TIAA contracts are valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. VALIC contracts are valued at fair value which is the sum of all purchase payments made to the fixed accounts, plus amounts transferred from the separate accounts to the fixed accounts, plus interest earned minus amounts transferred or withdrawn from the fixed accounts (including applicable fees and charges). Any market value adjustments would also be included. See Note 7 for additional information on the fixed annuity contracts.
Money market funds	Valued based on the funds' closing NAV of shares held by the Plan as of the last business day of the plan year. The shares are deemed to be actively traded.

There have been no changes in the valuation methodologies used at December 31, 2021 and 2020.

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

The following table summarizes, by level, within the fair value hierarchy, investments measured at fair value on a recurring basis as of December 31, 2021 and 2020:

	2021			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 1,805,666,348	$ -	$ -	$ 1,805,666,348
Self-directed brokerage accounts	159,538,103	-	-	159,538,103
Separate accounts	-	30,427,304	-	30,427,304
Fixed annuity contracts	-	-	301,425,554	301,425,554
Money market funds	38,095,468	-	-	38,095,468
Total investments in the fair value hierarchy	2,003,299,919	30,427,304	301,425,554	2,335,152,777
Investments measured at net asset value (a)				42,711,539
Investments, at fair value	$ 2,003,299,919	$ 30,427,304	$301,425,554	$ 2,377,864,316

	2020			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 1,598,122,125	$ -	$ -	$ 1,598,122,125
Self-directed brokerage accounts	141,824,323	-	-	141,824,323
Separate accounts	-	26,909,655	-	26,909,655
Fixed annuity contracts	-	-	313,280,840	313,280,840
Money market funds	47,597,762	-	-	47,597,762
Total investments in the fair value hierarchy	1,787,544,210	26,909,655	313,280,840	2,127,734,705
Investments measured at net asset value (a)				40,598,447
Investments, at fair value	$ 1,787,544,210	$ 26,909,655	$313,280,840	$ 2,168,333,152

(a) In accordance with Subtopic 820-10, certain investments that were measured at fair value using the net asset value per share (or the equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table sets forth a summary of certain changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2021 and 2020.

	2021			
	TIAA Traditional Non Benefit Responsive	VALIC Fixed Account Plus	VALIC Loan and Short Term Fixed Accounts	Total
Purchases	$ 22,030,534	$ 297,084	$ 822,796	$ 23,150,414
Issuances	$ (23,046,842)	$ (1,168,576)	$ (583,082)	$ (24,798,500)

	2020			
	TIAA Traditional Non Benefit Responsive	VALIC Fixed Account Plus	VALIC Loan and Short Term Fixed Accounts	Total
Purchases	$ 30,532,406	$ 62,754	$ 226,195	$ 30,821,355
Issuances	$ (29,695,462)	$ (651,134)	$ (523,260)	$ (30,869,856)

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and quantitative input values.

	Fair Value December 31, 2021	Valuation Technique	Unobservable Inputs	Quantitative Input Values
TIAA Traditional Non Benefit Responsive	$283,041,117	Discounted cash flow; Theoretical transfer (exit value)	Risk-adjusted discount rates applied	RA - 3.00% - 4.45%
VALIC Fixed Account Plus	$ 12,147,919	Discounted cash flow	Risk-adjusted discount rates applied	USD Industrial A+ fair market rates
VALIC Loan and Short Term Fixed Accounts	$ 6,236,518	Discounted cash flow	Risk-adjusted discount rates applied	USD Industrial A+ fair market rates

	Fair Value December 31, 2020	Valuation Technique	Unobservable Inputs	Quantitative Input Values
TIAA Traditional Non Benefit Responsive	$294,917,157	Discounted cash flow; Theoretical transfer (exit value)	Risk-adjusted discount rates applied	RA - 3.00% - 4.40%
VALIC Fixed Account Plus	$ 12,585,027	Discounted cash flow	Risk-adjusted discount rates applied	USD Industrial A+ fair market rates
VALIC Loan and Short Term Fixed Accounts	$ 5,778,656	Discounted cash flow	Risk-adjusted discount rates applied	USD Industrial A+ fair market rates

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient:

Investment	Fair Value at December 31, 2021	Fair Value at December 31, 2020	* Unfunded Commitment	* Redemption Frequency, if Eligible	* Redemption Notice Period
Fixed income funds	$ 1,422,167	$ 2,404,265	$0	Daily	None
Global/International equity funds	$ 3,924,378	$ 4,084,502	$0	Daily	None
Large cap funds	$ 15,086,547	$ 12,989,228	$0	Daily	None
Mid cap funds	$ 7,621,118	$ 6,282,626	$0	Daily	None
Small cap funds	$ 6,983,334	$ 7,323,610	$0	Daily	None
Specialty funds	$ 3,390,071	$ 3,835,823	$0	Daily	None
Hybrid funds	$ 4,283,924	$ 3,678,393	$0	Daily	None

*Information noted in these columns is the same for each investment type for 2021 and 2020.

There are no participant redemption restrictions on these separate accounts and the investments can be redeemed daily if initiated by the participants.

NOTE 6 - INVESTMENTS AT CONTRACT VALUE

The Plan holds investment contracts that meet the fully benefit-responsive investment contract criteria; therefore, they are reported at contract value. The investment contracts are traditional investment contracts. The following represents the disaggregation of contract value between types of investment contracts held by the Plan:

	2021	2020
TIAA Traditional Benefit Responsive Contract	$ 50,922,885	$ 51,201,228
Principal Fixed Account	18,693,478	21,446,965
Total	$ 69,616,363	$ 72,648,193

With traditional investment contracts, the Plan owns only the contract itself; the underlying assets are owned by the contract issuer. Traditional investment contracts are designed to accrue interest based on crediting rates established by the contract issuers. The traditional investment contracts held by the Plan are fixed annuity contracts. The contract issuer is contractually obligated to repay the principal and interest at specified rates that are guaranteed to the Plan. The crediting rates are based on formulas established by the contract issuer.

TIAA fixed annuity contracts are credited with interest at minimum rates of 1% to 3%, depending on the subcontract. Benefit responsive subcontracts of TIAA include the Supplemental Retirement Annuity ("SRA") contract, the Group Supplemental Retirement Annuity ("GSRA") contract and the Retirement Choice Plus ("RCP") contract. The SRA, GSRA and RCP subcontracts have no liquidity restrictions.

The Principal Fixed Account offered by the Plan is a benefit responsive annuity investment offered by Principal Life Insurance Company ("Principal"). Interest is guaranteed at a minimum rate of 1% to 3%. The crediting rate is reset on a periodic basis and was 1.35% at December 31, 2021. Certain events allow Principal to settle at an amount different from contract value. The events include layoffs of plan participants, early retirement windows, spin-offs, sale of a division, facility closings, full or partial plan terminations and changes in laws or regulations.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investments 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.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Such events include the following: (1) failure of the trust to be tax-exempt under federal income taxes, (2) permanent termination of the contract, (3) amendment to the plan documents including the Plan's termination or merger, (4) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions or (5) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

NOTE 7 - NONFULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan invests in investment contracts with TIAA and VALIC that are non-fully benefit-responsive.

The TIAA Traditional Non Benefit Responsive contract is a fixed annuity contract that is offered through a variety of subcontracts. Nonbenefit responsive subcontracts consist of the Retirement Annuity ("RA") contract. The RA contract does not allow lump-sum withdrawals. Participant-initiated transfers or withdrawals may only be made in ten annual installments. The contracts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The credited interest rate is based on a formula agreed upon by the issuer and may not be less than 1% to 3%, depending on the subcontracts. Such rates are reviewed and may be reset on a monthly basis.

A VALIC nonfully benefit-responsive contract that is offered through the Plan is the VALIC Short Term Fixed Account that credits interest at minimum rates of 1% to 3% established on a portfolio basis. Participants may withdraw or transfer up to 20% of the fixed account to another funding entity each certificate year.

The Plan holds an additional nonfully benefit-responsive contract with VALIC, the VALIC Fixed Account Plus, that can be redeemed immediately if initiated by the participant; however, participants may only transfer up to 20% of the value allocated to the account during a year to other investment options. The credited interest rate is determined monthly and applied to new contributions received during that month. The monthly interest rates are credited for one year on such balances. The monthly interest rates may be consolidated as of January 1 and credited at a rate declared for that calendar year. Minimum guaranteed credited rates are 1% to 3% based on the contracts. The account is subject to surrender charges based on the age of the account, age of the participant, and/or recent account activity. The surrender or withdrawal charge is the lesser of 5% or the amount of the surrender. In addition, withdrawals of up to 10% of the annuity value are permitted without a surrender charge.

Additionally, the Plan holds a nonfully benefit-responsive contract with VALIC through the VALIC Loan Collateral and Escrow Fund. It is credited with interest based on a formula agreed upon with the issuer at a minimum rate of 1% to 3% depending on when the contract was issued. Such interest rates are reviewed for resetting annually.

Nonfully benefit-responsive investment contracts are required to be reported at fair value. An adjustment from contract value to fair value was not made in the accompanying financial statements, as the University determined that the contract value of the contract approximated fair value.

NOTE 8 - RISKS AND UNCERTAINTIES

The Plan invests in investment securities which are exposed to various risks, such as interest rate, credit and overall market risks. Due to the level of risk associated with certain investment securities, it is 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 financial statements.

At December 31, 2021 and 2020, the Plan had a concentration of investments in two funds, which represented approximately 22% and 24%, respectively, of total investments.

NOTE 9 - INCOME TAX STATUS

The Plan was designed to qualify under Section 403(b) of the Internal Revenue Code ("IRC"). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service ("IRS") in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for participants under Section 403(b).

NOTE 10 - PARTY-IN-INTEREST AND RELATED-PARTY TRANSACTIONS

Parties-in-interest are defined under United States Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Employer and certain others. Plan investments are held by the Custodians, and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of investments, rather than a direct payment.

These party-in-interest transactions are exempt from the prohibited transactions provisions of ERISA and the IRC.

NOTE 11 - PLAN TERMINATION

Although it has not expressed any intention to do so, the University has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 12 - LITIGATION SETTLEMENT

In October 2019, a settlement agreement was approved in United States District Court related to litigation arising from a class action lawsuit on behalf of participants in the Plan against the University and plan fiduciaries ("Defendants"). The litigation, Cassell, et al. v. Vanderbilt University, et al., alleged breach of fiduciary duties related to certain plan investments, to recordkeeping services provided by one of the plan recordkeepers, and to payment of excessive administrative fees, among other allegations. The class action covered all participants and beneficiaries of the Plan from August 10, 2010, through March 31, 2019.

In accordance with the settlement, the Defendants deposited $14,500,000 into an interest-bearing account to pay recoveries to class members, class counsel's attorneys' fees and expenses, administrative expenses of the settlement and the class representatives' compensation, as described in the settlement. Class member participants received an allocation of the net settlement amount, as defined in the agreement, into their plan accounts with Fidelity of approximately $3,500,000 in April 2020. This amount is included in other additions on the statement of changes in net assets available for benefits.

The settlement agreement also requires the Plan to provide certain communication to participants regarding the Plan's investment options, their performance and fees; to conduct a request for proposal for recordkeeping and administrative service of the Plan; and to perform certain other actions as agreed upon by the parties. The settlement period continues for three years from the final order of approval by the court.

SUPPLEMENTARY INFORMATION

VANDERBILT UNIVERSITY RETIREMENT PLAN

EMPLOYER IDENTIFICATION NUMBER: 62-0476822
PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Money market funds:			
*	CREF	CREF Money Market	**	$ 9,760,846
*	VALIC	Government Money Market I Fund	**	260,487
	Vanguard	Prime Money Market Fund	**	28,074,135
	Total money market funds			38,095,468
	Registered investment companies:			
	Jackson Square	SMID Cap Growth Fund Institutional Class	**	40,850,892
	Dimensional Fund Advisors	US Targeted Value I	**	18,173,667
	Dodge & Cox	Global Stock	**	10,983,674
	Harding Loevner	International Equity	**	24,950,282
	Natixis	Loomis Sayles Core Plus Bond Y	**	27,462,037
*	CREF	CREF Bond Market	**	20,835,526
*	CREF	CREF Equity Index	**	32,815,002
*	CREF	CREF Global Equities	**	45,169,689
*	CREF	CREF Growth	**	50,732,697
*	CREF	CREF Inflation-Linked Bond	**	10,597,473
*	CREF	CREF Social Choice	**	24,644,466
*	CREF	CREF Stock	**	266,676,223
	Vanguard	Dividend Growth Fund	**	150,297,191
	Vanguard	FTSE Social Index Fund Investor Shares	**	48,564,585
	Vanguard	Institutional Index Fund	**	207,668,464
	Vanguard	Institutional Target Retirement Income	**	25,215,642
	Vanguard	Small Cap Index I	**	41,386,243
	Vanguard	Target Retirement 2015 Fund	**	22,893,858
	Vanguard	Target Retirement 2020 Fund	**	71,617,150
	Vanguard	Target Retirement 2025 Fund	**	100,968,136
	Vanguard	Target Retirement 2030 Fund	**	113,950,800
	Vanguard	Target Retirement 2035 Fund	**	101,638,341
	Vanguard	Target Retirement 2040 Fund	**	105,528,616
	Vanguard	Target Retirement 2045 Fund	**	90,316,593
	Vanguard	Target Retirement 2050 Fund	**	51,830,553
	Vanguard	Target Retirement 2055 Fund	**	19,865,351
	Vanguard	Target Retirement 2060 Fund	**	5,506,956
	Vanguard	Target Retirement 2065 Fund	**	1,231,840
	Vanguard	Total Bond Market Index Fund Institutional Shares	**	39,764,705
	Vanguard	Total International Stock Investor Shares	**	33,529,696
	Total registered investment companies			1,805,666,348

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VANDERBILT UNIVERSITY RETIREMENT PLAN

EMPLOYER IDENTIFICATION NUMBER: 62-0476822
PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Separate accounts:			
*	TIAA	TIAA Real Estate	**	30,427,304
*	VALIC	Aggressive Growth Lifestyle	**	1,449,346
*	VALIC	American Beacon Brdwy Large Cap Growth	**	63,661
*	VALIC	Ariel Appreciation Fund	**	531,531
*	VALIC	Ariel Fund	**	1,109,907
*	VALIC	Asset Allocation Fund	**	207,364
*	VALIC	Blue Chip Growth Fund	**	1,408,942
*	VALIC	Capital Appreciation Fund	**	29,889
*	VALIC	Conservative Growth Lifestyle	**	45,027
*	VALIC	Core Bond Fund	**	390,924
*	VALIC	Dividend Value	**	94,253
*	VALIC	Emerging Economies	**	208,634
*	VALIC	Global Strategy	**	392,233
*	VALIC	Government Securities Fund	**	115,747
*	VALIC	Growth Fund	**	2,312,879
*	VALIC	High Yield Bond Fund	**	189,778
*	VALIC	Inflation Protected Fund	**	60,146
*	VALIC	International Equities Index Fund	**	844,404
*	VALIC	International Government Bond	**	83,431
*	VALIC	International Growth Fund	**	906,603
*	VALIC	International Value Fund	**	671,488
*	VALIC	International Opportunities	**	655,387
*	VALIC	International Socially Responsible Fund	**	245,629
*	VALIC	Large Capital Growth	**	1,247,930
*	VALIC	Mid Cap Index Fund	**	3,623,384
*	VALIC	Mid Cap Strategic Growth	**	1,655,910
*	VALIC	Mid Cap Value Fund	**	1,810,293
*	VALIC	Moderate Growth Lifestyle	**	924,906
*	VALIC	NASDAQ-1OO(R) Index Fund	**	420,508
*	VALIC	Science & Technology Fund	**	3,390,071
*	VALIC	Small Cap Growth Fund	**	1,456,428
*	VALIC	Small Cap Index Fund	**	1,959,277
*	VALIC	Small Cap Special Value Fund	**	1,226,761
*	VALIC	Small Cap Value Fund	**	1,230,961
*	VALIC	Socially Responsible Fund	**	457,849
*	VALIC	Stock Index Fund	**	4,441,954
*	VALIC	Systematic Core Fund	**	596,153
*	VALIC	Systematic Value	**	1,484,382
*	VALIC	Vanguard Lifestrategy Conservative Growth Fund	**	62,650
*	VALIC	Vanguard Lifestrategy Growth	**	174,723

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VANDERBILT UNIVERSITY RETIREMENT PLAN

EMPLOYER IDENTIFICATION NUMBER: 62-0476822
PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Separate accounts (continued):			
*	VALIC	Vanguard Lifestrategy Moderate Growth Fund	**	45,141
*	VALIC	Vanguard Long-Term Investment-Grade Fund	**	211,437
*	VALIC	Vanguard Long-Term Treasury	**	370,704
*	VALIC	Vanguard Wellington Fund, Inc.	**	1,374,767
*	VALIC	Vanguard Windsor II Fund Investor Shares	**	2,528,147
	Total separate accounts			73,138,843
	Fixed annuity contracts:			
*	TIAA	TIAA Traditional Non Benefit Responsive	**	283,041,117
*	TIAA	TIAA Traditional Benefit Responsive	**	50,922,885
	Principal	Fixed Account	**	18,693,478
*	VALIC	Fixed Account Plus	**	12,147,919
*	VALIC	Loan Collateral and Escrow Fund	**	578,378
*	VALIC	Short Term Fixed Account	**	5,658,140
	Total fixed annuity contracts			371,041,917
*	Fidelity	Self-directed BrokerageLink Account	**	159,538,103
*	Participant loans	Interest rates at 4.25% - 6.50%; with various maturities through 2036; secured by the vested account balances of participants	-0-	1,817,284
				$ 2,449,297,963

* Represents a party-in-interest.

** Cost is not required to be presented for participant-directed investments.

VANDERBILT UNIVERSITY RETIREMENT PLAN

EMPLOYER IDENTIFICATION NUMBER: 62-0476822
PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Money market funds:			
*	CREF	CREF Money Market	**	$ 9,760,846
*	VALIC	Government Money Market I Fund	**	260,487
	Vanguard	Prime Money Market Fund	**	28,074,135
	Total money market funds			38,095,468
	Registered investment companies:			
	Jackson Square	SMID Cap Growth Fund Institutional Class	**	40,850,892
	Dimensional Fund Advisors	US Targeted Value I	**	18,173,667
	Dodge & Cox	Global Stock	**	10,983,674
	Harding Loevner	International Equity	**	24,950,282
	Natixis	Loomis Sayles Core Plus Bond Y	**	27,462,037
*	CREF	CREF Bond Market	**	20,835,526
*	CREF	CREF Equity Index	**	32,815,002
*	CREF	CREF Global Equities	**	45,169,689
*	CREF	CREF Growth	**	50,732,697
*	CREF	CREF Inflation-Linked Bond	**	10,597,473
*	CREF	CREF Social Choice	**	24,644,466
*	CREF	CREF Stock	**	266,676,223
	Vanguard	Dividend Growth Fund	**	150,297,191
	Vanguard	FTSE Social Index Fund Investor Shares	**	48,564,585
	Vanguard	Institutional Index Fund	**	207,668,464
	Vanguard	Institutional Target Retirement Income	**	25,215,642
	Vanguard	Small Cap Index I	**	41,386,243
	Vanguard	Target Retirement 2015 Fund	**	22,893,858
	Vanguard	Target Retirement 2020 Fund	**	71,617,150
	Vanguard	Target Retirement 2025 Fund	**	100,968,136
	Vanguard	Target Retirement 2030 Fund	**	113,950,800
	Vanguard	Target Retirement 2035 Fund	**	101,638,341
	Vanguard	Target Retirement 2040 Fund	**	105,528,616
	Vanguard	Target Retirement 2045 Fund	**	90,316,593
	Vanguard	Target Retirement 2050 Fund	**	51,830,553
	Vanguard	Target Retirement 2055 Fund	**	19,865,351
	Vanguard	Target Retirement 2060 Fund	**	5,506,956
	Vanguard	Target Retirement 2065 Fund	**	1,231,840
	Vanguard	Total Bond Market Index Fund Institutional Shares	**	39,764,705
	Vanguard	Total International Stock Investor Shares	**	33,529,696
	Total registered investment companies			1,805,666,348

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VANDERBILT UNIVERSITY RETIREMENT PLAN

EMPLOYER IDENTIFICATION NUMBER: 62-0476822
PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Separate accounts:			
*	TIAA	TIAA Real Estate	**	30,427,304
*	VALIC	Aggressive Growth Lifestyle	**	1,449,346
*	VALIC	American Beacon Brdwy Large Cap Growth	**	63,661
*	VALIC	Ariel Appreciation Fund	**	531,531
*	VALIC	Ariel Fund	**	1,109,907
*	VALIC	Asset Allocation Fund	**	207,364
*	VALIC	Blue Chip Growth Fund	**	1,408,942
*	VALIC	Capital Appreciation Fund	**	29,889
*	VALIC	Conservative Growth Lifestyle	**	45,027
*	VALIC	Core Bond Fund	**	390,924
*	VALIC	Dividend Value	**	94,253
*	VALIC	Emerging Economies	**	208,634
*	VALIC	Global Strategy	**	392,233
*	VALIC	Government Securities Fund	**	115,747
*	VALIC	Growth Fund	**	2,312,879
*	VALIC	High Yield Bond Fund	**	189,778
*	VALIC	Inflation Protected Fund	**	60,146
*	VALIC	International Equities Index Fund	**	844,404
*	VALIC	International Government Bond	**	83,431
*	VALIC	International Growth Fund	**	906,603
*	VALIC	International Value Fund	**	671,488
*	VALIC	International Opportunities	**	655,387
*	VALIC	International Socially Responsible Fund	**	245,629
*	VALIC	Large Capital Growth	**	1,247,930
*	VALIC	Mid Cap Index Fund	**	3,623,384
*	VALIC	Mid Cap Strategic Growth	**	1,655,910
*	VALIC	Mid Cap Value Fund	**	1,810,293
*	VALIC	Moderate Growth Lifestyle	**	924,906
*	VALIC	NASDAQ-1OO(R) Index Fund	**	420,508
*	VALIC	Science & Technology Fund	**	3,390,071
*	VALIC	Small Cap Growth Fund	**	1,456,428
*	VALIC	Small Cap Index Fund	**	1,959,277
*	VALIC	Small Cap Special Value Fund	**	1,226,761
*	VALIC	Small Cap Value Fund	**	1,230,961
*	VALIC	Socially Responsible Fund	**	457,849
*	VALIC	Stock Index Fund	**	4,441,954
*	VALIC	Systematic Core Fund	**	596,153
*	VALIC	Systematic Value	**	1,484,382
*	VALIC	Vanguard Lifestrategy Conservative Growth Fund	**	62,650
*	VALIC	Vanguard Lifestrategy Growth	**	174,723

(continued on next page)

VANDERBILT UNIVERSITY RETIREMENT PLAN

EMPLOYER IDENTIFICATION NUMBER: 62-0476822
PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Separate accounts (continued):			
*	VALIC	Vanguard Lifestrategy Moderate Growth Fund	**	45,141
*	VALIC	Vanguard Long-Term Investment-Grade Fund	**	211,437
*	VALIC	Vanguard Long-Term Treasury	**	370,704
*	VALIC	Vanguard Wellington Fund, Inc.	**	1,374,767
*	VALIC	Vanguard Windsor II Fund Investor Shares	**	2,528,147
	Total separate accounts			73,138,843
	Fixed annuity contracts:			
*	TIAA	TIAA Traditional Non Benefit Responsive	**	283,041,117
*	TIAA	TIAA Traditional Benefit Responsive	**	50,922,885
	Principal	Fixed Account	**	18,693,478
*	VALIC	Fixed Account Plus	**	12,147,919
*	VALIC	Loan Collateral and Escrow Fund	**	578,378
*	VALIC	Short Term Fixed Account	**	5,658,140
	Total fixed annuity contracts			371,041,917
*	Fidelity	Self-directed BrokerageLink Account	**	159,538,103
*	Participant loans	Interest rates at 4.25% - 6.50%; with various maturities through 2036; secured by the vested account balances of participants	-0-	1,817,284
				$ 2,449,297,963

* Represents a party-in-interest.

** Cost is not required to be presented for participant-directed investments.