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.)
- ☒ 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:
- ☒ 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
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 335

1c Effective date of plan 06/01/1976

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)
TENET HEALTHCARE CORPORATION

14201 DALLAS PARKWAY
DALLAS, TX 75254

2b Employer Identification Number (EIN) 95-2557091

2c Plan Sponsor's telephone number 469-893-6538

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	KELLY POOL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [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**	158851
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)**	110208
a(2) Total number of active participants at the end of the plan year	**6a(2)**	101897
b Retired or separated participants receiving benefits	**6b**	1725
c Other retired or separated participants entitled to future benefits	**6c**	41981
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	145603
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	519
f Total. Add lines **6d** and **6e**	**6f**	146122
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	113923
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5734
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:

2E 2F 2G 2J 2K 2T 3H 2R

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)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

(1)	[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]	7	**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
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
TENET HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
95-2557091

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
NEW YORK LIFE

(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
13-5582869	66915	GA29030	19314	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

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(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**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	67296884

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**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	0
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)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

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)**	0
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)**	0
(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)**	0
(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
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
TENET HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
95-2557091

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
NATIONWIDE LIFE INSURANCE

(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
31-4156830	66869	STATHCIP1016	19314	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	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

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	(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**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

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**	69626119
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	1205736		
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	1205736
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	70831855
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)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	70831855

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)**	0
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)**	0
(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)**	0
(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

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OMB No. 1210-0110

2021

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

A Name of plan
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
TENET HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
95-2557091

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
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	062169	19314	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	

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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**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

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 ▶ UNALLOCATED FUNDS

b	Balance at the end of the previous year			**7b**	133180817
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	1961466		
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	1961466
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	135142283
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)**	25000000		
	▶ CASH WITHDRAW				
	(5) Total deductions			**7e(5)**	25000000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	110142283

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)**	0
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)**	0
(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)**	0
(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
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
TENET HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
95-2557091

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
PACIFIC LIFE

(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
95-1079000	67466	G027341010001	19314	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	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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0			

(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	0
c	Premiums due but unpaid at the end of the year	6c	0
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	0

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	122489485
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	2034558		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6)Total additions			7c(6)	2034558
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	124524043
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	25000000		
	▶ WITHDRAWS				
	(5) Total deductions			7e(5)	25000000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	99524043

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)**	0
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)**	0
(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)**	0
(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
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
TENET HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
95-2557091

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
TRANSAMERICA LIFE INS 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
39-0989781	86231	MDA01115TR	19314	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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	119617768
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1894952		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	1894952
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	121512720
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)	20000000		
	▶ WITHDRAW				
	(5) Total deductions			7e(5)	20000000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	101512720

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)**	0
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)**	0
(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)**	0
(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
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
TENET HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
95-2557091

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
VOYA FINANCIAL

(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
		060257	19314	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	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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0			

(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**	0
c	Premiums due but unpaid at the end of the year	**6c**	0
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**	0

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**	122246760
c	Additions: (1) Contributions deposited during the year	**7c(1)**	0		
	(2) Dividends and credits	**7c(2)**	0		
	(3) Interest credited during the year	**7c(3)**	1955897		
	(4) Transferred from separate account	**7c(4)**	0		
	(5) Other (specify below)	**7c(5)**	0		
	▶				
	(6)Total additions			**7c(6)**	1955897
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	124202657
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	25000000		
	(2) Administration charge made by carrier	**7e(2)**	0		
	(3) Transferred to separate account	**7e(3)**	0		
	(4) Other (specify below)	**7e(4)**	0		
	▶				
	(5) Total deductions			**7e(5)**	25000000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	99202657

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)**	0
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)**	0
(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)**	0
(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
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
TENET HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
95-2557091

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
AMERICAN GENERAL LIFE INS 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
		1635587	19314	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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	87925599
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	779277		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	-18465711		
	▶ BOOK VALUE ADJUSTMENTS				
	(6)Total additions			7c(6)	-17686434
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	70239165
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)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	70239165

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)**	0
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)**	0
(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)**	0
(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
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
TENET HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
95-2557091

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

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 60 64 65 71	RECORDKEEPER	4374422	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	1462458	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORGAN STANLEY

20-8764829

(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	INVESTMENT ADVISOR	180905	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

WILKINS FINSTON LAW

27-5546855

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	ATTORNEY/LEGAL	9123	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.
ABF SM CAP VAL R5 - DST ASSET MANA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.04%

(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.
BR STRAT GLB BD INST - BNY MELLON 301 BELLEVUE PARKWAY WILMINGTON, DE 19809	0.15%

(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.
INVESCO SELECT RISK GROWTH INV A 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
INVESCO COMSTOCK FUND CLASS Y	11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	0.10%

(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.
INVESCO GOLD & SPEC MINERALS A	11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	0.40%

(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.
AMG YACKTMAN FOCUSED N	600 STEAMBOAT ROAD SUITE 300 GREENWICH, CT 06830	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
AMG YACKTMAN FUND I 600 STEAMBOAT ROAD SUITE 300 GREENWICH, CT 06830	0.40%

(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.
AQR LARGE CAP DEFENSIVE STYLE FD I 1 GREENWICH PLAZA GREENWICH, CT 06830	0.10%

(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.
CAMBIAR OPPORTUNITY INVESTOR CL 1 FREEDOM VALLEY DRIVE OAKS, PA 19456	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
ADVISORONE CLS GLOBLDIVERFIED EQUI 17605 WRIGHT STREET OMAHA, NE 68130	0.40%

(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.
ADVISORONE CLS GROWTH AND INC CL N 17605 WRIGHT STREET OMAHA, NE 68130	0.40%

(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.
ADVISORONE CLS GLOBLAGGRESSIVE EQU 17605 WRIGHT STREET OMAHA, NE 68130	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
KOPERNIK INTERNATIONAL I ONE FREEDOM VALLEY DRIVE OAKS, PA 19456	0.10%

(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.
ADV PREFERRED GOLD BULLION STRAT I 1445 RESEARCH BLVD SUITE 530 ROCKVILLE, MD 20850	0.40%

(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.
ADVISORS PRFD QUANFDMANAGED INCOME 1445 RESEARCH BLVD SUITE 530 ROCKVILLE, MD 20850	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
QUANTIFIED RISING DIV TACTICAL INV 1445 RESEARCH BLVD SUITE 530 ROCKVILLE, MD 20850	0.40%

(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.
QUANTIFIED GOVT'T INC TACTICAL INV 1445 RESEARCH BLVD SUITE 530 ROCKVILLE, MD 20850	0.40%

(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.
ADVISORS PRFD QUANFDMARKET LEADERS 1445 RESEARCH BLVD SUITE 530 ROCKVILLE, MD 20850	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
QUANTIFIED COMMON GROUND FD INVST	1445 RESEARCH BLVD SUITE 530 ROCKVILLE, MD 20850	0.40%

(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.
QUANTIFIED TACTICAL FIXED INC INVS	1445 RESEARCH BLVD SUITE 530 ROCKVILLE, MD 20850	0.40%

(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.
KENSINGTON MANAGED INCOME FD INSTL	1445 RESEARCH BLVD SUITE 530 ROCKVILLE, MD 20850	$12.00

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.
ADVISORS PREFERRED QUANTIFIED STF	1445 RESEARCH BLVD SUITE 530 ROCKVILLE, MD 20850	0.40%

(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.
GQG PARTNERS EMRGING MARKETS EQUIT	1 FREEDOM VALLEY DRIVE OAKS, PA 19456	0.40%

(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.
ALGER SMALL CAP FOCUS CLASS Z	600 PLAZA ONE 6TH FL JERSEY CITY, NJ 07311	0.15%

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.
ALGER SMALL CAP FOCUS CLASS A 600 PLAZA ONE 6TH FL JERSEY CITY, NJ 07311	0.40%

(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.
ALGER HEALTH SCIENCES FD CL A 600 PLAZA ONE 6TH FL JERSEY CITY, NJ 07311	0.40%

(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.
AB LARGE CAP GROWTH CLASS A 8000 IH 10 WEST SUITE 1400 14TH F SAN ANTONIO, TX 78230	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
AB INCOME FUND CL A 8000 IH 10 WEST SUITE 1400 14TH F SAN ANTONIO, TX 78230	0.40%

(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.
AMANA MUTUAL FUND TRUST INCOME 1300 NORTH STATE STREET BELLINGHAM, WA 98225	0.40%

(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.
AMANA MUTUAL FUND TRUST GROWTH 1300 NORTH STATE STREET BELLINGHAM, WA 98225	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
AMERICAN BEACON LARGE CAP INVESTOR	220 EAST LAS COLINAS BLVD SUITE 12 IRVING, TX 75039	0.40%

(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.
AMERICAN BALANCED CLASS F1	3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%

(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.
AMERICAN BEACON ARK TRANS INNOVTN	220 EAST LAS COLINAS BLVD SUITE 12 IRVING, TX 75039	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
AMERICAN CENTURY EQUITY INCOME INV 4400 MAIN ST 1ST FLOOR KANSAS CITY, MO 64111	0.35%

(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.
AMERICAN CENTURY MIDCAP VALUE INV 4400 MAIN ST 1ST FLOOR KANSAS CITY, MO 64111	0.35%

(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.
AMERICAN CENTURY SMALL CAP VALUE I 4400 MAIN ST 1ST FLOOR KANSAS CITY, MO 64111	0.35%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
AMERICAN CENTURY ONECHOICE INRETIR 4400 MAIN ST 1ST FLOOR KANSAS CITY, MO 64111	0.35%

(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.
AMERICAN CEN FOCUSEDDYNAMIC GROWTH 4400 MAIN ST 1ST FLOOR KANSAS CITY, MO 64111	0.35%

(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.
AMERICAN 2040 TARGETDATE RETIREMNT 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%

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.
AMERICAN STRATEGIC BOND FUND F1	3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%

(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.
AMERICAN STRATEGIC BOND FUND F2	3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.15%

(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.
AMERICAN HIGH INCOMECLASS F1	3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%

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.
AMERICAN MUTUAL FUNDCLASS F1 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%

(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.
ARTISAN SMALL CAP FUND INVESTOR CL 875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE, WI 53202	0.39%

(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.
ARTISAN DEVELOPING WORLD FD ADVISO 875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE, WI 53202	0.15%

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.
ARTISAN HIGH INCOME FUND INVESTOR 875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE, WI 53202	0.39%

(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.
ARTISAN GLOBAL OPPORTUNITIES INV 875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE, WI 53202	0.39%

(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.
AZZAD ETHICHAL MID CAP FUND CL A 8000 TOWN CENTRE DR STE 400 BROADVIEW HEIGHTS, OH 44147-4031	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
BNY MELLON SMALL MIDCAP GROWTH A	144 GLENN CURTISS BLVD 8TH FLOOR UNIONDALE, NY 11556	0.40%

(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.
BAIRD CORE PLUS BOND INSTITUTIONAL	777 E. WISCONSIN AVE 18TH FL MILWAUKEE, WI 53202	0.02%

(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.
BARON OPPORTUNITY FUND	767 5TH AVENUE 49TH FLOOR NEW YORK, NY 10153	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
BARON FIFTH AVE FUND INSTL CLASS 767 5TH AVENUE 49TH FLOOR NEW YORK, NY 10153	0.10%

(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.
BARON PARTNERS FUND 767 5TH AVENUE 49TH FLOOR NEW YORK, NY 10153	0.40%

(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.
BARON WEALTHBUILDER FUND RETAIL 767 5TH AVENUE 49TH FLOOR NEW YORK, NY 10153	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
BARON GLOBAL ADVANTAGE FD RETAIL 767 5TH AVENUE 49TH FLOOR NEW YORK, NY 10153	0.40%

(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.
BARON EMERGING MARKETS FUND RETAIL 767 5TH AVENUE 49TH FLOOR NEW YORK, NY 10153	0.40%

(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.
BERKSHIRE FOCUS FUND 475 MILAN DRIVE SUITE 103 SAN JOSE, CA 95134	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
BLACKROCK TACTICAL OPPORTUNITIES I 40 EAST 52ND STREET NEW YORK, NY 10022	0.15%

(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.
BLACKROCK MID CAP GROWTH EQUITY CL 40 EAST 52ND STREET NEW YORK, NY 10022	0.40%

(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.
BLACKROCK TECHNOLOGYOPPORTUNITIES 40 EAST 52ND STREET NEW YORK, NY 10022	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
BLACKROCK EMERGING MARKETS FD INC 40 EAST 52ND STREET NEW YORK, NY 10022	0.15%

(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.
BLACKROCK TOTAL RETURN INSTITUTION 40 EAST 52ND STREET NEW YORK, NY 10022	0.15%

(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.
BLACKROCK MID CAP VALUE FUND CL A 40 EAST 52ND STREET NEW YORK, NY 10022	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
BLACKROCK MULTI ASSET INCOME PORT	40 EAST 52ND STREET NEW YORK, NY 10022	0.40%

(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.
BLACKROCK LOW DURATION CL R	40 EAST 52ND STREET NEW YORK, NY 10022	0.08%

(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.
BLACKROCK SYSTEMATICMULTI STRATEGY	40 EAST 52ND STREET NEW YORK, NY 10022	0.15%

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.
AMERICAN BOND FUND OF AMERICA CLAS 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%

(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.
DESTINATIONS LARGE CAP EQUITY INST 1055 WESTLAKES DRIVE SUITE 250 BERWYN, PA 19312	0.15%

(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.
DESTINATIONS SMALL MID CAP EQ INST 1055 WESTLAKES DRIVE SUITE 250 BERWYN, PA 19312	0.15%

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.
DESTINATIONS INTL EQUITY FD INSTL 1055 WESTLAKES DRIVE SUITE 250 BERWYN, PA 19312	0.15%

(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.
DESTINATIONS EQUITY INCOME FD INST 1055 WESTLAKES DRIVE SUITE 250 BERWYN, PA 19312	0.15%

(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.
DESTINATIONS CORE FIXED INCOME INS 1055 WESTLAKES DRIVE SUITE 250 BERWYN, PA 19312	0.15%

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.
DESTINATIONS MULTI STRGY ALT INSTL 1055 WESTLAKES DRIVE SUITE 250 BERWYN, PA 19312	0.15%

(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.
BROWN ADVISORY SUSTAIN GROWTH INV 777 E. WISCONSIN AVE 4TH FLOOR MILWAUKEE, WI 53202	0.08%

(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.
BUFFALO INTERNATIONAL FUND 615 E. MICHIGAN STREET MILWAUKEE, WI 53202	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
BUFFALO GROWTH FUND 615 E. MICHIGAN STREET MILWAUKEE, WI 53202	0.40%

(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.
CALAMOS GLOBAL GROWTH & INCOME A 2020 CALAMOS COURT NAPERVILLE, IL 60563	0.40%

(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.
AMERICAN CAPITAL INCOME BUILDER CL 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%

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.
AMERICAN CAPITAL WORLD GRTH & INC 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	$18.00

(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.
COHEN & STEERS REALTY CLASS A 280 PARK AVENUE 10TH FLOOR NEW YORK, NY 10017	0.40%

(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.
COHEN AND STEERS INTL REALTY INC C 280 PARK AVENUE 10TH FLOOR NEW YORK, NY 10017	0.10%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
COLUMBIA THERMOSTAT CL A 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%

(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.
COLUMBIA MORTGAGE OPPORTUNITIES I2 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.15%

(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.
COLUMBIA DIVIDEND INCOME CL A 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
COLUMBIA SELECT LRG CAP GROWTH CLA 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%

(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.
COLUMBIA INCOME BUILDER FUND CL A 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%

(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.
COLUMBIA SELIGMAN TECH AND INFO CL 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
DFA US MICRO CAP PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

(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.
DIMENSIONAL EMERGING MKTS VAL PRTF	6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

(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.
DFA INTERNATIONAL SMALL COMPANY PO	6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

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.
DFA US SMALL CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

(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.
DFA FIVE YEAR GLBL FIXED INC PRTF	6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

(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.
DFA US HIGH RELATIVE PROFIT PORT I	6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

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.
DFA INTL HIGH REL PROF PORT INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

(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.
DELAWARE SMID CAP GROWTH CLASS A	2005 MARKET STREET PHILADELPHIA, PA 19103	0.10%

(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.
DIAMOND HILL SHORT DURAT SEC BOND	325 JOHN H. MCCONNELL BLVD. SUITE COLUMBUS, OH 43215	0.10%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
DFA INTERNATIONAL VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

(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.
DIREXION MONTHLY S&P 500 BEAR 2X I	155 SEAPORT BOULEVARD SUITE P8 BOSTON, MA 02210	0.40%

(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.
DOUBLELINE TOTAL RT BOND FD CL N	777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
DOUBLELINE CORE FIXED INCOME FD CL	777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	0.40%

(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.
DOUBLELINE LOW DURATION CL N	777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	0.40%

(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.
EATON VANCE SHORT DURATION GOV INC	TWO INTERNATIONAL PLACE BOSTON, MA 02110	$16.00

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.
FMI LARGE CAP FUND 777 EAST WISCONSIN AVENUE MK WI T4M MILWAUKEE, WI 53202	0.40%

(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.
FMI INTERNATIONAL 777 EAST WISCONSIN AVENUE MK WI T4M MILWAUKEE, WI 53202	0.40%

(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.
FMI COMMON STOCK FUND 777 EAST WISCONSIN AVENUE MK WI T4M MILWAUKEE, WI 53202	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
FEDERATED HERMES PRUDENT BEAR CL A	4000 ERICSSON DRIVE WARRENDALE, PA 15086-7515	0.40%

(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.
FEDERATED HERMES MDT SMALL CAP COR	4000 ERICSSON DRIVE WARRENDALE, PA 15086-7515	0.40%

(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.
VULCAN VALUE PARTNERSMALL CAP INVE	2801 HIGHWAY 280 SOUTH SUITE 300 BIRMINGHAM, AL 35223	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
ALPS RED ROCKS GLOB OPPORTUNITY CL	1290 BROADWAY SUITE 1100 DENVER, CO 80203	0.40%

(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.
FIRST EAGLE GOLD CLASS A	1345 AVENUE OF THE AMERICAS 48TH FL NEW YORK, NY 10105	0.40%

(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.
FIRST EAGLE GLOBAL CLASS A	1345 AVENUE OF THE AMERICAS 48TH FL NEW YORK, NY 10105	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
FIRSTHAND TECHNOLOGYOPPORTUNITIES 150 ALMADEN BLVD. SUITE 1250 SAN JOSE, CA 95113	0.40%

(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.
DF DENT MIDCAP GROWTH FUND INVESTO 2 EAST READ ST 6TH FLOOR BALTIMORE, MD 21202	0.12%

(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.
FRANKLIN DYNATECH FUND A 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	$16.00

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.
FRANKLIN SMALL CAP VALUE ADVISOR C 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	$16.00

(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.
FROST TOTAL RETURN BOND FD INVESTO P.O. BOX 2509 SAN ANTONIO, TX 78299-2509	0.40%

(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.
AMERICAN FUNDAMENTALINVESTORS CL F 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%

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.
POLEN GLOBAL GROWTH FUND RETAIL SH	1825 NW CORPORATE BLVD SUITE 300 BOCA RATON, FL 33431	0.40%

(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.
FUND*X UPGRADER FUND	101 MONTGOMERY STREET SUITE 2400 SAN FRANCISCO, CA 94104	0.40%

(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.
GLENMEDE TOTAL MARKET PORTFOLIO	1650 MARKET ST. SUITE 1200 PHILADELPHIA, PA 19103	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
GLENMEDE LARGE CAP GROWTH 1650 MARKET ST. SUITE 1200 PHILADELPHIA, PA 19103	0.40%

(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.
GRIFFIN INSTL ACCESSREAL ESTATE FD 1290 BROADWAY STREET STE 1100 DENVER, CO 80203	0.45%

(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.
GUINNESS ATKINSON GLOBAL INNOVATOR 2220 E. ROUTE 66 SUITE 226 GLENDORA, CA 91740	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
HARBOR CAP APP INST 111 S. WACKER DR 34TH FLOOR CHICAGO, IL 60606	0.15%

(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.
HARBOR CAP APP INV 111 S. WACKER DR 34TH FLOOR CHICAGO, IL 60606	0.35%

(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.
HARDING LOEVNER INTL EQUITY PORT I PO BOX 4766 CHICAGO, IL 60680	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
OAKMARK INTL INVESTOR CL 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%

(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.
OAKMARK INTERNAT'L SMALL CAP INVES 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%

(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.
OAKMARK GLOBAL SELECT FD INVESTOR 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
OAKMARK GLOBAL FUND INVESTOR CLASS	111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%

(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.
HARTFORD BALANCED INCOME FUND CL Y	100 MATSONFORD RD STE 300 RADNOR, PA 19087	0.10%

(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.
HENNESSY CORNERSTONE LR GROWTH FD	7250 REDWOOD BLVD. STE 200 NOVATO, CA 94945	0.12%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
HENNESSY FOCUS FUND INVESTOR CLASS 7250 REDWOOD BLVD. STE 200 NOVATO, CA 94945	0.40%

(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.
HOMESTEAD SMALL COMPANY STOCK FD 4301 WILSON BLVD ARLINGTON, VA 22203	0.12%

(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.
HUSSMAN STRATEGIC TOTAL RETURN 225 PICTORIA DRIVE SUITE 450 CINCINNATI, OH 45246	$12.00

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.
AMERICAN INCOME FUNDOF AMERICA CLA	3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%

(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.
AMERICAN INTERMEDIATBOND FUND OF A	3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%

(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.
WCM FOCUSED INTL GROWTH FUND INVES	2220 EAST ROUTE 66 SUITE 226 GLENDORA, CA 91740	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
WCM FOCUSED INTL GROWTH FUND INSTL 2220 EAST ROUTE 66 SUITE 226 GLENDORA, CA 91740	0.40%

(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.
JANUS HENDERSON GLOBAL RESEACH T 151 DETROIT ST. DENVER, CO 80206	0.35%

(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.
JANUS HENDERSON GLOBAL SELECT T 151 DETROIT ST. DENVER, CO 80206	0.35%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
JANUS HENDERSON CONTRARIAN T	151 DETROIT ST. DENVER, CO 80206	0.35%

(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.
JANUS HENDERSON GLOB TECH & INNOV	151 DETROIT ST. DENVER, CO 80206	0.35%

(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.
JANUS HENDERSON ENTERPRISE T	151 DETROIT ST. DENVER, CO 80206	0.35%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
JANUS HENDERSON OVERSEAS T	151 DETROIT ST. DENVER, CO 80206	0.35%

(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.
JANUS HENDERSON BALANCED T	151 DETROIT ST. DENVER, CO 80206	0.35%

(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.
JANUS HENDERSON DEVELOPED WORLD BD	151 DETROIT ST. DENVER, CO 80206	0.35%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
JENSEN QUALITY GROWTH FD CL J 811 E. WISCONSIN AVE 8TH FLOOR MILWAUKEE, WI 53202	0.40%

(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.
JOHN HANCOCK DISCIPL VALUE INTL FD 601 CONGRESS ST. 9TH FL. BOSTON, MA 02210	0.10%

(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.
JPMORGAN US LG CAP CORE PLUS CLASS 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
JPMORGAN VALUE ADVANTAGE CL A 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.40%

(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.
JPMORGAN EQUITY INCOME FUND CL A 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.40%

(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.
BRANDYWINEGLOBAL CORPORATE CREDIT 620 8TH AVENUE 49TH FL. NEW YORK, NY 10018	0.15%

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.
LEUTHOLD CORE INVESTMENT RETAIL 33 SOUTH SIXTH ST. SUITE 4600 MINNEAPOLIS, MN 55402	0.40%

(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.
LEUTHOLD GRIZZLY SHORT FUND 33 SOUTH SIXTH ST. SUITE 4600 MINNEAPOLIS, MN 55402	0.40%

(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.
LEUTHOLD GLOBAL FUNDRETAIL CLASS S 33 SOUTH SIXTH ST. SUITE 4600 MINNEAPOLIS, MN 55402	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
LOOMIS SAYLES BOND RETAIL SHARES	399 BOYLSTON STREET 8TH FL BOSTON, MA 02116	0.35%

(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.
LORD ABBETT SHORT DURATION INCOME	90 HUDSON STREET 10TH FLOOR JERSEY CITY, NJ 07302	0.15%

(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.
LORD ABBETT BOND DEBENTURE CLASS A	90 HUDSON STREET 10TH FLOOR JERSEY CITY, NJ 07302	0.37%

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.
MFS INTERNATIONAL DIVERSIFICATION 111 HUNTINGTON AVE BOSTON, MA 02199-7632	0.40%

(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.
MANNING & NAPIER EQUITY SERIES CL 290 WOODCLIFF DR. FAIRPORT, NY 14450	0.40%

(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.
MANNING & NAPIER OVERSEAS SERIES C 290 WOODCLIFF DR. FAIRPORT, NY 14450	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
MATTHEWS ASIA DIVIDEND FUND 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.40%

(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.
MATTHEWS ASIAN INNOVATORS FD INSTL 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.15%

(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.
MATTHEWS PACIFIC TIGER FUND 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
MATTHEWS ASIAN GROWTH & INCOME FUN	4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.40%

(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.
MATTHEWS CHINA FUND	4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.40%

(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.
MATTHEWS ASIAN INNOVATORS FD INVST	4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
METROPOLITAN WEST TOT RETURN BOND	865 SOUTH FIGUEROA ST. #1400 LOS ANGELES, CA 90017	0.35%

(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.
METROPOLITAN WEST HIGH YIELD BOND	865 SOUTH FIGUEROA ST. #1400 LOS ANGELES, CA 90017	0.40%

(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.
MORGAN STANLEY DISCOVERY PORT CL A	522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
MORGAN STANLEY GROWTH PORTFOLIO A	522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.40%

(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.
MORGAN STA INST INC.INCEPTION PORT	522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.40%

(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.
MORGAN STANLEY INSIGHT A	522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
MORGAN STANLEY INTL ADVANTAGE CL I 522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.15%

(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.
MORGAN STANLEY GLOBAL OPPORTUNITY 522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.40%

(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.
MORGAN STANLEY INSTLINTERNTL OPP C 522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
EVENTIDE GILEAD FUND CLASS N 80 ARKAY SUITE 110 HAUPPAUGE, NY 11788	0.40%

(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.
EVENTIDE MULTI ASSET INC CL N 80 ARKAY SUITE 110 HAUPPAUGE, NY 11788	0.40%

(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.
FRANKLIN MUTUAL GLBLDISCOVERY CLAS 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	$16.00

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.
NEEDHAM SMALL CAP GROWTH 445 PARK AVE. 15TH FLOOR NEW YORK, NY 10022	0.40%

(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.
ADVISORS CAPITAL SMALL MID CAP INV 100 SALEM ST SMITHFIELD, RI 02917	0.40%

(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.
ADVISORS CAPITAL US DIVIDEND FD IN 100 SALEM ST SMITHFIELD, RI 02917	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
NEUBERGER BERMAN REAL ESTATE CL I	1290 AVENUE OF THE AMERICAS 22ND F NEW YORK, NY 10104-0002	0.10%

(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.
AMERICAN NEW PERSPECTIVE CLASS F1	3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%

(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.
NICHOLAS II INC CLASS N	411 E. WISCONSIN AVE MILWAUKEE, WI 53202	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
NORTHERN SMALL CAP VALUE	801 SOUTH CANAL C 5S CHICAGO, IL 60675	0.40%

(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.
NORTH STAR DIVIDEND FUND CL I	20 N. WACKER DRIVE #1416 CHICAGO, IL 60606	0.10%

(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.
HCM INCOME PLUS FUNDINVESTOR	1145 HEMBREE ROAD ROSWELL, GA 30076	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
ABSOLUTE CAPITAL DEFENDER FD INVES 101 PENNSYLVANIA BLVD PITTSBURGH, PA 15228	0.10%

(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.
HCM DIVIDEND SECTOR PLUS FUND INVE 1145 HEMBREE ROAD ROSWELL, GA 30076	0.40%

(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.
HCM TACTICAL GROWTH FUND INVESTOR 1145 HEMBREE ROAD ROSWELL, GA 30076	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
USA MUTUALS VICE FD INVESTOR 615 EAST MICHIGAN STREET MILWAUKEE, WI 53202	0.40%

(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.
PFG MFS AGGRESSIVE GROWTH STRATEGY 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%

(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.
PFG JP MORGAN TACTICAGGRESSIVE STR 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
PFG BNY MELLON DIVERSIFIER STRAT R 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%

(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.
PFG MEEDER TACTICAL STRATEGY FUND 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%

(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.
PFG JP MORGAN TACTICMODERATE STRAT 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
PFG ACTIVE CORE BOND STRATEGY FUND 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%

(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.
PFG INVESCO THEMATIC ESG STRATEGY 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%

(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.
PFG JANUS HENDERSON BALANCED STRAT 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
PFG TACTICAL INCOME STRATEGY CL R 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%

(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.
PFG EQUITY INDEX FOCUSED STRATEGY 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%

(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.
PFG SECTOR EQUITY BUS CYCLE STRAT 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
PFG BR EQUITY ESG STRATEGY CL R 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%

(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.
PFG AMERICAN FUNDS GROWTH STRAT CL 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%

(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.
PFG AMERICAN FDS CONS INC STRAT CL 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
NUVEEN FLOATING RATEINCOME A	333 WEST WACKER DRIVE CHICAGO, IL 60606	0.40%

(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.
NUVEEN PREFERRED SECS AND INC CL A	333 WEST WACKER DRIVE CHICAGO, IL 60606	0.40%

(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.
WHITE OAK SELECT GROWTH FUND	225 PICTORIA DRIVE SUITE 450 CINCINNATI, OH 45246	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
PIMCO LOW DURATION CLASS A	1633 BROADWAY NEW YORK, NY 10019	0.38%

(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.
PIMCO TOTAL RETURN CLASS A	1633 BROADWAY NEW YORK, NY 10019	0.40%

(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.
PIMCO INTL BD FD U SDOLLAR HEDGED	1633 BROADWAY NEW YORK, NY 10019	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
PARADIGM SELECT FUND 9 ELK STREET ALBANY, NY 12207	0.40%

(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.
PARNASSUS MID CAP FD INSTITUTIONAL ONE MARKET STREET STEUART TOWER SUI SAN FRANCISCO, CA 94105	0.10%

(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.
PARNASSUS CORE EQUITY INVESTOR ONE MARKET STREET STEUART TOWER SUI SAN FRANCISCO, CA 94105	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
PAYDEN LOW DURATION FD INVESTOR	333 SOUTH GRAND AVENUE 32ND FLOOR LOS ANGELES, CA 90071	0.27%

(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.
PEAR TREE POLARIS FRGN VAL SM CAP	55 OLD BEDFORD ROAD LINCOLN, MA 01773	0.15%

(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.
PERMANENT PORTFOLIO	600 MONTGOMERY ST. SUITE 4100 SAN FRANCISCO, CA 94111-2702	0.38%

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.
PERMANENT VERSATILE BOND PORTFOLIO 600 MONTGOMERY ST. SUITE 4100 SAN FRANCISCO, CA 94111-2702	0.40%

(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.
PIMCO ALL ASSET FUNDCLASS A 1633 BROADWAY NEW YORK, NY 10019	0.40%

(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.
PIMCO INCOME FUND CL A 1633 BROADWAY NEW YORK, NY 10019	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
PIMCO INCOME CL I2 1633 BROADWAY NEW YORK, NY 10019	0.10%

(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.
PIMCO COMMODITIES PLUS STRATEGY CL 1633 BROADWAY NEW YORK, NY 10019	0.40%

(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.
PIMCO STOCKSPLUS SHORT FUND CL I3 1633 BROADWAY NEW YORK, NY 10019	0.10%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
PIMCO RAE US SMALL FUND A 1633 BROADWAY NEW YORK, NY 10019	0.40%

(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.
T ROWE PRICE COMM & TECHNOLOGY INV 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

(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.
T ROWE PRICE HEALTH SCIENCES 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

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.
T ROWE PRICE GLOBAL TECHNOLOGY 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

(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.
T ROWE PRICE RET 2040 FD 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

(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.
PRIMECAP ODYSSEY STO CK FUND 2020 E. FINANCIAL WAY SUITE 100 GLENDORA, CA 91741	0.10%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
PRINCIPAL REAL ESTATE SEC INSTL CL 620 COOLIDGE DRIVE SUITE 300 FOLSOM, CA 95630	0.15%

(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.
PRINCIPAL DIVERSIFIED REAL ASSET F 620 COOLIDGE DRIVE SUITE 300 FOLSOM, CA 95630	0.40%

(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.
PRINCIPAL BLUE CHIP FUND CL A 620 COOLIDGE DRIVE SUITE 300 FOLSOM, CA 95630	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
AKRE FOCUS FUND RETAIL 777 E. WISCONSIN AVE. 4TH FL MILWAUKEE, WI 53202	0.40%

(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.
AKRE FOCUS FUND INSTL 777 E. WISCONSIN AVE. 4TH FL MILWAUKEE, WI 53202	0.10%

(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.
THE OSTERWEIS STRATEGIC INCOME FD 777 E. WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202	0.10%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
VILLERE BALANCED 601 POYDRAS STREET STE 1808 NEW ORLEANS, LA 70130-6038	0.40%

(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.
BANKS ULTRA SECTOR PRO FUND INVEST 7501 WISCONSIN AVE SUITE 1000 EAST BETHESDA, MD 20814	0.40%

(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.
PGIM JENNISON MID CAP GROWTH CL C 655 BROAD STREET NEWARK, NJ 07102	0.10%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
PUTNAM GLOBAL TECHNOLOGY FUND CL A	ONE POST OFFICE SQUARE MAILZONE G3C BOSTON, MA 02109	0.40%

(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.
BOSTON PARTNERS ALL CAP VALUE INVS	223 WILMINGTON WEST CHESTER PIKE #2 CHADDS FORD, PA 19317	0.40%

(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.
BOSTON PARTNERS LONG SHORT EQ INVS	223 WILMINGTON WEST CHESTER PIKE #2 CHADDS FORD, PA 19317	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
RIVERPARK STRATEGIC INCOME FUND RE	ONE FREEDOM VALLEY DRIVE OAKS, PA 19456	0.40%

(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.
T ROWE PRICE DIVIDEND GROWTH	4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

(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.
T ROWE PRICE BALANCED	4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

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.
T ROWE PRICE FINANCIAL SERVICES 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

(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.
T ROWE PRICE U.S EQUITY RESEARCH F 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

(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.
T ROWE PRICE BLUE CHIP GROWTH INC 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

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.
T ROWE PRICE EMERG MKTS DIS STK IN 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

(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.
T ROWE PRICE GLOBAL STOCK 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

(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.
T ROWE PRICE VALUE 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

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.
T ROWE PRICE SPECT MODERATE ALLOCA	4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

(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.
T ROWE PRICE MID CAP VALUE	4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

(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.
T ROWE PRICE INTL EQUITY INDEX	4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

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.
RYDEX NASDAQ 100 2X STRATEGY CL H 9601 BLACKWELL RD. STE. 500 ROCKVILLE, MD 20850	0.40%

(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.
RYDEX S&P 500 2X STRATEGY CL H 9601 BLACKWELL RD. STE. 500 ROCKVILLE, MD 20850	0.40%

(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.
RYDEX NASDAQ 100 INV CLASS 9601 BLACKWELL RD. STE. 500 ROCKVILLE, MD 20850	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
AVE MARIA GROWTH 801 W. ANN ARBOR TRAIL SUITE 244 PLYMOUTH, MI 48170	0.40%

(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.
SHELTON GREEN ALPHA FUND S CLASS P.O. BOX 87 DENVER, CO 80201-0087	0.40%

(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.
SHELTON NASDAQ 100 INDEX P.O. BOX 87 DENVER, CO 80201-0087	0.12%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
SMEAD VALUE FUND INVESTOR CL SHARE 1290 BROADWAY SUITE 1100 DENVER, CO 80203	0.40%

(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.
SPROTT GOLD EQUITY FUND INVESTOR 200 BAY STREET SUITE 2600 TORONTO, CA M5J 2J1 CA	0.40%

(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.
TCW TOTAL RETURN BOND CLASS N 865 SOUTH FIGUERA STREET 22ND FLOO LOS ANGELES, CA 90017	0.35%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
TCW CORE FIXED INCOME CLASS N 865 SOUTH FIGUERA STREET 22ND FLOO LOS ANGELES, CA 90017	0.35%

(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.
TCW EMERGING MKTS INCOME CL I 865 SOUTH FIGUERA STREET 22ND FLOO LOS ANGELES, CA 90017	0.10%

(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.
TCW TOTAL RETURN BOND CLASS I 865 SOUTH FIGUERA STREET 22ND FLOO LOS ANGELES, CA 90017	0.10%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
TIAA CREF REAL ESTATE SEC INSTL 730 THIRD AVENUE NEW YORK, NY 10017	0.10%

(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.
T ROWE PRICE REAL ASSET FUND INVES 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

(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.
THE PRIVATE SHARES FUND CLASS A 2220 E. ROUTE 66 SUITE 226 GLENDORA, CA 91740	0.50%

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.
THE PRIVATE SHARES FUND CLASS I 2220 E. ROUTE 66 SUITE 226 GLENDORA, CA 91740	0.20%

(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.
THRIVENT SMALL CAP STOCK FUND CL S 4321 N. BALLARD ROAD APPLETON, WI 54919-0001	0.15%

(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.
THRIVENT MID CAP STOCK FUND CL S 4321 N. BALLARD ROAD APPLETON, WI 54919-0001	0.15%

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.
TOUCHSTONE SANDS CAP SEL GRWTH Z 303 BROADWAY SUITE 1100 CINCINNATI, OH 45202-4203	0.40%

(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.
TRANSAMERICA CAPITAL GROWTH CL A 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499	0.40%

(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.
PERFORMANCE TRUST STRATEGIC BOND F 500 WEST MADISON SUITE 470 CHICAGO, IL 60661	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
ANFIELD UNIVERSAL FIXED INCOME CL 4041 MACARTHUR CT. SUITE 155 NEWPORT BEACH, CA 92660	0.10%

(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.
VALUE LINE ASSET ALLOCATION INVEST 7 TIMES SQUARE SUITE 1606 NEW YORK, NY 10036	0.40%

(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.
VAN ECK INTERNATN'L INVESTORS GOLD 666 3RD AVENUE 9TH FL NEW YORK, NY 10017	0.38%

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.
VICTORY MARKET NEUTRAL INCOME FD I 4900 TIEDEMAN RD 4TH FLOOR BROOKLYN, OH 44114	0.08%

(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.
VICTORY GLOBAL ENERGY TRANSITION A 4900 TIEDEMAN RD 4TH FLOOR BROOKLYN, OH 44114	0.40%

(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.
VIRTUS KAR SMALL CAP GROWTH CL A 101 MUNSON ST. STE. 3 GREENFIELD, MA 01301	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
VIRTUS TACTICAL ALLOCATION FUND A 101 MUNSON ST. STE. 3 GREENFIELD, MA 01301	0.40%

(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.
VIRTUS ZEVENBERGEN INNOVATIVE GR S 101 MUNSON ST. STE. 3 GREENFIELD, MA 01301	0.40%

(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.
VIRTUS ALLIANGI INCOME & GROWTH A 101 MUNSON ST. STE. 3 GREENFIELD, MA 01301	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
WASATCH CORE GROWTH	505 WAKARA WAY SUITE 300 SALT LAKE CITY, UT 84108	0.40%

(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.
WASATCH HOISINGTON US TREASURY	505 WAKARA WAY SUITE 300 SALT LAKE CITY, UT 84108	0.25%

(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.
WASATCH ULTRA GROWTH	505 WAKARA WAY SUITE 300 SALT LAKE CITY, UT 84108	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
WASATCH INTERNATIONLOPPORTUNITIES 505 WAKARA WAY SUITE 300 SALT LAKE CITY, UT 84108	0.40%

(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.
WESTERN ASSET CORE BOND PLUS FUND 620 8TH AVENUE 49TH FL. NEW YORK, NY 10018	0.40%

(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
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 335

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TENET HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
95-2557091

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: SEPARATE ACCOUNT INVESTMENTS

b Name of sponsor of entity listed in (a): NEW YORK LIFE

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)
13-5582869-209	P	67296884

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHRODER INTL SMALL CO

b Name of sponsor of entity listed in (a): SCHRODER INVEST MANAGEMENT NORTH AMERICA

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)
13-6877903-004	C	143502615

a Name of MTIA, CCT, PSA, or 103-12 IE: SP REAL ESTATE IDX E

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST

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)
82-6293122-012	C	150872267

a Name of MTIA, CCT, PSA, or 103-12 IE: SP EXT MKT IDX CL E

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST

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)
82-6293122-010	C	462193280

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM ITM INF-PR BD D

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-104	C	125709401

a Name of MTIA, CCT, PSA, or 103-12 IE: SP 500 INDEX PL CL E

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST

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)
82-6293122-001	C	2301273496

a Name of MTIA, CCT, PSA, or 103-12 IE: FID GR CO POOL CL 3

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-135	C	1606741001

a Name of MTIA, CCT, PSA, or 103-12 IE: SP DEV INTL IDX CL E

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST

c EIN-PN 82-6293122-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 607753090

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE INTL BD TR

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

c EIN-PN 30-6304154-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74861489

a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST CIT M C EMER MKT

b Name of sponsor of entity listed in (a): WILLINGTON TRUST N.A.

c EIN-PN 82-4565709-376	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 297736003

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE INTL SMALL-CAP EQ

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

c EIN-PN 36-7612285-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 137338211

a Name of MTIA, CCT, PSA, or 103-12 IE: COL DIV INC INST MS

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

c EIN-PN 41-0007957-218	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 245289999

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
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
TENET HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
95-2557091

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	5183799	3194403
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	130435198	149741601
(2) U.S. Government securities	1c(2)	467162604	217157064
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	54018994	44803640
(B) All other	1c(3)(B)	101451972	59278857
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	265208	201245
(B) Common	1c(4)(B)	486706598	575548601
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	138403193	121525185
(9) Value of interest in common/collective trusts	1c(9)	4507599496	6153270852
(10) Value of interest in pooled separate accounts	1c(10)	74374466	67296884
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1331604354	882932511
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	704981682	562536222

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	8002187564	8837487065
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	0
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**	8002187564	8837487065

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)**	116632080	
	(B) Participants	**2a(1)(B)**	442436103	
	(C) Others (including rollovers)	**2a(1)(C)**	60516489	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		619584672
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	27135	
	(B) U.S. Government securities	**2b(1)(B)**	4634480	
	(C) Corporate debt instruments	**2b(1)(C)**	4369378	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	7329794	
	(F) Other	**2b(1)(F)**	1501285	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		17862072
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	10395	
	(B) Common stock	**2b(2)(B)**	3046682	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	50456008	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		53513085
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	3559998178	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	3540790204	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		19207974
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**	0	
	(B) Other	**2b(5)(B)**	57834185	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		57834185

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		983864479
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		60263068
c Other income	2c		-10615016
d Total income. Add all **income** amounts in column (b) and enter total	2d		1801514519
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	952874044	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		952874044
f Corrective distributions (see instructions)	2f		390978
g Certain deemed distributions of participant loans (see instructions)	2g		2197470
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	808194	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	5244528	
(4) Other	2i(4)	4699804	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		10752526
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		966215018
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		835299501
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: DELOITTE & TOUCHE **(2)** EIN: 13-3891517

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		50000000
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		35236
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**		X	

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
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
TENET HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
95-2557091

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **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 _____

Tenet Healthcare Corporation
401(k) Retirement Savings Plan

Employer ID No: 95-2557091
Plan Number: 335

Financial Statements (Modified Cash Basis)
as of and for the Years Ended December 31, 2021 and 2020,
Supplemental Schedule as of December 31, 2021,
and Independent Auditor's Report

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

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USA

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Tenet Healthcare Corporation 401(k) Retirement Savings Plan:

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

We have performed an audit of the financial statements of Tenet Healthcare Corporation 401(k) Retirement Savings 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 (modified cash basis) as of December 31, 2021, and the related statement of changes in net assets available for benefits (modified cash basis) for the year then ended, and the related notes to the financial statements (modified cash basis) (the "financial statements").

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

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.

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

Basis for Opinion

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 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.

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Auditor's Report on the 2020 Financial Statements (Modified Cash Basis)

We were engaged to audit the 2020 financial statements (modified cash basis) of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor'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 a qualified institution. In our report dated October 13, 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 (modified cash basis), and (b) the form and content of the information included in the 2020 financial statements (modified cash basis) other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a

material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

- 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting.

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 the modified cash basis of accounting.

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

Other Matter — Supplemental Schedule Required by ERISA

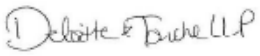
The supplemental schedule of assets (held at end of year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the

certified investment information, has been subjected to auditing procedures applied in the 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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



October 14, 2022

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021 AND 2020

	2021	2020
ASSETS:		
Investments at fair value:		
Interest-bearing cash and cash equivalents	$ 119,679,639	$ 96,866,713
Mutual funds	800,297,392	1,264,946,518
Self-directed brokerage accounts	204,334,368	175,480,173
Common collective trusts	6,153,270,852	4,507,599,496
U.S. government securities	130,034,982	327,109,567
Foreign government securities	—	13,270,901
Mortgage-backed securities	87,122,082	139,466,039
Corporate bonds	83,881,209	132,991,325
Common stocks	484,329,299	413,469,739
Asset-backed securities and municipal bonds	25,680,643	34,834,092
Total investments at fair value	8,088,630,466	7,106,034,563
Investments at contract value:		
Guaranteed investment contracts	66,445,049	71,725,543
Synthetic investment contracts	551,452,723	655,086,549
Total investments	8,706,528,238	7,832,846,655
Non-interest bearing cash	3,113,787	4,282,976
Notes receivable from participants	121,525,185	138,403,193
NET ASSETS AVAILABLE FOR BENEFITS	$ 8,831,167,210	$ 7,975,532,824

See notes to financial statements.

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	$ 1,122,081,227	$ 1,309,948,789
Interest	19,340,625	26,916,580
Dividends	53,513,085	41,673,187
Total investment income	1,194,934,937	1,378,538,556
Interest income on notes receivable from participants	7,329,794	7,462,608
Contributions:		
Employer	116,632,080	125,795,677
Participants	442,436,103	416,064,595
Participant Rollovers	60,516,489	49,023,138
Total additions	1,821,849,403	1,976,884,574
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	955,462,492	901,012,524
Administrative expenses	10,752,525	11,278,791
Total deductions	966,215,017	912,291,315
NET INCREASE	855,634,386	1,064,593,259
NET ASSETS AVAILABLE FOR BENEFITS — Beginning of year	7,975,532,824	6,910,939,565
NET ASSETS AVAILABLE FOR BENEFITS — End of year	$ 8,831,167,210	$ 7,975,532,824

See notes to financial statements.

1. DESCRIPTION OF PLAN

The following description of the Tenet Healthcare Corporation 401(k) Retirement Savings Plan (the "Plan") provides only general information and is applicable to the majority if the Plan's participants. The specific Plan provisions that apply to participants, such as eligibility requirements and vesting rules, may vary based on the applicability of collective bargaining agreements and the participant's subsidiary employer. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General — The Plan was established on June 1, 1976 as a defined contribution plan and was amended effective January 1, 1991 to include provisions for a 401(k) plan as defined under the Tax Reform Act of 1986. The Plan was amended and restated during 2020, as discussed in Note 10. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan administrator is the Manager, Retirement Plans of Tenet Healthcare Corporation (the "Sponsor" or "Employer"). Fidelity Workplace Services LLC ("Fidelity") provides recordkeeping and administrative services and its affiliate, Fidelity Management Trust Company (the "Trustee"), provides trustee and custodial services to the Plan.

COVID-19 Pandemic — In response to the outbreak of the novel corona virus ("COVID-19") in 2020, Congress passed the Coronavirus Aid, Relief, and Economic Security ("CARES") Act on March 27, 2020. The CARES Act provided temporary relief for retirement plan sponsors and their participants with respect to employer contributions, distributions and participant loans. Certain provisions of the CARES Act were adopted by the Plan effective January 1, 2020, and were available to participants who were adversely affected by the COVID-19 pandemic ("Affected Individuals"), including participants who experienced adverse financial consequences due to being quarantined, furloughed, laid off, had work hours reduced or were unable to work due to a lack of childcare attributable to the COVID-19 pandemic. Due to their limited applicability, the discussion of the Plan's provisions below does not reflect the CARES Act provisions adopted; however, the adopted provisions are detailed in Note 10**.**

The Employer furloughed certain employees during 2020 due to the impact of the COVID-19 pandemic. Upon the effective date of the furlough, all contributions to the Plan cease; however, furloughed participants continue to vest in the Sponsor's contribution portion of their accounts plus actual earnings thereon as described below. Furloughed employees may suspend loan payments for the duration of the furlough, up to a maximum period of 12 months.

Eligibility and Contributions — Plan eligibility is based upon completion of 30 days of service with the Employer, as defined in the Plan document, and participation is elective. Participants may contribute up to 75% of their eligible compensation to the Plan as pretax and/or Roth after-tax savings. Instead of or in addition to pretax and/or Roth after-tax savings, participants may contribute up to 10% of their eligible compensation as after-tax savings. The total percentage of pretax, Roth after-tax and after-tax savings cannot exceed 85% of a participant's eligible compensation. The total dollar amount a participant can contribute on a pretax and/or Roth after-tax basis was limited to $19,500, the maximum allowed by the Internal Revenue Service ("IRS"), for each of the years ended December 31, 2021 and 2020. In addition, participants age 50 years or over could make a catch-up contribution not to exceed $6,500 in total for each of the years ended December 31, 2021 and 2020. An eligible employee or participant may also make rollover contributions to the Plan.

The employer matching contribution under the Plan is a discretionary amount determined by the Retirement Plans Administration Committee ("RPAC"). For the years ended December 31, 2021 and 2020, the RPAC approved an employer match equal to 50% of pretax and/or Roth after-tax contributions up to a maximum of 6% of eligible compensation. For both years, the participant was required to work a minimum of 1,000 eligible hours of service per calendar year. Certain collective bargaining agreements may allow for a different employer match in accordance with their specific collective bargaining agreement. The Sponsor also makes a Retirement Medical Benefit Account ("RMBA") contribution for a specific group of collective bargaining agreement employees specified in the Plan document. The RMBA contribution is equal to 1% or 2% of eligible compensation, depending on the collective bargaining agreement, and is subject to 1,500 eligible hours of service annually.

Employer matching contributions are calculated for employees participating in the Plan during the year and employed on the last day of the year and are funded during the following calendar year, unless collective bargaining agreements dictate funding during the year earned. United Surgical Partners International ("USPI") funded employer matching contributions in the same calendar year as the related employee contributions until September 2020, after which date USPI began funding the matching contributions in the following calendar year. The Plan document also provides exceptions to the end of the year employment requirement for matching contributions due to death, disability or the participant's retirement on or after attaining the age of fifty-nine and one half.

The Plan contains provisions to allow the Employer to make discretionary match and/or profit sharing contributions. No additional discretionary matching or profit sharing contributions were made related to the Plan years ended December 31, 2021 and 2020.

Participant Accounts — Each participant's account is credited with the participant's contributions, the Employer's contributions and Plan earnings or losses based on their investments. Participant accounts are also charged with withdrawals and an allocation of plan losses and administrative expenses. The benefit that a participant is entitled to is the amount that can be provided from the participant's vested account. Any loans that existed in plans prior to merging into the Plan were in accordance with their original plan's provisions. As a result of previous mergers, some loans held as of December 31, 2021 may have provisions that differ from those currently allowable under the Plan.

Vesting — Participants are immediately vested in their contributions and RMBA contributions plus actual earnings thereon. Vesting in the Employer's contribution portion of their accounts plus actual earnings thereon is based on years of service. A participant's interest in Employer's contributions vests as follows:

Years of Service*	Percentage Vested
Less than one year	0 %
One year	20 %
Two years	40 %
Three years	60 %
Four years	80 %
Five or more years	100 %

* Year of service is defined as a calendar year with 1,000 credited hours of service.

Participants also become fully vested in the Employer's contributions portion of their accounts upon total and permanent disability, attainment of age 59½ or death while an employee.

Benefits Paid to Participants — Upon termination of service, the participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in their account or some other option per the terms of the Plan. Special distribution rules apply to participants whose accounts hold monies from certain prior plans which allow those amounts to be paid in the form of annuities.

Forfeitures — Upon termination of employment due to involuntary or voluntary separation and upon withdrawal, the Plan document permits forfeited amounts contributed by the Employer to be applied against future Employer contributions or to pay Plan expenses. During the years ended December 31, 2021 and 2020, forfeitures of $6,046,000 (for 2020 match processed in 2021) and $3,500,000 (for 2019 match processed in 2020), respectively, were used to offset Employer contributions related to the 2020 and 2019 Plan years. During the years ended December 31, 2021 and 2020, forfeitures of $915,314 and $917,312, respectively, were used to pay Plan expenses. Forfeitures available for utilization totaled $7,098,572 and $5,523,868 at December 31, 2021 and 2020, respectively.

Administrative Expenses — Administrative expenses of the Plan are paid by the Plan or the Sponsor, as provided in the Plan document.

Investment Options — Each participant may direct his or her employee and employer contributions to be invested in one or more of the investment options available through the Plan. Participants may obtain schedules of specific funds available as investment options from participant information packets or the Sponsor's intranet website. Participants may change their investment elections for future contributions or existing account balances on a daily basis. The Plan also allows for participants to establish a BrokerageLink® account, which allows participants to invest in stocks or other individual securities and mutual

funds that are not included in the Plan's investment options. Amounts invested through the BrokerageLink® option are presented as self-directed brokerage accounts in the statements of net assets available for benefits.

Notes Receivable from Participants — Participants who are active employees may borrow the lesser of 50% of their vested account balance or $50,000, less the highest outstanding loan balance in the previous 12 months, with a minimum loan of $500. Loan transactions are treated as a transfer to (from) the participant's investment funds from (to) the participant's loan fund. Loans are repaid through payroll deductions over a period of six months to five years, or up to 15 years for the purchase of a primary residence. The loans are secured by the vested balance in the participant's account. The interest rate used is equal to 1% plus the prime rate of interest as determined by Reuters on the last business day of the prior month in which the loan was executed.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The Plan uses, and regulatory and taxing authorities permit, the modified cash basis method of accounting where additions to net assets available for benefits are recognized when cash is received and deductions are recognized when amounts are paid, except for the recognition of unrealized gains or losses on investments at the end of the Plan year and interest and dividend income when earned. This method is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America ("GAAP"). In general, statements prepared in accordance with GAAP would include, among other things, contributions receivable as assets and accrued administrative expenses as liabilities.

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

Investment Valuation and Income Recognition — The Plan's investments are stated at fair value, except for fully benefit-responsive guaranteed investment contracts ("GICs") and fully benefit-responsive synthetic guaranteed investment contracts ("synthetic GICs"), which are reported at contract value. The fair value of a financial instrument 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. Contract value is the amount Plan participants would receive if they were to initiate permitted transactions under the terms of the Plan (see Note 5). See Note 3 for discussion on fair value measurements.

Purchases and sales of securities are recorded on a settlement date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Management fees and operating expenses charged to the Plan for investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Notes Receivable from Participants — Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are recorded as distributions based on the terms of the Plan document.

Contributions — Contributions from the Employer and participants are recorded when remitted to the Plan's trust. The Employer contributions of $116,632,080 presented on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2021, includes the 2020 Plan year Employer contribution for the majority of the Plan's participants and a portion of the 2021 Plan year Employer contribution for union employees of $839,595. Similarly, the Employer contributions of $125,795,677 presented on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020, includes the 2019 Plan year Employer contribution for the majority of the Plan's participants, the 2020 Plan year Employer contribution for union employees of $893,637 and a portion of the 2020 Plan year Employer contribution for USPI employees totaling $8,502,224.

Employer contributions related to the 2021 Plan year of approximately $115,087,000, net of forfeitures utilized of $6,500,000, were deposited into the Plan during 2022.

Excess Contributions Payable — The Plan is required to return contributions received during the Plan year in excess of the Internal Revenue Code ("IRC") limits. As of December 31, 2021 and 2020, there were no excess contributions payable.

Payment of Benefits and Administrative Expenses — Benefits and administrative expenses are recorded when paid.

Risk and Uncertainties — The Plan invests in various investment securities, which are exposed to various risks such as inflation, interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

3. FAIR VALUE MEASUREMENTS

GAAP provides a framework for measuring fair value that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Asset Valuation Techniques — Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Interest-Bearing Cash and Cash Equivalents — Held primarily in short-term money market funds, which are valued at the closing price reported on the active market on which the funds are traded.

Common and Preferred Stocks — Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual Funds — Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Corporate and Municipal Bonds — Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available.

U.S. Government and Foreign Government Securities, Asset-Backed and Mortgage-Backed Securities — Valued using pricing models maximizing the use of observable inputs for similar securities. These securities are categorized in Level 1 or Level 2 of the fair value hierarchy, depending on the inputs used and market activity levels.

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

Fair Value Measurements — The following table sets forth, by level within the fair value hierarchy, a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2021:

	Fair Value Measurements at December 31, 2021, Using			
	Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Short-term investment fund	$ 29,575,588	$ —	$ —	$ 29,575,588
Money market	90,104,051	—	—	90,104,051
Mutual funds	800,297,392	—	—	800,297,392
Self-directed brokerage accounts	204,334,368	—	—	204,334,368
U.S. government securities	130,034,982	—	—	130,034,982
Common stocks	484,329,299	—	—	484,329,299
Mortgage-backed securities	—	87,122,082	—	87,122,082
Asset-backed securities	—	20,065,164	—	20,065,164
Corporate bonds	—	83,881,209	—	83,881,209
Municipal bonds	—	5,615,479	—	5,615,479
Total	$ 1,738,675,680	$ 196,683,934	$ —	$ 1,935,359,614
Collective trust funds measured at NAV				6,153,270,852
Total investments at fair value				$ 8,088,630,466

The following table sets forth, by level within the fair value hierarchy, a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2020:

	Fair Value Measurements at December 31, 2020, Using			
	Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Short-term investment fund	$ 88,611,895	$ —	$ —	$ 88,611,895
Money market	8,254,818	—	—	8,254,818
Mutual funds	1,264,946,518	—	—	1,264,946,518
Self-directed brokerage accounts	175,480,173	—	—	175,480,173
U.S. government securities	327,109,567	—	—	327,109,567
Foreign government securities	13,270,901	—	—	13,270,901
Common stocks	413,469,739	—	—	413,469,739
Mortgage-backed securities	—	139,466,039	—	139,466,039
Asset-backed securities	—	22,215,677	—	22,215,677
Corporate bonds	—	132,991,325	—	132,991,325
Municipal bonds	—	12,618,415	—	12,618,415
Total	$ 2,291,143,611	$ 307,291,456	$ —	$ 2,598,435,067
Collective trust funds measured at NAV				4,507,599,496
Total investments at fair value				$ 7,106,034,563

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

4. NET ASSET VALUE PER SHARE

The following table summarizes the Plan's investments with a reported NAV as of December 31, 2021. The fair value of investments in the table below has been estimated using the NAV of the investments.

	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
At December 31, 2021					
Common collective trusts:					
Foreign	$ 963,455,405	$ —	Daily	None	None(1)
Large cap blend	2,301,273,496	—	Daily	None	None
Large cap value	245,289,999	—	Daily	None	None
Large cap growth	1,606,741,001	—	Daily	None	None
Mid cap blend	462,193,280	—	Daily	None	None
Emerging Markets	297,736,003	—	Daily	None	None
Specialty	150,872,267	—	Daily	None	None
Intermediate term	125,709,401	—	Daily	None	None
Total	$ 6,153,270,852	$ —			

(1) Although it is not their current policy to do so, common collective trusts issued by T. Rowe Price have the right to require that a request for or notice of withdrawal from the trust be received by it up to 30 days before processing the transaction.

The following table summarizes the Plan's investments with a reported NAV as of December 31, 2020. The fair value of investments in the table below has been estimated using the NAV of the investments.

	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
At December 31, 2020					
Common collective trusts:					
Foreign	$ 732,578,619	$ —	Daily	None	None
Large cap blend	1,239,932,313	—	Daily	None	None
Large cap growth	1,414,291,765	—	Daily	None	None
Mid cap blend	636,521,984	—	Daily	None	None
Specialty	179,565,512	—	Daily	None	None
Intermediate term	304,709,303	—	Daily	None	None
Total	$ 4,507,599,496	$ —			

5. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan provides participants a self-managed stable value investment option ("Fixed Income Fund"), whereby participants execute Plan transactions at contract value. The Fixed Income Fund consists of a GIC, synthetic GICs and a short-term investment fund.

The Plan enters into synthetic GICs with certain insurance companies and financial institutions (the "Contract Issuers") that simulate the performance of a traditional GIC, whereby participants execute Plan transactions at contract value. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals. The self-managed stable value fund is composed of a portfolio of fixed income securities and common collective trust funds owned by the Plan and an investment contract issued by an insurance company or other financial institution, designed to provide a contract value "wrapper" around the fixed income portfolio to guarantee a specific interest rate which is reset quarterly and that cannot be less than zero. The wrapper contract provides that realized and unrealized gains and losses on the underlying fixed income portfolio are not reflected immediately in the net assets of the fund, but rather are amortized over the duration of the underlying assets through adjustments to the future interest crediting rate. Primary variables impacting future crediting rates of the synthetic GICs include the current yield, duration and existing difference between market and contract value of the underlying assets within the wrap contract. Synthetic GICs seek to provide certain protections from the credit risk associated with a traditional GIC.

The fair value of the common collective trust funds held within the synthetic GICs are reported at the NAV of the investment provided by the issuer of the fund as a practical expedient. There are no restrictions on redemptions or redemptions frequency, and there were no unfunded commitments between the Plan and the common collective trust funds as of December 31, 2021 and 2020.

The Plan also has a traditional GIC with an insurance company. The insurance company maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The GIC is included in the financial statements at contract value, which 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.

Key factors that could influence future average interest crediting rates include, but are not limited to: Plan cash flows; changes in interest rates; total return performance of the fair market value bond strategies underlying the GIC; default or credit failures of any of the securities, investment contracts, or other investments held in the fund; and the initiation of an extended termination of the GIC by the manager or the Contract Issuer.

There are certain events not initiated by Plan participants that limit the ability of the Plan to transact with the issuer of the GIC or synthetic GICs at their contract value. Specific coverage provided by each traditional GIC and synthetic GIC may be different for each issuer, and can be found in the individual traditional GIC or synthetic GIC contracts held by the Plan. Examples of such events include: the Plan's failure to qualify under the IRC as amended; full or partial termination of the Plan; involuntary termination of employment as a result of a corporate merger, divestiture, spin off, or other significant business restructuring, which may include early retirement incentive programs or bankruptcy; changes to the administration of the Plan that decrease employee or employer contributions, the establishment of a competing plan by the Sponsor, the introduction of a competing investment option, or other Plan amendment that has not been approved by the Contract Issuers; dissemination of a participant communication that is designed to induce participants to transfer assets from the stable value option; or events resulting in a material adverse financial impact on the contract issuer, including changes in the IRC, laws or regulations. The Plan administrator does not believe that the occurrence of any of the aforementioned events, which would limit the Plan's ability to transact with the issuer of its GIC or synthetic GICs at their contract value with participants, is probable.

The Contract Issuer is not allowed to terminate the GIC at an amount less than the contract value. For the synthetic GICs, Contract Issuers are not allowed to terminate the contracts and settle at an amount different from contract value unless there is a breach of the contract which is not corrected within the applicable cure period. Actions that will result in a breach (after any relevant cure period) include, but are not limited to: material misrepresentation, failure to pay synthetic GIC fees or any other payment due under the contract or failure to adhere to investment guidelines.

The average yield based on actual earnings of the Plan's investment contracts, computed by dividing the annualized one-day actual earnings of the contract on the last day of the Plan year by the fair value of the investments on the same date, was approximately 1.58% and 1.79% during the years ended December 31, 2021 and 2020, respectively. The average yield based on the interest rate credited to participants of the Plan's investment contracts, computed by dividing the annualized one-day actual earnings credited to participants on the last day of the Plan year by the fair value of the investments on the same date, was 1.52% and 1.74% during the years ended December 31, 2021 and 2020, respectively.

6. PLAN TERMINATION

While it has not expressed any intent to do so, the Plan's Sponsor may terminate the Plan upon written notice to the Trustee. Upon such termination, the entire interest of each participant shall become fully vested.

7. TAX STATUS

The IRS has determined and informed the Plan's Sponsor by a Determination letter dated February 6, 2018 that the Plan and related trust are designed in accordance with applicable section of the IRC.

The Plan administrator and the Plan's tax counsel believe that the Plan, as amended and restated effective January 1, 2020, is designed and is currently being operated in compliance with the applicable requirements of the IRC to maintain its tax-exempt status. Therefore, no provision for income taxes has been included in the Plan's financial statements.

8. CERTIFIED INVESTMENT INFORMATION

The following is a summary of the information regarding the Plan as of December 31, 2021 and 2020, and for the years then ended, included in the Plan's financial statements and supplemental schedule of assets held at end of year, that was prepared by or derived from information prepared by the Trustee, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee that such information is complete and accurate.

	2021	2020
Statements of net assets available for benefits:		
Investments at fair value:		
Interest-bearing cash and cash equivalents	$ 119,679,639	$ 96,866,713
Mutual funds	800,297,392	1,264,946,518
Self-directed brokerage accounts	204,334,368	175,480,173
Common collective trusts	6,153,270,852	4,507,599,496
U.S. government securities	130,034,982	327,109,567
Foreign government securities	—	13,270,901
Mortgage-backed securities	87,122,082	139,466,039
Corporate bonds	83,881,209	132,991,325
Common stocks	484,329,299	413,469,739
Asset-backed securities and municipal bonds	25,680,643	34,834,092
Investments at contract value:		
Guaranteed investment contracts	66,445,049	71,725,543
Synthetic investment contracts	551,452,723	655,086,549
Non-interest bearing cash	3,113,787	4,282,976
Notes receivable from participants	121,525,185	138,403,193
Statements of changes in net assets available for benefits:		
Investment income:		
Net appreciation in fair value of investments	1,122,081,227	1,309,948,789
Interest	19,340,625	26,916,580
Dividends	53,513,085	41,673,187
Interest income on notes receivable from participants	7,329,794	7,462,608

All investment balances and information included in Notes 3 and 4, other than the fair value levels; the unfunded commitment and redemption frequency, other redemption restrictions and redemption notice period of our investments in common collective trusts; and the supplemental schedule of assets (held at end of year) are certified by the Trustee.

9. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Fidelity Management Research Company ("FMRC"). FMRC is an affiliate of the Trustee and, therefore, these transactions qualify as party-in-interest. These transactions are covered by an exemption from the "prohibited" transactions provisions of ERISA and the IRC.

Administrative revenues arise when investment managers return a portion of the investment fees to the Trustee to offset administrative expenses. The Plan receives credits for this revenue sharing on a quarterly basis. These credits are held in an unallocated account from which future Plan expenses can be paid. The Plan held undistributed administrative revenues of $58,732 and $43,663 at December 31, 2021 and 2020, respectively. In addition, the Trustee pays a quarterly participant revenue credit related to certain funds that the participant is invested in. The participant revenue credit is allocated to participants investing in these funds on a pro-rata basis according to their average balance in such funds.

The Plan also issues loans to participants, which are secured by the vested balances in the participants' accounts.

10. PLAN AMENDMENTS

The Plan was amended and restated effective January 1, 2020 by the RPAC to:

i. Adopt certain provisions of the CARES Act, including amendments permitting Affected Individuals to request penalty-free distributions of up to $100,000, increase the available loan amount to the lesser of $100,000 or 100% of the Affected Individual's vested account, extend the period for loan repayment for up to one year and suspend minimum required distributions during the Plan year ended December 31, 2020; and

ii. Adopt provisions necessary to comply with the Setting Every Community Up for Retirement Enhancement Act of 2019, including provisions to clarify the definition of eligible compensation, prohibit the distribution of loans through credit cards or similar arrangements and change the required beginning date for minimum required distributions.

11. VOLUNTARY COMPLIANCE RESOLUTION

In 2021, the Sponsor determined that minimum required distributions to some participants or their beneficiaries were incorrectly processed. The Sponsor determined that the error resulted from a deficiency in Fidelity's recordkeeping system and impacted approximately 20 minimum required distributions between 2003 and 2019. In July 2021, the Plan elected to participate in a group Voluntary Correction Program ("VCP") filing previously submitted by Fidelity in June 2019 regarding this matter. In February 2022, the Sponsor received a VCP Compliance Statement (the "Compliance Statement") from the IRS which approved the proposed corrective actions described in the initial VCP filing. As of October 13, 2022, the Sponsor has completed all required corrective actions to comply with the Compliance Statement.

12. SUBSEQUENT EVENTS

For the year ended December 31, 2021, subsequent events were evaluated through October 13, 2022, the date the financial statements were available to be issued. No events occurred that require additional disclosure or adjustments to the Plan's financial statements.

13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits per the financial statements at December 31, 2021 and 2020 to Form 5500:

	2021	2020
Net assets available for benefits per financial statements	$ 8,831,167,210	$ 7,975,532,824
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	6,319,855	26,654,740
Net assets available for benefits per Form 5500	$ 8,837,487,065	$ 8,002,187,564

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements for the years ended December 31, 2021 and 2020 to net income reported on Form 5500:

	2021	2020
Net increase in net assets available for benefits per financial statements	$ 855,634,386	$ 1,064,593,259
Plus (less) change in adjustment from contract value to fair value for fully benefit-responsive investment contracts from prior year	(20,334,885)	19,674,842
Net income per Form 5500	$ 835,299,501	$ 1,084,268,101

SUPPLEMENTAL SCHEDULE

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Interest-bearing cash and cash equivalents:		
* Fidelity	Fidelity Short-Term Investment Fund	$ 29,575,588
* Fidelity	Money Market Treasury Only	83,620,042
Brown Brothers Harriman	BBH Short-Term Investment Fund	6,484,009
	Subtotal interest-bearing cash and cash equivalents	**119,679,639**
Mutual funds:		
* ABF	Small Cap Value Fund, Class R5, 4,986,757 shares	143,020,198
* BlackRock	Strategic Global Bond Fund, Inc., Inst Shares, 13,177,759 shares	81,702,106
* Fidelity	Long-Term Treasury Bond Index Fund, 4,045,466 shares	59,670,626
* Fidelity	U.S. Bond Index Fund, 22,816,490 shares	273,341,547
* PGIM	High Yield Fund, Class R6, 14,790,980 shares	81,202,479
* Western Asset	Total Return Unconstrained Fund, 7,083,308 shares	72,249,739
* Fidelity	Worldwide Fund, 2,480,120 shares	89,110,697
	Subtotal mutual funds	**800,297,392**
Self-directed brokerage accounts:		
* Fidelity BrokerageLink	BrokerageLink - Mutual Funds	82,635,119
	BrokerageLink - Common Stock	91,219,302
	BrokerageLink - Preferred Stock	201,245
	BrokerageLink - Corporate & Government Bond	136,124
	BrokerageLink - Certificate of Deposit	1,166,971
	BrokerageLink - Interest-bearing cash	28,894,991
	BrokerageLink - Non-interest bearing cash	80,616
	Subtotal self-directed brokerage accounts	**204,334,368**
Common collective trusts:		
* Fidelity	Growth Company Commingled Pool, Class 3, 30,459,545 shares	1,606,741,001
* Fidelity	FIAM Int. Infl. PR Bond Index CP, Class D, 840,640 shares	125,709,401
Spartan	Developed International Index Pool, Class E, 4,350,727 shares	607,753,090
Spartan	Extended Market Index Pool, Class E, 2,916,414 shares	462,193,280
Spartan	Real Estate Index Pool, 1,062,257 shares	150,872,267
Spartan	500 Index Pool, Class F, 10,785,365 shares	2,301,273,496
Schroder	International Alpha Trust, Class 1, 8,348,029 shares	143,502,615
Martin Currie	Emerging Markets CIT, Class R3, 18,939,949 shares	297,736,003
* T. Rowe Price	International Bond Fund, 5,871,489 shares	74,861,489
* T. Rowe Price	International Small-Cap Equity Trust, Class B, 5,056,635 shares	137,338,211
Columbia Threadneedle	Trust Dividend Income Fund MS, 20,787,288 shares	245,289,999
	Subtotal common collective trusts	**6,153,270,852**
U.S. government securities:		
United States Treasury Bond	1.750%, 08/15/2041, CUSIP: 912810TA6	416,898

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
United States Treasury Bond	1.875%, 11/15/2051, CUSIP: 912810TB4	$ 17,315,905
United States Treasury Bond	2.250%, 05/15/2041, CUSIP: 912810SY5	8,240,752
United States Treasury Bond	2.000%, 11/15/2041, CUSIP: 912810TC2	611,901
UST Bills	0.000%, 05/26/2022, CUSIP: 912796Q36	4,758,223
UST Notes	0.250%, 09/30/2023, CUSIP: 91282CDA6	1,961,113
UST Notes	0.750%, 12/31/2023, CUSIP: 91282CDR9	7,546,474
UST Notes	0.875%, 09/30/2026, CUSIP: 91282CCZ2	797,505
UST Notes	1.125%, 10/31/2026, CUSIP: 91282CDG3	10,191,867
UST Notes	1.250%, 11/30/2026, CUSIP: 91282CDK4	18,288,563
UST Notes	1.250%, 12/31/2026, CUSIP: 91282CDQ1	10,228,413
UST Notes	1.375%, 11/15/2031, CUSIP: 91282CDJ7	14,119,016
UST Notes	0.375%, 10/31/2023, CUSIP: 91282CDD0	11,968,983
UST Notes	0.500%, 11/30/2023, CUSIP: 91282CDM0	22,568,274
USTN TII	0.125%, 02/15/2051, CUSIP: 912810SV1	1,021,095
	Subtotal U.S. government securities	**130,034,982**
Mortgage-backed securities:		
AHM	Variable, 02/25/2045, $79,235, CUSIP: 02660TCS0	79,339
BAFC	2.500%, 03/25/2040, $32,996, CUSIP: 05970XAA0	32,946
Bamll Comm Mtg. Securities Tru	Variable, 08/10/2038, $650,000, CUSIP: 05491YAA8	724,438
BX Coml Mtg Tr	Variable, 11/15/2032, $1,743,000, CUSIP: 05608FAA9	1,740,900
BX Tr	3.202%, 12/09/2041, $285,000, CUSIP: 05606FAA1	300,322
Cali Mtg Tr	3.957%, 03/10/2039, $580,000, CUSIP: 129890AA7	643,030
CIM	3.000%, 04/25/2057, $426,696, CUSIP: 12553HAA6	428,570
Comm. Mtg. Pass Through Certs	3.349%, 10/10/2048, $2,112,954, CUSIP: 12635QBF6	2,192,790
Cpt Mortgage Trust	2.865%, 11/13/2039, $545,000, CUSIP: 12654YAA7	567,604
CSMC	3.850%, 09/25/2057, $986,275, CUSIP: 12654PAE8	1,024,561
CSMC	Variable, 07/25/2058, $1,193,510, CUSIP: 12596MAB2	1,227,663
DC Office Trust	2.965%, 09/15/2045, $580,000, CUSIP: 23312BAA8	605,034
FHLM	3.990%, 08/25/2033, $1,050,000, CUSIP: 3137FHQ71	1,236,243
FHLM	3.000%, 04/15/2048, $209,132, CUSIP: 3137FGVJ1	217,719
FHLM	3.750%, 04/25/2033, $1,095,000, CUSIP: 3137FG6T7	1,270,957
FHLM	Variable, 04/15/2053, $1,298,841, CUSIP: 3137BTEH0	1,432,438
FHLM	3.500%, 05/25/2046, $218,359, CUSIP: 3136B2ZR6	221,306
FHLM	3.500%, 08/25/2042, $2,497,804, CUSIP: 3136A7N65	2,633,687
FHLM	3.500%, 01/25/2047, $232,789, CUSIP: 3136B2TU6	238,344
FHLM	3.000%, 06/25/2048, $638,405, CUSIP: 3136B1Z72	664,177
FHLG 15Yr	2.500%, 03/01/2031, $1,314,606, CUSIP: 3128MMUQ4	1,363,636
FHLG 15Yr	3.500%, 01/01/2034, $353,994, CUSIP: 3128MFWR5	375,292
FHLG 15Yr	3.500%, 11/01/2033, $548,134, CUSIP: 3128MMYK3	579,056
FHLG 15Yr	3.000%, 03/01/2031, $140,138, CUSIP: 3128MMUS0	147,019

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TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
FHLG 15Yr	3.000%, 06/01/2033, $51,715, CUSIP: 3128MMXV0	$ 54,190
FHLG 30Yr	3.500%, 02/01/2047, $230,858, CUSIP: 3128MJZN3	245,595
FHLG 30Yr	3.500%, 02/01/2048, $426,479, CUSIP: 3128MJ3J7	450,805
FHLG 30Yr	3.500%, 01/01/2048, $2,535,428, CUSIP: 3132XCR49	2,745,710
FHLG 30Yr	3.500%, 03/01/2048, $9,934, CUSIP: 3132XCR56	10,634
FHLG 30Yr	3.500%, 03/01/2048, $976,595, CUSIP: 3132XCR72	1,042,713
FHLG 30Yr	3.500%, 04/01/2045, $1,017,863, CUSIP: 31335AAY4	1,101,646
FHLG 30Yr	3.500%, 04/01/2047, $92,779, CUSIP: 3128MJZX1	98,702
FHLG 30Yr	3.500%, 04/01/2047, $548,448, CUSIP: 3132XCRY3	589,136
FHLG 30Yr	3.500%, 05/01/2044, $125,832, CUSIP: 3128MABS7	135,757
FHLG 30Yr	3.500%, 06/01/2046, $126,454, CUSIP: 3128MJYH7	134,566
FHLG 30Yr	3.500%, 06/01/2047, $58,614, CUSIP: 3128MJZ86	62,337
FHLG 30Yr	3.500%, 08/01/2046, $712,903, CUSIP: 3132XCRV9	766,459
FHLG 30Yr	3.500%, 08/01/2048, $783,558, CUSIP: 31335BWR3	838,566
FHLG 30Yr	3.500%, 08/01/2046, $470,620, CUSIP: 3128MJYN4	500,663
FHLG 30Yr	3.500%, 12/01/2044, $440,566, CUSIP: 3131XQ3P9	474,308
FHLG 30Yr	3.500%, 12/01/2047, $130,905, CUSIP: 3128MJ3A6	138,576
FHLG 30Yr	3.000%, 02/01/2047, $987,503, CUSIP: 3128MJZM5	1,032,672
FHLG 30Yr	3.000%, 03/01/2047, $1,790,086, CUSIP: 3128MJZQ6	1,871,967
FHLG 30Yr	3.000%, 02/01/2050, $570,970, CUSIP: 3133N3VW1	585,588
FHLG 30Yr	3.000%, 08/01/2046, $798,002, CUSIP: 3128MJYM6	835,252
FHLG 30Yr	3.000%, 09/01/2046, $248,897, CUSIP: 3128MJYT1	260,437
FHLG 30Yr	3.000%, 10/01/2046, $466,075, CUSIP: 3128MJYY0	487,686
FHLG 30Yr	3.000%, 09/01/2046, $814,154, CUSIP: 3131XU6Q5	851,535
FHLG 30Yr	3.000%, 11/01/2046, $405,709, CUSIP: 3128MJY61	424,520
FHLG 30Yr	4.000%, 12/01/2045, $936,815, CUSIP: 31335ALZ9	1,022,076
FHLG 30Yr	4.500%, 10/01/2048, $386,648, CUSIP: 3128MJ5D8	414,900
FHLG 30Yr	4.000%, 01/01/2045, $329,166, CUSIP: 3128MAE62	358,918
FHLG 30Yr	4.000%, 03/01/2048, $174,271, CUSIP: 3132XCR80	189,982
FHLG 30Yr	4.000%, 07/01/2048, $1,524,024, CUSIP: 3132XCSB2	1,659,275
FHLG 30Yr	4.000%, 11/01/2048, $2,289,375, CUSIP: 3132XCSE6	2,491,832
FHLG 30Yr	5.000%, 07/01/2048, $135,351, CUSIP: 3128MJ4T4	147,737
FHLG 30Yr	5.000%, 10/01/2048, $285,192, CUSIP: 3128MJ5E6	310,577
FHLG 30Yr	3.500%, 01/01/2050, $5,168, CUSIP: 3132DVKY0	5,527
FHLG 30Yr	3.500%, 05/01/2046, $705,252, CUSIP: 3132AAYV0	755,960
FNMA 15Yr	3.000%, 06/01/2032, $239,201, CUSIP: 31418CLK8	250,860
FNMA 20Yr	2.000%, 06/01/2041, $1,260,021, CUSIP: 31418DZ62	1,274,360
FNMA 20Yr	2.000%, 10/01/2040, $2,536,021, CUSIP: 31418DTJ1	2,560,916
FNMA 20Yr	3.000%, 10/01/2033, $495,687, CUSIP: 31418AYD4	523,093
FNMA 30Yr	2.455%, 04/01/2040, $980,000, CUSIP: 3140HXWW6	988,615
FNMA 30Yr	3.500%, 01/01/2044, $432,815, CUSIP: 3138ENZ93	466,370

(Continued)

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
FNMA 30Yr	3.500%, 01/01/2046, $1,623,130, CUSIP: 3140J8FW8	$ 1,746,429
FNMA 30Yr	3.500%, 01/01/2047, $409,311, CUSIP: 3138WJNN4	438,486
FNMA 30Yr	3.500%, 01/01/2048, $816,452, CUSIP: 31418CS47	862,972
FNMA 30Yr	3.500%, 02/01/2048, $529,350, CUSIP: 31418CUA0	559,347
FNMA 30Yr	3.500%, 02/01/2047, $82,454, CUSIP: 31418CGE8	87,687
FNMA 30Yr	3.500%, 12/01/2047, $630,778, CUSIP: 31418CR89	669,479
FNMA 30Yr	3.640%, 03/01/2028, $1,676,906, CUSIP: 3140HSQH7	1,842,571
FNMA 30Yr	4.000%, 08/01/2042, $473,952, CUSIP: 31418AHY7	517,778
FNMA 30Yr	4.500%, 08/01/2048, $242,663, CUSIP: 3140Q9N25	260,894
FNMA 30Yr	4.500%, 08/01/2046, $2,098,812, CUSIP: 3140J56D6	2,299,949
FNMA 30Yr	4.000%, 01/01/2049, $424,272, CUSIP: 3140JLYN8	459,042
FNMA 30Yr	4.000%, 04/01/2047, $145,148, CUSIP: 31418CJE5	156,393
FNMA 30Yr	4.000%, 06/01/2047, $242,339, CUSIP: 31418CLH5	260,431
FNMA 30Yr	4.000%, 06/01/2047, $178,353, CUSIP: 3138WK4Q5	191,668
FNMA 30Yr	4.000%, 07/01/2047, $344,233, CUSIP: 31418CMG6	368,297
FNMA 30Yr	4.000%, 07/01/2047, $149,237, CUSIP: 3138WLCJ0	160,379
FNMA Gtd Mtg Pass Thru CTF	3.250%, 02/25/2049, $188,212, CUSIP: 3136B3A34	195,627
Freddie Mac Remics	4.000%, 06/15/2047, $170,162, CUSIP: 3137FKHV1	175,710
GNII 30Yr	3.500%, 06/20/2049, $155,871, CUSIP: 36179UT93	159,926
GNII 30Yr	3.500%, 07/20/2049, $63,358, CUSIP: 36179UVX7	64,927
GNII 30Yr	3.000%, 10/20/2049, $395,001, CUSIP: 36179U3S9	405,521
GNII II	3.500%, 01/20/2047, $184,815, CUSIP: 36179SUV7	194,764
GNII II	3.500%, 02/20/2047, $247,463, CUSIP: 36179SWX1	260,320
GNII II	3.500%, 03/20/2046, $223,878, CUSIP: 36179R4E6	236,279
GNII II	3.500%, 04/20/2046, $111,569, CUSIP: 36179R7J2	117,749
GNII II	3.500%, 05/20/2047, $478,217, CUSIP: 36179S5L7	503,064
GNII II	3.500%, 06/20/2047, $123,798, CUSIP: 36179TAK1	130,230
GNII II	3.500%, 07/20/2047, $66,986, CUSIP: 36179TCX1	70,319
GNII II	3.500%, 09/20/2047, $131,486, CUSIP: 36179TG41	138,030
GNII II	3.500%, 10/20/2047, $330,054, CUSIP: 36179TJX4	346,481
GNII II	3.500%, 11/20/2047, $909,119, CUSIP: 36179TLS2	952,660
GNII II	3.500%, 12/20/2046, $410,746, CUSIP: 36179SSQ1	432,857
GNII II	3.500%, 12/20/2047, $707,067, CUSIP: 36179TNR2	740,931
GNII II	3.000%, 05/20/2047, $171,286, CUSIP: 36179S5K9	179,060
GNII II	3.000%, 05/20/2046, $319,609, CUSIP: 36179SB71	334,513
GNII II	3.000%, 11/20/2047, $1,014,142, CUSIP: 36179TLR4	1,058,264
GNII II	3.000%, 12/20/2046, $632,501, CUSIP: 36179SSP3	661,205
GNII II	4.500%, 08/20/2048, $1,086,781, CUSIP: 36179T7L3	1,155,303
GNII II	4.000%, 03/20/2048, $372,049, CUSIP: 36179TUB9	394,303
GNII II	4.000%, 08/20/2047, $119,398, CUSIP: 36179TE27	126,988
GNII II	4.000%, 09/20/2048, $176,846, CUSIP: 36179UCB6	186,968

(Continued)

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	GNII II	4.000%, 09/20/2047, $867,631, CUSIP: 36179TG58	$ 922,783
	GNII II	4.000%, 11/20/2047, $217,340, CUSIP: 36179TLT0	230,951
	GNII II	4.000%, 12/20/2047, $6,213, CUSIP: 36179TNS0	6,595
	GNII II	5.000%, 03/20/2047, $87,056, CUSIP: 36179SYV3	96,496
	GNII II	5.000%, 05/20/2046, $129,783, CUSIP: 36179SCB1	143,856
	GNII II	5.000%, 05/20/2047, $181,594, CUSIP: 36179S5P8	199,355
	GNII II	5.000%, 07/20/2046, $47,049, CUSIP: 36179SGP6	52,150
	GNII II	5.000%, 09/20/2045, $247,809, CUSIP: 36179RNZ8	274,524
	GNMA	3.500%, 09/20/2048, $347,370, CUSIP: 38380Y2X2	366,174
	Gs Mtg Backed Secs Tr Ala	3.750%, 10/25/2057, $991,903, CUSIP: 36256BAC4	1,015,719
	HMBT Al	Variable, 10/25/2035, $206,450, CUSIP: 43739EBS5	206,238
	Hudson Yds HY Mtg Tr A	3.228%, 07/10/2039, $580,000, CUSIP: 44421GAA1	618,624
	Hudson Yds HY Mtg Tr	Variable, 12/10/2041, $580,000, CUSIP: 44421MAA8	607,236
	Hvmlt	Variable, 06/20/2035, $1,373,694, CUSIP: 41161PSK0	1,337,802
	Imm	Variable, 04/25/2035, $753,880, CUSIP: 45254NMY0	733,365
	Impac Secd Assets Corp	Variable, 11/25/2034, $4,329, CUSIP: 45254TQB3	4,329
*	JPM Chase Coml Mtg Secs Tr	3.397%, 06/05/2039, $550,000, CUSIP: 46651EAA2	593,309
*	JPMMT	Variable, 04/25/2035, $239,174, CUSIP: 466247NK5	238,553
	Mkt Mtg Tr	2.694%, 02/12/2040, $900,000, CUSIP: 55316PAA5	923,214
	MLCC	Variable, 04/25/2029, $196,119, CUSIP: 59020UAR6	188,780
	MIMI	Variable, 02/25/2036, $1,434,441, CUSIP: 59020UZ65	1,404,505
	Mortgageit Tr	Variable, 12/25/2035, $302,429, CUSIP: 61915RAU0	300,615
	One Bryant Pk Tr	2.516%, 09/15/2054, $740,000, CUSIP: 68236JAA9	749,563
	Queens Center Mortgage Trust	3.275%, 01/11/2037, $490,000, CUSIP: 74824DAA8	503,444
	RBSCF	Variable, 01/15/2032, $1,410,000, CUSIP: 74932QAA8	1,460,099
	Sfave Coml Mtg Secs Tr	Variable, 01/05/2043, $300,000, CUSIP: 78413MAA6	315,452
	Sfave Coml Mtg Secs Tr	Variable, 01/05/2043, $35,000, CUSIP: 78413MAE8	37,955
	Towd Pt Mtg Tr	Variable, 07/25/2057, $566,778, CUSIP: 89169DAA9	573,006
	TPMT	2.250%, 04/25/2056, $68,259, CUSIP: 89172YAA8	68,318
	UMBS 15Yr	1.500%, 02/01/2037, $2,800,000, CUSIP: IAF924000	4,128
	UMBS 15Yr	2.000%, 02/01/2037, $5,525,000, CUSIP: IAF925000	6,750
	UMBS 30Yr	Variable, 07/25/2034, $906,938, CUSIP: 92922FTB4	904,566
	UMBS 30Yr	Variable, 10/25/2045, $624,167, CUSIP: 92922F4M7	619,345
	WAMU	Variable, 12/25/2045, $1,114,577, CUSIP: 92925CBA9	1,099,588
	WAMU	Variable, 01/25/2045, $804,845, CUSIP: 92922FE95	800,951
	WAMU	Variable, 07/25/2045, $306,522, CUSIP: 92922FU48	301,854
		Subtotal mortgage-backed securities	**87,122,082**
Corporate bonds:			
	Abbvie Inc	4.500%, 05/14/2035, $720,000, CUSIP: 00287YAR0	861,280
	AEP Texas Inc	6.650%, 02/15/2033, $250,000, CUSIP: 0010EPAF5	332,707

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TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Aercap Ireland Cap Ltd	3.650%, 07/21/2027, $320,000, CUSIP: 00774MAB1	$ 337,223
Aercap Ireland Cap Ltd	4.125%, 07/03/2023, $585,000, CUSIP: 00774MAF2	607,590
Aercap Ireland Cap Ltd	3.300%, 01/30/2032, $610,000, CUSIP: 00774MAX3	621,451
Aetna Inc	3.500%, 11/15/2024, $500,000, CUSIP: 00817YAQ1	527,366
Air Lease Corp	3.250%, 03/01/2025, $65,000, CUSIP: 00912XBA1	67,446
Air Lease Corp	3.500%, 01/15/2022, $435,000, CUSIP: 00912XBE3	435,383
Air Lease Corp	3.000%, 09/15/2023, $500,000, CUSIP: 00912XAT1	513,141
ACCOP LP	2.250%, 01/15/2029, $560,000, CUSIP: 024836AH1	553,874
Anheuser-Busch Cos LLC	4.700%, 02/01/2036, $319,000, CUSIP: 03522AAH3	384,972
Anheuser-Busch Cos LLC	4.900%, 02/01/2046, $685,000, CUSIP: 03522AAJ9	865,795
Aon Corp	2.800%, 05/15/2030, $505,000, CUSIP: 037389BE2	520,442
Appalachian Power Co	4.500%, 03/01/2049, $450,000, CUSIP: 037735CX3	540,665
AT&T Inc	2.550%, 12/01/2033, $55,000, CUSIP: 00206RMM1	53,792
AT&T Inc	3.800%, 12/01/2057, $1,851,000, CUSIP: 00206RMN9	1,927,005
AT&T Inc	4.850%, 03/01/2039, $210,000, CUSIP: 00206RHK1	251,008
AT&T Inc	5.250%, 03/01/2037, $660,000, CUSIP: 00206RDR0	816,363
Bank Of America Corporation	Variable, 12/06/2025, $260,000, CUSIP: 06051GKE8	260,424
Bank Of America Corporation	Variable, 03/11/2027, $895,000, CUSIP: 06051GJQ3	888,716
Bank Of America Corporation	Variable, 02/13/2026, $2,105,000, CUSIP: 06051GHY8	2,132,091
Bank Of America Corporation	Variable, 07/23/2029, $935,000, CUSIP: 06051GHM4	1,042,470
Barnabas Health Inc	4.000%, 07/01/2028, $1,085,000, CUSIP: 06769QAA8	1,193,980
Bat Capital Corp	4.390%, 08/15/2037, $220,000, CUSIP: 05526DBD6	231,803
Bat Capital Corp	4.540%, 08/15/2047, $1,020,000, CUSIP: 05526DBF1	1,066,739
Becton Dickinson & Co	1.957%, 02/11/2031, $385,000, CUSIP: 075887CL1	370,096
Becton Dickinson & Co	3.734%, 12/15/2024, $137,000, CUSIP: 075887BF5	145,622
Berry Global Inc	1.570%, 01/15/2026, $1,605,000, CUSIP: 08576PAH4	1,570,525
Boeing Co	1.433%, 02/04/2024, $630,000, CUSIP: 097023DE2	629,038
Boeing Co	4.875%, 05/01/2025, $375,000, CUSIP: 097023CT0	410,277
Charter Comm Operating LLC	5.375%, 05/01/2047, $440,000, CUSIP: 161175BL7	525,187
Charter Comm Operating LLC	5.375%, 04/01/2038, $30,000, CUSIP: 161175BM5	35,800
Charter Comm Operating LLC	5.750%, 04/01/2048, $446,000, CUSIP: 161175BN3	556,188
Charter Comm Operating LLC	4.800%, 03/01/2050, $285,000, CUSIP: 161175BT0	319,096
Cigna Corp	3.400%, 03/01/2027, $510,000, CUSIP: 125523CB4	547,729
Citigroup Inc	Variable, 05/01/2025, $965,000, CUSIP: 172967MX6	957,390
Citigroup Inc	Variable, 04/08/2026, $395,000, CUSIP: 172967MQ1	414,089
Commonspirit Health	3.347%, 10/01/2029, $310,000, CUSIP: 20268JAB9	329,648
Commonspirit Health	2.782%, 10/01/2030, $290,000, CUSIP: 20268JAF0	296,821
Contl Air Inc	5.983%, 10/19/2023, $246,788, CUSIP: 21079NAA9	249,607
Credit Suisse Grp	3.750%, 03/26/2025, $945,000, CUSIP: 225433AC5	1,002,744
Credit Suisse Grp	4.550%, 04/17/2026, $1,215,000, CUSIP: 225433AR2	1,338,615
Cubesmart LP	2.250%, 12/15/2028, $375,000, CUSIP: 22966RAH9	375,050

(Continued)

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
CVS Health Corp	5.050%, 03/25/2048, $720,000, CUSIP: 126650CZ1	$ 941,355
CVS Health Corp	5.125%, 07/20/2045, $135,000, CUSIP: 126650CN8	175,482
Cyrusone LP/Cyrusone Fin Corp	2.900%, 11/15/2024, $1,260,000, CUSIP: 23283PAQ7	1,300,585
Delta Airlines Inc	2.000%, 12/10/2029, $1,820,618, CUSIP: 247361ZV3	1,780,008
Discover Bank	4.200%, 08/08/2023, $250,000, CUSIP: 25466AAD3	262,541
Duke Energy Carolinas LLC	3.750%, 06/01/2045, $880,000, CUSIP: 26442CAP9	972,965
Energy Transfer LP	4.900%, 03/15/2035, $250,000, CUSIP: 29273RBE8	282,248
Energy Transfer LP	5.150%, 03/15/2045, $835,000, CUSIP: 29273RBF5	943,611
Energy Transfer LP	5.000%, 05/15/2050, $90,000, CUSIP: 29278NAR4	103,563
Energy Transfer LP	6.125%, 12/15/2045, $500,000, CUSIP: 29273RBJ7	621,938
Entergy Tex Inc	3.450%, 12/01/2027, $900,000, CUSIP: 29365TAF1	950,541
Exxon Mobil Corp	3.452%, 04/15/2051, $400,000, CUSIP: 30231GBM3	433,307
Exxon Mobil Corp	4.327%, 03/19/2050, $210,000, CUSIP: 30231GBG6	257,849
Ford Mtr Cr Co LLC	3.339%, 03/28/2022, $870,000, CUSIP: 345397YL1	871,523
Ford Mtr Cr Co LLC	4.250%, 09/20/2022, $290,000, CUSIP: 345397WF6	295,220
Gallagher (Arthur J.) & Co	3.050%, 03/09/2052, $355,000, CUSIP: 04316JAB5	343,326
General Electric Co	6.750%, 03/15/2032, $265,000, CUSIP: 36962GXZ2	361,395
General Electric Co Frn	Variable, 08/15/2036, $964,000, CUSIP: 36962GX74	835,560
Global Payments Inc	1.500%, 11/15/2024, $520,000, CUSIP: 37940XAF9	520,073
GLP Cap LP / GLP Fing II Inc	5.250%, 06/01/2025, $300,000, CUSIP: 361841AJ8	328,576
GLP Cap LP / GLP Fing II Inc	5.300%, 01/15/2029, $210,000, CUSIP: 361841AL3	238,392
GLP Cap LP / GLP Fing II Inc	5.375%, 04/15/2026, $775,000, CUSIP: 361841AH2	863,017
GLP Cap LP / GLP Fing II Inc	5.375%, 11/01/2023, $500,000, CUSIP: 361841AF6	530,600
Goldman Sachs Group Inc (The)	Variable, 03/09/2027, $985,000, CUSIP: 38141GYA6	964,930
Goldman Sachs Group Inc (The)	Variable, 10/21/2027, $580,000, CUSIP: 38141GYM0	577,448
Goldman Sachs Group Inc (The)	Variable, 12/09/2026, $315,000, CUSIP: 38141GXM1	306,954
Goldman Sachs Group Inc (The)	1.217%, 12/06/2023, $870,000, CUSIP: 38141GZE7	872,222
Goldman Sachs Group Inc (The)	Variable, 09/29/2025, $550,000, CUSIP: 38141GWQ3	577,084
Healthcare Realty Trust Inc	2.400%, 03/15/2030, $520,000, CUSIP: 421946AL8	517,456
Healthcare Realty Trust Inc	3.875%, 05/01/2025, $325,000, CUSIP: 421946AJ3	344,654
Healthcare Tr of America Hldgs	2.000%, 03/15/2031, $160,000, CUSIP: 42225UAH7	151,388
Healthpeak Properties	3.400%, 02/01/2025, $31,000, CUSIP: 40414LAM1	32,524
Healthpeak Properties	4.000%, 06/01/2025, $310,000, CUSIP: 40414LAN9	333,549
HSBC Holdings PLC	Variable, 05/24/2027, $840,000, CUSIP: 404280CM9	821,465
HSBC Holdings PLC	Variable, 09/22/2028, $1,050,000, CUSIP: 404280CL1	1,027,840
HSBC Holdings PLC	Variable, 08/17/2029, $515,000, CUSIP: 404280CV9	505,020
Hudson Pac Pptys LP	3.950%, 11/01/2027, $890,000, CUSIP: 44409MAA4	953,485
Humana Inc	3.150%, 12/01/2022, $1,000,000, CUSIP: 444859BA9	1,016,550
Hyatt Hotels Corp	1.800%, 10/01/2024, $375,000, CUSIP: 448579AN2	375,334
IHS Markit Ltd	3.625%, 05/01/2024, $1,250,000, CUSIP: 44962LAH0	1,310,938
IHS Markit Ltd	4.750%, 08/01/2028, $350,000, CUSIP: 44962LAF4	405,563

(Continued)

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	Indiana Michigan Power Co	4.550%, 03/15/2046, $400,000, CUSIP: 454889AQ9	$ 488,154
	Intel Corp	3.050%, 08/12/2051, $500,000, CUSIP: 458140BW9	511,445
	Jersey Central Powr & Light Co	6.400%, 05/15/2036, $450,000, CUSIP: 476556CP8	602,924
*	JP Morgan Chase & Co	Variable, 06/23/2025, $795,000, CUSIP: 46647PCK0	787,261
*	JP Morgan Chase & Co	Variable, 11/19/2026, $570,000, CUSIP: 46647PBT2	555,298
*	JP Morgan Chase & Co	Variable, 04/22/2027, $1,740,000, CUSIP: 46647PCB0	1,719,492
	Kilroy Realty LP	3.450%, 12/15/2024, $1,250,000, CUSIP: 49427RAM4	1,308,990
	Kimco Realty Corp	3.250%, 08/15/2026, $500,000, CUSIP: 948741AM5	525,929
	Kraft Heinz Foods Co	5.000%, 06/04/2042, $155,000, CUSIP: 50076QAE6	192,743
	Kraft Heinz Foods Co	5.000%, 07/15/2035, $285,000, CUSIP: 50077LAL0	348,652
	Lloyds Banking Group PLC	Variable, 05/11/2027, $560,000, CUSIP: 53944YAP8	551,295
	Lloyds Banking Group PLC	Variable, 03/17/2023, $285,000, CUSIP: 53944YAK9	286,104
	Lloyds Banking Group PLC	Variable, 11/07/2023, $600,000, CUSIP: 539439AP4	609,669
*	Morgan Stanley	Variable, 04/05/2024, $315,000, CUSIP: 61772BAA1	314,023
*	Morgan Stanley	Variable, 05/04/2027, $1,430,000, CUSIP: 61772BAB9	1,415,903
	Nextera Energy Cap Hldgs Inc Frn	Variable, 02/22/2023, $655,000, CUSIP: 65339KBT6	653,894
	Oracle Corp	3.600%, 04/01/2050, $350,000, CUSIP: 68389XBX2	342,699
	Oracle Corp	3.950%, 03/25/2051, $780,000, CUSIP: 68389XCA1	809,724
	Petroleos Mexicanos	6.750%, 09/21/2047, $365,000, CUSIP: 71654QCC4	322,113
	Petroleos Mexicanos	6.950%, 01/28/2060, $960,000, CUSIP: 71654QDF6	847,200
	Plains All Am Pipeln/Paa Fin C	4.500%, 12/15/2026, $390,000, CUSIP: 72650RBL5	428,137
	Public Svc Co New Mexico	3.850%, 08/01/2025, $500,000, CUSIP: 744542AC5	525,850
	Raymond James Financial Inc	4.950%, 07/15/2046, $525,000, CUSIP: 754730AF6	668,171
	Realty Income Corp	4.625%, 11/01/2025, $750,000, CUSIP: 756109BE3	831,280
	Reynolds American Inc	5.700%, 08/15/2035, $280,000, CUSIP: 761713BA3	331,780
	Reynolds American Inc	5.850%, 08/15/2045, $210,000, CUSIP: 761713BB1	255,159
	Royal Bk Scotlnd Grp PLC	Variable, 03/22/2025, $975,000, CUSIP: 780097BK6	1,031,792
	Santander UK Grp Hldgs PLC	Variable, 03/15/2025, $1,830,000, CUSIP: 80281LAN5	1,813,253
	Santander UK Grp Hldgs PLC	Variable, 06/14/2027, $225,000, CUSIP: 80281LAQ8	220,290
	Shell Intl Fin B V	4.550%, 08/12/2043, $258,000, CUSIP: 822582AY8	321,718
	Sl Green Oper Partnership LP	3.250%, 10/15/2022, $750,000, CUSIP: 78444FAF3	762,216
	Spire Inc	4.700%, 08/15/2044, $325,000, CUSIP: 505597AD6	380,172
	TC Pipelines Mlp	4.375%, 03/13/2025, $310,000, CUSIP: 87233QAB4	332,650
	T-Mobile USA Inc	2.550%, 02/15/2031, $829,000, CUSIP: 87264ACB9	824,834
	T-Mobile USA Inc	3.750%, 04/15/2027, $1,150,000, CUSIP: 87264ABD6	1,245,335
	T-Mobile USA Inc	3.875%, 04/15/2030, $168,000, CUSIP: 87264ABF1	183,751
	Unitedhealth Group Inc	3.050%, 05/15/2041, $420,000, CUSIP: 91324PEE8	439,580
	Ventas Rlty Ltd Partnership	3.250%, 10/15/2026, $1,000,000, CUSIP: 92277GAJ6	1,058,938
	Verizon Communications Inc	2.355%, 03/15/2032, $1,048,000, CUSIP: 92343VGM0	1,032,613
	Verizon Communications Inc	4.500%, 08/10/2033, $290,000, CUSIP: 92343VEA8	340,939
	Viacomcbs Inc	4.200%, 05/19/2032, $235,000, CUSIP: 92556HAD9	265,072

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TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
VMware Inc	1.000%, 08/15/2024, $645,000, CUSIP: 928563AH8	$ 638,773
Vodafone Group PLC	4.875%, 06/19/2049, $793,000, CUSIP: 92857WBS8	1,000,028
Wells Fargo & Co New	Variable, 02/11/2026, $830,000, CUSIP: 95000U2K8	842,386
Wells Fargo & Co New	Variable, 10/30/2030, $505,000, CUSIP: 95000U2G7	524,992
Wells Fargo & Co New	Variable, 05/22/2028, $1,835,000, CUSIP: 95000U2A0	1,972,661
	Subtotal corporate bonds	**83,881,209**
Common stocks:		
Aaon Inc	66,340 Shares, CUSIP: 360206	5,269,386
Advanced Drainage Systems Inc	27,837 Shares, CUSIP: 00790R104	3,789,451
Align Technology Inc	4,589 Shares, CUSIP: 16255101	3,015,799
Altair Engineering Inc Cl A	4,950,413 Shares, CUSIP: 21369103	4,950,413
Ameren Corp	17,200 Shares, CUSIP: 23608102	1,530,972
American Homes 4 Rent	46,800 Shares, CUSIP: 02665T306	2,040,948
Americold Realty Trust	64,200 Shares, CUSIP: 03064D108	2,105,118
Ansys Inc	10,171 Shares, CUSIP: 03662Q105	4,079,792
Ashland Global Holdings Inc	16,000 Shares, CUSIP: 44186104	1,722,560
Axon Enterprise Inc	3,956,400 Shares, CUSIP: 05464C101	3,956,400
Azenta Inc	3,691,338 Shares, CUSIP: 114340102	3,691,338
Baker Hughes Co	77,700 Shares, CUSIP: 05722G100	1,869,462
Balchem Corp	4,438,395 Shares, CUSIP: 57665200	4,438,395
Berkley (Wr) Corp	14,600 Shares, CUSIP: 84423102	1,202,894
Blackline Inc	4,369,388 Shares, CUSIP: 09239B109	4,369,388
Booz Allen Hamilton Hldg	18,300 Shares, CUSIP: 99502106	1,551,657
Broadridge Financial Sol	20,889 Shares, CUSIP: 11133T103	3,818,927
Bruker Corp	18,200 Shares, CUSIP: 116794108	1,527,162
Cadence Design Systems Inc	27,426 Shares, CUSIP: 127387108	5,110,835
Canadian Pac Railway Ltd	15,500 Shares, CUSIP: 2793104	1,115,070
Caredx Inc	1,451,949 Shares, CUSIP: 14167L103	1,451,949
Casella Waste Sys Inc	7,683,529 Shares, CUSIP: 147448104	7,683,529
Catalent Inc	29,765 Shares, CUSIP: 148806102	3,810,813
CDW Corporation	19,862 Shares, CUSIP: 12514G108	4,067,340
Centerpoint Energy Inc	52,700 Shares, CUSIP: 15189T107	1,470,857
Chipotle Mexican Grill Inc	2,505 Shares, CUSIP: 169656105	4,379,366
Coca-Cola Europacific Partners	32,200 Shares, CUSIP: BYQQ3P5	1,800,946
Columbia Sportswear Co	13,300 Shares, CUSIP: 198516106	1,295,952
Computer Services Inc	1,788,052 Shares, CUSIP: 20539A105	1,788,052
Construction Partners Inc	4,030,346 Shares, CUSIP: 21044C107	4,030,346
Cooper Companies Inc	11,040 Shares, CUSIP: 216648402	4,625,098
Copart Inc	29,735 Shares, CUSIP: 217204106	4,508,421
CoStar Group Inc	34,690 Shares, CUSIP: 22160N109	2,741,551

(Continued)

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	Deckers Outdoor Corp	8,746 Shares, CUSIP: 243537107	$ 3,203,747
	Definitive Healthcare Corp	1,300,908 Shares, CUSIP: 24477E103	1,300,908
	Dentsply Sirona Inc	29,900 Shares, CUSIP: 24906P109	1,668,121
	Descartes Sys Group Inc	6,734,286 Shares, CUSIP: 2528834	6,734,286
	Dexcom Inc	7,719 Shares, CUSIP: 252131107	4,144,717
	Diamondback Energy Inc	7,500 Shares, CUSIP: 25278X109	808,875
	Dolby Laboratories Inc	16,000 Shares, CUSIP: 25659T107	1,523,520
	Douglas Dynamics Inc	2,802,555 Shares, CUSIP: 25960R105	2,802,555
	DR Horton Inc	34,731 Shares, CUSIP: 23331A109	3,766,577
	Epam Systems Inc	6,732 Shares, CUSIP: 29414B104	4,500,005
	Esco Technologies Inc	2,632,208 Shares, CUSIP: 296315104	2,632,208
	Etsy Inc	12,616 Shares, CUSIP: 29786A106	2,762,147
	Euronet Worldwide Inc	22,154 Shares, CUSIP: 298736109	2,640,092
	Evi Industries Inc	689,652 Shares, CUSIP: 26929N102	689,652
	Exponent Inc	6,177,935 Shares, CUSIP: 30214U102	6,177,935
	Fastenal Co	54,465 Shares, CUSIP: 311900104	3,489,028
	First Citizens Bancshares Inc	2,200 Shares, CUSIP: 31946M103	1,825,648
	Firstservice Corp	6,461,898 Shares, CUSIP: BJQ0C55	6,461,898
	Five Below Inc	16,024 Shares, CUSIP: 33829M101	3,315,205
	Floor & Decor Holdings Inc	29,394 Shares, CUSIP: 339750101	3,821,514
	Fortive Corp	21,700 Shares, CUSIP: 34959J108	1,655,493
	Fox Factory Holding Corp	7,769,318 Shares, CUSIP: 35138V102	7,769,318
	Generac Holdings Inc	14,839 Shares, CUSIP: 368736104	5,222,141
	Gentex Corp	70,800 Shares, CUSIP: 371901109	2,467,380
	Global Payments Inc	21,000 Shares, CUSIP: 37940X102	2,838,780
	Globant SA	9,026 Shares, CUSIP: BP40HF4	2,834,976
	Graco Inc	39,233 Shares, CUSIP: 384109104	3,162,964
*	Hartford Finl Svcs Group Inc	25,700 Shares, CUSIP: 416515104	1,774,328
	Heico Corp	24,173 Shares, CUSIP: 422806109	3,486,230
	Helios Technologies Inc	4,903,551 Shares, CUSIP: 42328H109	4,903,551
	Hillman Solutions Corp	2,206,330 Shares, CUSIP: 431636109	2,206,330
	Hubbell Inc	6,700 Shares, CUSIP: 443510607	1,395,409
	Humana Inc	4,100 Shares, CUSIP: 444859102	1,901,826
	Hunt J B Transport Services Inc	15,071 Shares, CUSIP: 445658107	3,080,512
	Icon PLC	17,174 Shares, CUSIP: B94G471	5,318,788
	Idex Corporation	15,699 Shares, CUSIP: 45167R104	3,709,988
	Idexx Labs Inc	5,884 Shares, CUSIP: 45168D104	3,874,379
	Ingersoll Rand Inc	86,641 Shares, CUSIP: 45687V106	5,360,479
	Insulet Corp	13,700 Shares, CUSIP: 45784P101	3,645,159
	ITT Inc	12,600 Shares, CUSIP: 45073V108	1,287,594
	John Bean Technologies Corp	4,234,417 Shares, CUSIP: 477839104	4,234,417

(Continued)

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Keysight Technologies Inc	26,929 Shares, CUSIP: 49338L103	$ 5,561,108
Kornit Digital Ltd	12,959 Shares, CUSIP: BWFRFD7	1,973,008
Lamb Weston Holdings Inc	48,179 Shares, CUSIP: 513272104	3,053,585
Lattice Semiconductor Corp	26,463 Shares, CUSIP: 518415104	2,039,239
Lemaitre Vascular Inc	2,827,949 Shares, CUSIP: 525558201	2,827,949
Marathon Petroleum Corp	31,100 Shares, CUSIP: 56585A102	1,990,089
Martin Marietta Materials Inc	3,900 Shares, CUSIP: 573284106	1,718,028
Marvell Technology Inc	7,200 Shares, CUSIP: 573874104	629,928
Match Group Inc	26,506 Shares, CUSIP: 57667L107	3,505,419
Mercury Systems Inc	4,908,599 Shares, CUSIP: 589378108	4,908,599
Merit Medical Systems Inc	4,093,110 Shares, CUSIP: 589889104	4,093,110
Mesa Laboratories Inc	5,104,424 Shares, CUSIP: 59064R109	5,104,424
Microchip Technology	57,231 Shares, CUSIP: 595017104	4,982,531
Mks Instruments Inc	14,300 Shares, CUSIP: 55306N104	2,490,631
Model N Inc	4,458,704 Shares, CUSIP: 607525102	4,458,704
Monolithic Power Sys Inc	10,904 Shares, CUSIP: 609839105	5,379,270
Motorola Solutions Inc	6,200 Shares, CUSIP: 620076307	1,684,540
MSCI Inc	6,336 Shares, CUSIP: 55354G100	3,882,004
National Research Corp	831,438 Shares, CUSIP: 637372202	831,438
NCR Corp	65,590 Shares, CUSIP: 62886E108	2,636,718
Neogen Corp	4,631,820 Shares, CUSIP: 640491106	4,631,820
Novanta Inc	5,677,826 Shares, CUSIP: 67000B104	5,677,826
Nxp Semiconductors Nv	8,600 Shares, CUSIP: B505PN7	1,958,908
Omega Flex Inc	2,088,962 Shares, CUSIP: 682095104	2,088,962
Omnicell Inc	6,820,632 Shares, CUSIP: 68213N109	6,820,632
Pacwest Bancorp	32,500 Shares, CUSIP: 695263103	1,468,025
Parker Hannifin Corp	5,400 Shares, CUSIP: 701094104	1,717,848
Paycom Software Inc	10,999 Shares, CUSIP: 70432V102	4,566,675
Paycor Hcm Inc	2,819,059 Shares, CUSIP: 70435P102	2,819,059
Pinnacle Finl Partners Inc	41,226 Shares, CUSIP: 72346Q104	3,937,083
Pool Corp	11,035 Shares, CUSIP: 73278L105	6,245,810
Ppg Industries Inc	16,200 Shares, CUSIP: 693506107	2,793,528
Progressive Corp Ohio	19,200 Shares, CUSIP: 743315103	1,970,880
Pros Hldgs Inc	3,604,205 Shares, CUSIP: 74346Y103	3,604,205
PTC Inc	24,655 Shares, CUSIP: 69370C100	2,986,953
Q2 Holdings Inc	3,369,448 Shares, CUSIP: 74736L109	3,369,448
Quanta Svcs Inc	13,200 Shares, CUSIP: 74762E102	1,513,512
RBC Bearings Inc	4,209,070 Shares, CUSIP: 75524B104	6,850,419
Reinsurance Group Of America	6,900 Shares, CUSIP: 759351604	755,481
Repligen	4,206,706 Shares, CUSIP: 759916109	8,326,040
Resmed Inc	18,221 Shares, CUSIP: 761152107	4,746,206

(Continued)

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Rogers Corp	3,555,825 Shares, CUSIP: 775133101	$ 3,555,825
Sba Communications Corp	3,000 Shares, CUSIP: '78410G104	1,167,060
Shutterstock Inc	1,907,136 Shares, CUSIP: 825690100	1,907,136
Signature Bank	4,800 Shares, CUSIP: 82669G104	1,552,656
Simpson Manufacturing Co	5,312,474 Shares, CUSIP: 829073105	5,312,474
Simulations Plus Inc	3,076,865 Shares, CUSIP: 829214105	3,076,865
Siteone Landscape Supply Inc	6,814,125 Shares, CUSIP: 82982L103	6,814,125
Sps Commerce Inc	7,032,090 Shares, CUSIP: 78463M107	7,032,090
Stanley Black & Decker Inc	7,900 Shares, CUSIP: 854502101	1,490,098
Synchrony Financial	38,800 Shares, CUSIP: 87165B103	1,799,932
Synopsys Inc	14,067 Shares, CUSIP: 871607107	5,183,690
Sysco Corp	18,000 Shares, CUSIP: 871829107	1,413,900
Teradyne Inc	7,000 Shares, CUSIP: 880770102	1,144,710
Tractor Supply Co.	23,625 Shares, CUSIP: 892356106	5,636,925
Transcat Inc	182,087 Shares, CUSIP: 893529107	182,087
Transunion	33,997 Shares, CUSIP: 89400J107	4,031,364
Trex Co Inc	5,853,637 Shares, CUSIP: 89531P105	9,937,263
Tyler Technologies Inc	8,630 Shares, CUSIP: 902252105	4,642,509
Veeva Sys Inc	6,697 Shares, CUSIP: 922475108	1,710,950
Vericel Corp	1,942,796 Shares, CUSIP: 92346J108	1,942,796
Verisign Inc	13,429 Shares, CUSIP: 92343E102	3,408,549
Vertex Inc	1,564,385 Shares, CUSIP: 92538J106	1,564,385
Vertiv Holdings Co	114,300 Shares, CUSIP: 92537N108	2,854,071
Vocera Communications Inc	4,799,277 Shares, CUSIP: 92857F107	4,455,409
WD 40 Co	2,226,224 Shares, CUSIP: 929236107	2,226,224
Western Alliance Bancorp	17,917 Shares, CUSIP: 957638109	1,928,765
Williams-Sonoma Inc	18,264 Shares, CUSIP: 969904101	3,088,988
Willis Towers Watson PLC	11,400 Shares, CUSIP: BDB6Q21	2,707,386
Woodward Inc	19,400 Shares, CUSIP: 980745103	2,123,524
Workiva Inc	2,586,964 Shares, CUSIP: 98139A105	2,586,964
Wyndham Hotels & Resorts Inc	16,600 Shares, CUSIP: 98311A105	1,488,190
Xcel Energy Inc	22,400 Shares, CUSIP: 98389B100	1,516,480
Zurn Water Solutions Corp	28,500 Shares, CUSIP: 98983L108	1,037,400
	Subtotal common stocks	**484,329,299**
Asset-backed securities:		
AGL Clo Ltd.	Variable , 10/20/2034, $1,000,000, CUSIP: 00120JAA1	999,409
AIG Clo Ltd	Variable , 10/25/2033, $980,000, CUSIP: 00142MAE0	979,997
Ajax Mortgage Loan Trust	2.860%, 07/25/2059, $1,671,132, CUSIP: 00969PAA1	1,667,186
AMMC	Variable , 10/16/2028, $513,184, CUSIP: 00176PAJ1	513,203
Barings Clo Ltd	Variable , 07/20/2028, $628,218, CUSIP: 06761CAA7	628,218

(Continued)

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
BDS Ltd	Variable , 08/15/2036, $842,651, CUSIP: 05492KAA7	$ 842,768
Bsprt Issuer Ltd	Variable , 09/15/2035, $238,161, CUSIP: 05586AAA6	238,161
ECMC Group Student Loan Trust	Variable , 11/25/2070, $1,238,905, CUSIP: 26833RAB4	1,238,354
Goldentree Ln Mgmt US Ltd	Variable , 10/20/2034, $1,500,000, CUSIP: 38136NAQ9	1,500,266
LCM XIX Ltd Partnership/LLC	Variable , 07/15/2027, $255,613, CUSIP: 50188QAJ0	255,708
Navient Student Ln Tr	Variable , 11/26/2040, $754,271, CUSIP: 63939GAC2	748,984
NCHET	Variable , 06/25/2035, $1,068,586, CUSIP: 64352VKV2	1,068,844
New Century Home Equity Ln Tr	Variable , 08/25/2034, $880,674, CUSIP: 64352VFW6	844,014
NSTR	Variable , 09/25/2036, $76,610, CUSIP: 63860FAD5	76,426
Option One Mtg Ln Tr	Variable , 01/25/2036, $1,709,521, CUSIP: 68389FKQ6	1,706,233
RCTTE	Variable , 04/20/2034, $1,400,000, CUSIP: 75620TAW8	1,393,042
Regata XII Funding Ltd	Variable , 10/15/2032, $950,000, CUSIP: 75888HAN1	948,298
SLM Student Ln Tr	Variable , 10/25/2083, $720,000, CUSIP: 78445JAB3	729,882
SLM Student Ln Tr	Variable , 07/25/2073, $740,000, CUSIP: 78444YAE5	731,943
SLM Student Ln Tr	Variable , 04/25/2023, $598,481, CUSIP: 784442AC9	589,202
SLM Student Ln Tr	Variable , 01/25/2083, $230,000, CUSIP: 784442AD7	207,163
TCI-Flatiron Clo Ltd/LLC	Variable , 01/17/2032, $800,000, CUSIP: 87230AAL0	799,793
United Airlines Class A	4.300%, 02/15/2027, $764,614, CUSIP: 909319AA3	799,262
US Awys	5.900%, 04/01/2026, $195,852, CUSIP: 90345WAA2	205,241
US Awys	4.625%, 12/03/2026, $355,345, CUSIP: 90345WAD6	353,567
	Subtotal asset-backed securities	**20,065,164**
Municipal bonds:		
LA CA USD	5.981%, 05/01/2027, $875,000, CUSIP: 544646A69	1,059,195
LA DWAP CA Wtr	6.008%, 07/01/2039, $500,000, CUSIP: 544525NZ7	662,918
New York St D	1.952%, 03/15/2029, $320,000, CUSIP: 64990FD84	321,421
New York St D	3.110%, 02/15/2039, $95,000, CUSIP: 64990FRB2	100,869
New York St D	5.628%, 03/15/2039, $480,000, CUSIP: 64990FMT8	619,634
NY NYC Trans	5.508%, 08/01/2037, $500,000, CUSIP: 64971M4P4	657,237
NYC NY	1.823%, 08/01/2030, $275,000, CUSIP: 64966QRP7	269,558
NYC TFA (Pit)	5.267%, 05/01/2027, $165,000, CUSIP: 64971MT44	193,506
NYS UDC	3.370%, 03/15/2030, $450,000, CUSIP: 6500355Z7	482,559
San Francisco W	2.825%, 11/01/2041, $640,000, CUSIP: 79771FAA5	626,621
Univ Cal Rev	3.931%, 05/15/2045, $540,000, CUSIP: 91412GXE0	621,961
	Subtotal municipal bonds	**5,615,479**
Guaranteed investment contracts:		
New York Life	NYL GA-29030	67,296,884
Synthetic investment contracts:		
Prudential	Pru Core Conserv Int BD FD	110,859,682

(Continued)

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Pacific Life	Pacific Life G-27341.01.001:	
	MFB NT Coltv 1-10 Yr.Int; 0.446%; CUSIP: 004000964	$ 6,583,880
	MFB Coltv Daily 1-5 Yr Cr Bd ; 2.385%; CUSIP: 786993972	7,090,111
	NT Coltv Short Term; 0.869%; CUSIP: 66586W326	12,152,050
	MFB NT Coltv Asset-Backed; 0.597%; CUSIP: 003999AF6	16,205,742
	MFB NT Coltv Comm Mort Backed; 0.747%; CUSIP: 665999538	6,330,540
	MFB Coltv MB Sec Idx Fd-Non; 1.880%; CUSIP: 004992AA1	25,093,895
	NT Col 1-10 Yr Int Bd Idx Fd; 2.489%; CUSIP: 66586U726	27,858,924
Voya Ret. Ins. & Annuity Co.	Voya Ret. Ins. & Annuity Co. 60257:	
	MFB Coltv Daily 1-5 Yr Cr Bd; 2.385%; CUSIP: 786993972	26,683,510
	NT Collective Short Term; 0.869%; CUSIP: 66586W326	18,625,107
	MFB NT Coltv Asset-Backed; 0.597%; CUSIP: 003999AF6	16,111,193
	MFB NT Coltv Comm MB; 0.747%; CUSIP: 665999538	6,293,605
	MFB NT Coltv MB Sec Idx Fd; 1.880%; CUSIP: 004992AA1	24,947,495
	NT Col 1-10 Yr Int Bd Idx Fd; 2.489%; CUSIP: 66586U726	8,057,506
Transamerica Premier Life	Transamerica Premier Life MDA01115TR:	
	1-3 Year Credit Bond Index Fund	6,162,814
	1-3 Year Government Bond Index Fund	13,863,622
	Asset-Backed Securities Index Fund	16,429,543
	Commercial Mortgage-Backed Securities Index Fund	6,415,045
	Intermediate Term Credit Bond Index Fund	29,254,831
	Intermediate Government Bond Index Fund	5,132,814
	Mortgage-Backed Securities Index Fund	25,393,118
Nationwide	Nationwide STA THC IP 1016:	
	1-3 Year Government Bond Index Fund	4,285,279
	Asset-Backed Securities Index Fund	11,424,194
	Commercial Mortgage-Backed Securities Index Fund	4,460,667
	Gov1-3A (#101089)	9,639,995
	Intermediate Term Credit Bond Index Fund	20,342,190
	Intermediate Government Bond Index Fund	3,569,075
	Mortgage-Backed Securities Index Fund	17,656,967
American General Life	American General Life 1635587:	
	American General Life Cash Account	2,667,391
	AEPTC 2019-1 A1	1,493,510
	BACM 2017-BNK3 A1	79,284
	BANK 2018-BN13 A1	1,001,232
	BANK 2019-BN17 A1	1,058,650
	BMARK 2019-B10 A2	1,561,577
	COMM 2013-CR12 A4	1,782,375
	CNH 2019-C A3	1,171,677

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TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	COMET 2019-A1 A1	$ 1,907,755
	COMET 2019-A2 A2	2,774,778
	CNP 2009-1 A3	470,875
	DCENT 2019-A1 A1	1,252,729
	FNR 2012-91 KA	559,683
	FNR 2014-85 GA	197,355
	FNR 2015-11 B	81,519
	FNR 2015-29 PA	1,305,732
	FNR 2015-56 DA	172,133
	FNR 2016-43 GV	1,330,518
	FNR 2017-11 KA	1,561,667
	FNR 2017-43 A	943,438
	FNR 2017-47 EA	1,619,961
	FNR 2021-45 EA	2,580,073
	FNR 2021-91 DA	2,051,005
	FHR 4001 MH	40,852
	FHR 4039 ME	28,135
	FHR 4368 HB	222,994
	FHR 4427 MA	2,029,646
	FHR 4444 CH	235,564
	FHR 4458 BA	256,248
	FHR 4486 JN	209,140
	FHR 4502 GA	130,776
	FHR 4680 LA	1,078,503
	FHR 5081 NH	2,195,752
	FHR 5094 DA	1,556,900
	FHR 5156 HB	1,618,219
	FNR 2009-92 JB	334,634
	FHR 3747 HX	574,321
	GN 784237	430,181
	GNR 2010-33 PD	112,166
	GNR 2012-6 LH	659,512
	GNR 2013-144 EC	786,940
	GNR 2013-115 EG	610,155
	GNR 2014-2 EA	1,781,577
	GNR 2015-3 DA	1,208,614
	GNR 2020-78 HL	971,172
	GNR 2021-8 TP	1,530,238
	JDOT 2020-B A3	1,148,500
	JDOT 2021-A A3	1,031,753
	MBALT 2020-B A3	1,468,496

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TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	MSC 2016-UB11 A2	$ 882,873
	NAROT 2019-B A3	689,950
	NALT 2020-A A3	970,471
	NALT 2021-A A3	885,682
	UBSCM 2012-C1 A3	45,114
	USAOT 2019-1 A3	168,261
	T 0 3/8 08/15/24	7,422,536
	T 0 3/4 11/15/24	3,982,572
	WFCM 2016-LC24 A2	85,665
	WFRBS 2013-C18 A5	1,909,599
	WOART 2021-A A3	1,078,721
	Wrapper agreement	—
	Subtotal synthetic investment contracts	**556,920,743**
	Non-interest bearing cash	3,113,787
Various participants	Participant loans, interest rates from 4.25% to 9.00%; maturity dates from January 2022 to January 2049	121,525,185
	Total assets at fair value	**8,837,487,065**
	Adjustment from fair value to contract value	(6,319,855)
	Total assets (Held at End of Year)	**$8,831,167,210**

(Concluded)

* Party-in-interest

Cost information may be omitted with respect to participant-directed transactions under an individual account plan.

See accompanying Independent Auditor's Report.

Tenet Healthcare Corporation
401(k) Retirement Savings Plan

Employer ID No: 95-2557091
Plan Number: 335

Financial Statements (Modified Cash Basis)
as of and for the Years Ended December 31, 2021 and 2020,
Supplemental Schedule as of December 31, 2021,
and Independent Auditor's Report

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN

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SUPPLEMENTAL SCHEDULE:	
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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Tenet Healthcare Corporation 401(k) Retirement Savings Plan:

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

We have performed an audit of the financial statements of Tenet Healthcare Corporation 401(k) Retirement Savings 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 (modified cash basis) as of December 31, 2021, and the related statement of changes in net assets available for benefits (modified cash basis) for the year then ended, and the related notes to the financial statements (modified cash basis) (the "financial statements").

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

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.

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

Basis for Opinion

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 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.

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Auditor's Report on the 2020 Financial Statements (Modified Cash Basis)

We were engaged to audit the 2020 financial statements (modified cash basis) of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor'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 a qualified institution. In our report dated October 13, 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 (modified cash basis), and (b) the form and content of the information included in the 2020 financial statements (modified cash basis) other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a

material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

- 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting.

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 the modified cash basis of accounting.

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

Other Matter — Supplemental Schedule Required by ERISA

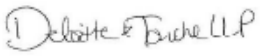
The supplemental schedule of assets (held at end of year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the

certified investment information, has been subjected to auditing procedures applied in the 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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



October 14, 2022

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021 AND 2020

	2021	2020
ASSETS:		
Investments at fair value:		
Interest-bearing cash and cash equivalents	$ 119,679,639	$ 96,866,713
Mutual funds	800,297,392	1,264,946,518
Self-directed brokerage accounts	204,334,368	175,480,173
Common collective trusts	6,153,270,852	4,507,599,496
U.S. government securities	130,034,982	327,109,567
Foreign government securities	—	13,270,901
Mortgage-backed securities	87,122,082	139,466,039
Corporate bonds	83,881,209	132,991,325
Common stocks	484,329,299	413,469,739
Asset-backed securities and municipal bonds	25,680,643	34,834,092
Total investments at fair value	8,088,630,466	7,106,034,563
Investments at contract value:		
Guaranteed investment contracts	66,445,049	71,725,543
Synthetic investment contracts	551,452,723	655,086,549
Total investments	8,706,528,238	7,832,846,655
Non-interest bearing cash	3,113,787	4,282,976
Notes receivable from participants	121,525,185	138,403,193
NET ASSETS AVAILABLE FOR BENEFITS	$ 8,831,167,210	$ 7,975,532,824

See notes to financial statements.

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	$ 1,122,081,227	$ 1,309,948,789
Interest	19,340,625	26,916,580
Dividends	53,513,085	41,673,187
Total investment income	1,194,934,937	1,378,538,556
Interest income on notes receivable from participants	7,329,794	7,462,608
Contributions:		
Employer	116,632,080	125,795,677
Participants	442,436,103	416,064,595
Participant Rollovers	60,516,489	49,023,138
Total additions	1,821,849,403	1,976,884,574
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	955,462,492	901,012,524
Administrative expenses	10,752,525	11,278,791
Total deductions	966,215,017	912,291,315
NET INCREASE	855,634,386	1,064,593,259
NET ASSETS AVAILABLE FOR BENEFITS — Beginning of year	7,975,532,824	6,910,939,565
NET ASSETS AVAILABLE FOR BENEFITS — End of year	$ 8,831,167,210	$ 7,975,532,824

See notes to financial statements.

1. DESCRIPTION OF PLAN

The following description of the Tenet Healthcare Corporation 401(k) Retirement Savings Plan (the "Plan") provides only general information and is applicable to the majority if the Plan's participants. The specific Plan provisions that apply to participants, such as eligibility requirements and vesting rules, may vary based on the applicability of collective bargaining agreements and the participant's subsidiary employer. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General — The Plan was established on June 1, 1976 as a defined contribution plan and was amended effective January 1, 1991 to include provisions for a 401(k) plan as defined under the Tax Reform Act of 1986. The Plan was amended and restated during 2020, as discussed in Note 10. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan administrator is the Manager, Retirement Plans of Tenet Healthcare Corporation (the "Sponsor" or "Employer"). Fidelity Workplace Services LLC ("Fidelity") provides recordkeeping and administrative services and its affiliate, Fidelity Management Trust Company (the "Trustee"), provides trustee and custodial services to the Plan.

COVID-19 Pandemic — In response to the outbreak of the novel corona virus ("COVID-19") in 2020, Congress passed the Coronavirus Aid, Relief, and Economic Security ("CARES") Act on March 27, 2020. The CARES Act provided temporary relief for retirement plan sponsors and their participants with respect to employer contributions, distributions and participant loans. Certain provisions of the CARES Act were adopted by the Plan effective January 1, 2020, and were available to participants who were adversely affected by the COVID-19 pandemic ("Affected Individuals"), including participants who experienced adverse financial consequences due to being quarantined, furloughed, laid off, had work hours reduced or were unable to work due to a lack of childcare attributable to the COVID-19 pandemic. Due to their limited applicability, the discussion of the Plan's provisions below does not reflect the CARES Act provisions adopted; however, the adopted provisions are detailed in Note 10**.**

The Employer furloughed certain employees during 2020 due to the impact of the COVID-19 pandemic. Upon the effective date of the furlough, all contributions to the Plan cease; however, furloughed participants continue to vest in the Sponsor's contribution portion of their accounts plus actual earnings thereon as described below. Furloughed employees may suspend loan payments for the duration of the furlough, up to a maximum period of 12 months.

Eligibility and Contributions — Plan eligibility is based upon completion of 30 days of service with the Employer, as defined in the Plan document, and participation is elective. Participants may contribute up to 75% of their eligible compensation to the Plan as pretax and/or Roth after-tax savings. Instead of or in addition to pretax and/or Roth after-tax savings, participants may contribute up to 10% of their eligible compensation as after-tax savings. The total percentage of pretax, Roth after-tax and after-tax savings cannot exceed 85% of a participant's eligible compensation. The total dollar amount a participant can contribute on a pretax and/or Roth after-tax basis was limited to $19,500, the maximum allowed by the Internal Revenue Service ("IRS"), for each of the years ended December 31, 2021 and 2020. In addition, participants age 50 years or over could make a catch-up contribution not to exceed $6,500 in total for each of the years ended December 31, 2021 and 2020. An eligible employee or participant may also make rollover contributions to the Plan.

The employer matching contribution under the Plan is a discretionary amount determined by the Retirement Plans Administration Committee ("RPAC"). For the years ended December 31, 2021 and 2020, the RPAC approved an employer match equal to 50% of pretax and/or Roth after-tax contributions up to a maximum of 6% of eligible compensation. For both years, the participant was required to work a minimum of 1,000 eligible hours of service per calendar year. Certain collective bargaining agreements may allow for a different employer match in accordance with their specific collective bargaining agreement. The Sponsor also makes a Retirement Medical Benefit Account ("RMBA") contribution for a specific group of collective bargaining agreement employees specified in the Plan document. The RMBA contribution is equal to 1% or 2% of eligible compensation, depending on the collective bargaining agreement, and is subject to 1,500 eligible hours of service annually.

Employer matching contributions are calculated for employees participating in the Plan during the year and employed on the last day of the year and are funded during the following calendar year, unless collective bargaining agreements dictate funding during the year earned. United Surgical Partners International ("USPI") funded employer matching contributions in the same calendar year as the related employee contributions until September 2020, after which date USPI began funding the matching contributions in the following calendar year. The Plan document also provides exceptions to the end of the year employment requirement for matching contributions due to death, disability or the participant's retirement on or after attaining the age of fifty-nine and one half.

The Plan contains provisions to allow the Employer to make discretionary match and/or profit sharing contributions. No additional discretionary matching or profit sharing contributions were made related to the Plan years ended December 31, 2021 and 2020.

Participant Accounts — Each participant's account is credited with the participant's contributions, the Employer's contributions and Plan earnings or losses based on their investments. Participant accounts are also charged with withdrawals and an allocation of plan losses and administrative expenses. The benefit that a participant is entitled to is the amount that can be provided from the participant's vested account. Any loans that existed in plans prior to merging into the Plan were in accordance with their original plan's provisions. As a result of previous mergers, some loans held as of December 31, 2021 may have provisions that differ from those currently allowable under the Plan.

Vesting — Participants are immediately vested in their contributions and RMBA contributions plus actual earnings thereon. Vesting in the Employer's contribution portion of their accounts plus actual earnings thereon is based on years of service. A participant's interest in Employer's contributions vests as follows:

Years of Service*	Percentage Vested
Less than one year	0 %
One year	20 %
Two years	40 %
Three years	60 %
Four years	80 %
Five or more years	100 %

* Year of service is defined as a calendar year with 1,000 credited hours of service.

Participants also become fully vested in the Employer's contributions portion of their accounts upon total and permanent disability, attainment of age 59½ or death while an employee.

Benefits Paid to Participants — Upon termination of service, the participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in their account or some other option per the terms of the Plan. Special distribution rules apply to participants whose accounts hold monies from certain prior plans which allow those amounts to be paid in the form of annuities.

Forfeitures — Upon termination of employment due to involuntary or voluntary separation and upon withdrawal, the Plan document permits forfeited amounts contributed by the Employer to be applied against future Employer contributions or to pay Plan expenses. During the years ended December 31, 2021 and 2020, forfeitures of $6,046,000 (for 2020 match processed in 2021) and $3,500,000 (for 2019 match processed in 2020), respectively, were used to offset Employer contributions related to the 2020 and 2019 Plan years. During the years ended December 31, 2021 and 2020, forfeitures of $915,314 and $917,312, respectively, were used to pay Plan expenses. Forfeitures available for utilization totaled $7,098,572 and $5,523,868 at December 31, 2021 and 2020, respectively.

Administrative Expenses — Administrative expenses of the Plan are paid by the Plan or the Sponsor, as provided in the Plan document.

Investment Options — Each participant may direct his or her employee and employer contributions to be invested in one or more of the investment options available through the Plan. Participants may obtain schedules of specific funds available as investment options from participant information packets or the Sponsor's intranet website. Participants may change their investment elections for future contributions or existing account balances on a daily basis. The Plan also allows for participants to establish a BrokerageLink® account, which allows participants to invest in stocks or other individual securities and mutual

funds that are not included in the Plan's investment options. Amounts invested through the BrokerageLink® option are presented as self-directed brokerage accounts in the statements of net assets available for benefits.

Notes Receivable from Participants — Participants who are active employees may borrow the lesser of 50% of their vested account balance or $50,000, less the highest outstanding loan balance in the previous 12 months, with a minimum loan of $500. Loan transactions are treated as a transfer to (from) the participant's investment funds from (to) the participant's loan fund. Loans are repaid through payroll deductions over a period of six months to five years, or up to 15 years for the purchase of a primary residence. The loans are secured by the vested balance in the participant's account. The interest rate used is equal to 1% plus the prime rate of interest as determined by Reuters on the last business day of the prior month in which the loan was executed.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The Plan uses, and regulatory and taxing authorities permit, the modified cash basis method of accounting where additions to net assets available for benefits are recognized when cash is received and deductions are recognized when amounts are paid, except for the recognition of unrealized gains or losses on investments at the end of the Plan year and interest and dividend income when earned. This method is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America ("GAAP"). In general, statements prepared in accordance with GAAP would include, among other things, contributions receivable as assets and accrued administrative expenses as liabilities.

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

Investment Valuation and Income Recognition — The Plan's investments are stated at fair value, except for fully benefit-responsive guaranteed investment contracts ("GICs") and fully benefit-responsive synthetic guaranteed investment contracts ("synthetic GICs"), which are reported at contract value. The fair value of a financial instrument 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. Contract value is the amount Plan participants would receive if they were to initiate permitted transactions under the terms of the Plan (see Note 5). See Note 3 for discussion on fair value measurements.

Purchases and sales of securities are recorded on a settlement date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Management fees and operating expenses charged to the Plan for investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Notes Receivable from Participants — Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are recorded as distributions based on the terms of the Plan document.

Contributions — Contributions from the Employer and participants are recorded when remitted to the Plan's trust. The Employer contributions of $116,632,080 presented on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2021, includes the 2020 Plan year Employer contribution for the majority of the Plan's participants and a portion of the 2021 Plan year Employer contribution for union employees of $839,595. Similarly, the Employer contributions of $125,795,677 presented on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020, includes the 2019 Plan year Employer contribution for the majority of the Plan's participants, the 2020 Plan year Employer contribution for union employees of $893,637 and a portion of the 2020 Plan year Employer contribution for USPI employees totaling $8,502,224.

Employer contributions related to the 2021 Plan year of approximately $115,087,000, net of forfeitures utilized of $6,500,000, were deposited into the Plan during 2022.

Excess Contributions Payable — The Plan is required to return contributions received during the Plan year in excess of the Internal Revenue Code ("IRC") limits. As of December 31, 2021 and 2020, there were no excess contributions payable.

Payment of Benefits and Administrative Expenses — Benefits and administrative expenses are recorded when paid.

Risk and Uncertainties — The Plan invests in various investment securities, which are exposed to various risks such as inflation, interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

3. FAIR VALUE MEASUREMENTS

GAAP provides a framework for measuring fair value that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Asset Valuation Techniques — Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Interest-Bearing Cash and Cash Equivalents — Held primarily in short-term money market funds, which are valued at the closing price reported on the active market on which the funds are traded.

Common and Preferred Stocks — Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual Funds — Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Corporate and Municipal Bonds — Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available.

U.S. Government and Foreign Government Securities, Asset-Backed and Mortgage-Backed Securities — Valued using pricing models maximizing the use of observable inputs for similar securities. These securities are categorized in Level 1 or Level 2 of the fair value hierarchy, depending on the inputs used and market activity levels.

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

Fair Value Measurements — The following table sets forth, by level within the fair value hierarchy, a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2021:

	Fair Value Measurements at December 31, 2021, Using			
	Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Short-term investment fund	$ 29,575,588	$ —	$ —	$ 29,575,588
Money market	90,104,051	—	—	90,104,051
Mutual funds	800,297,392	—	—	800,297,392
Self-directed brokerage accounts	204,334,368	—	—	204,334,368
U.S. government securities	130,034,982	—	—	130,034,982
Common stocks	484,329,299	—	—	484,329,299
Mortgage-backed securities	—	87,122,082	—	87,122,082
Asset-backed securities	—	20,065,164	—	20,065,164
Corporate bonds	—	83,881,209	—	83,881,209
Municipal bonds	—	5,615,479	—	5,615,479
Total	$ 1,738,675,680	$ 196,683,934	$ —	$ 1,935,359,614
Collective trust funds measured at NAV				6,153,270,852
Total investments at fair value				$ 8,088,630,466

The following table sets forth, by level within the fair value hierarchy, a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2020:

	Fair Value Measurements at December 31, 2020, Using			
	Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Short-term investment fund	$ 88,611,895	$ —	$ —	$ 88,611,895
Money market	8,254,818	—	—	8,254,818
Mutual funds	1,264,946,518	—	—	1,264,946,518
Self-directed brokerage accounts	175,480,173	—	—	175,480,173
U.S. government securities	327,109,567	—	—	327,109,567
Foreign government securities	13,270,901	—	—	13,270,901
Common stocks	413,469,739	—	—	413,469,739
Mortgage-backed securities	—	139,466,039	—	139,466,039
Asset-backed securities	—	22,215,677	—	22,215,677
Corporate bonds	—	132,991,325	—	132,991,325
Municipal bonds	—	12,618,415	—	12,618,415
Total	$ 2,291,143,611	$ 307,291,456	$ —	$ 2,598,435,067
Collective trust funds measured at NAV				4,507,599,496
Total investments at fair value				$ 7,106,034,563

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

4. NET ASSET VALUE PER SHARE

The following table summarizes the Plan's investments with a reported NAV as of December 31, 2021. The fair value of investments in the table below has been estimated using the NAV of the investments.

	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
At December 31, 2021					
Common collective trusts:					
Foreign	$ 963,455,405	$ —	Daily	None	None(1)
Large cap blend	2,301,273,496	—	Daily	None	None
Large cap value	245,289,999	—	Daily	None	None
Large cap growth	1,606,741,001	—	Daily	None	None
Mid cap blend	462,193,280	—	Daily	None	None
Emerging Markets	297,736,003	—	Daily	None	None
Specialty	150,872,267	—	Daily	None	None
Intermediate term	125,709,401	—	Daily	None	None
Total	$ 6,153,270,852	$ —			

(1) Although it is not their current policy to do so, common collective trusts issued by T. Rowe Price have the right to require that a request for or notice of withdrawal from the trust be received by it up to 30 days before processing the transaction.

The following table summarizes the Plan's investments with a reported NAV as of December 31, 2020. The fair value of investments in the table below has been estimated using the NAV of the investments.

	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
At December 31, 2020					
Common collective trusts:					
Foreign	$ 732,578,619	$ —	Daily	None	None
Large cap blend	1,239,932,313	—	Daily	None	None
Large cap growth	1,414,291,765	—	Daily	None	None
Mid cap blend	636,521,984	—	Daily	None	None
Specialty	179,565,512	—	Daily	None	None
Intermediate term	304,709,303	—	Daily	None	None
Total	$ 4,507,599,496	$ —			

5. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan provides participants a self-managed stable value investment option ("Fixed Income Fund"), whereby participants execute Plan transactions at contract value. The Fixed Income Fund consists of a GIC, synthetic GICs and a short-term investment fund.

The Plan enters into synthetic GICs with certain insurance companies and financial institutions (the "Contract Issuers") that simulate the performance of a traditional GIC, whereby participants execute Plan transactions at contract value. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals. The self-managed stable value fund is composed of a portfolio of fixed income securities and common collective trust funds owned by the Plan and an investment contract issued by an insurance company or other financial institution, designed to provide a contract value "wrapper" around the fixed income portfolio to guarantee a specific interest rate which is reset quarterly and that cannot be less than zero. The wrapper contract provides that realized and unrealized gains and losses on the underlying fixed income portfolio are not reflected immediately in the net assets of the fund, but rather are amortized over the duration of the underlying assets through adjustments to the future interest crediting rate. Primary variables impacting future crediting rates of the synthetic GICs include the current yield, duration and existing difference between market and contract value of the underlying assets within the wrap contract. Synthetic GICs seek to provide certain protections from the credit risk associated with a traditional GIC.

The fair value of the common collective trust funds held within the synthetic GICs are reported at the NAV of the investment provided by the issuer of the fund as a practical expedient. There are no restrictions on redemptions or redemptions frequency, and there were no unfunded commitments between the Plan and the common collective trust funds as of December 31, 2021 and 2020.

The Plan also has a traditional GIC with an insurance company. The insurance company maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The GIC is included in the financial statements at contract value, which 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.

Key factors that could influence future average interest crediting rates include, but are not limited to: Plan cash flows; changes in interest rates; total return performance of the fair market value bond strategies underlying the GIC; default or credit failures of any of the securities, investment contracts, or other investments held in the fund; and the initiation of an extended termination of the GIC by the manager or the Contract Issuer.

There are certain events not initiated by Plan participants that limit the ability of the Plan to transact with the issuer of the GIC or synthetic GICs at their contract value. Specific coverage provided by each traditional GIC and synthetic GIC may be different for each issuer, and can be found in the individual traditional GIC or synthetic GIC contracts held by the Plan. Examples of such events include: the Plan's failure to qualify under the IRC as amended; full or partial termination of the Plan; involuntary termination of employment as a result of a corporate merger, divestiture, spin off, or other significant business restructuring, which may include early retirement incentive programs or bankruptcy; changes to the administration of the Plan that decrease employee or employer contributions, the establishment of a competing plan by the Sponsor, the introduction of a competing investment option, or other Plan amendment that has not been approved by the Contract Issuers; dissemination of a participant communication that is designed to induce participants to transfer assets from the stable value option; or events resulting in a material adverse financial impact on the contract issuer, including changes in the IRC, laws or regulations. The Plan administrator does not believe that the occurrence of any of the aforementioned events, which would limit the Plan's ability to transact with the issuer of its GIC or synthetic GICs at their contract value with participants, is probable.

The Contract Issuer is not allowed to terminate the GIC at an amount less than the contract value. For the synthetic GICs, Contract Issuers are not allowed to terminate the contracts and settle at an amount different from contract value unless there is a breach of the contract which is not corrected within the applicable cure period. Actions that will result in a breach (after any relevant cure period) include, but are not limited to: material misrepresentation, failure to pay synthetic GIC fees or any other payment due under the contract or failure to adhere to investment guidelines.

The average yield based on actual earnings of the Plan's investment contracts, computed by dividing the annualized one-day actual earnings of the contract on the last day of the Plan year by the fair value of the investments on the same date, was approximately 1.58% and 1.79% during the years ended December 31, 2021 and 2020, respectively. The average yield based on the interest rate credited to participants of the Plan's investment contracts, computed by dividing the annualized one-day actual earnings credited to participants on the last day of the Plan year by the fair value of the investments on the same date, was 1.52% and 1.74% during the years ended December 31, 2021 and 2020, respectively.

6. PLAN TERMINATION

While it has not expressed any intent to do so, the Plan's Sponsor may terminate the Plan upon written notice to the Trustee. Upon such termination, the entire interest of each participant shall become fully vested.

7. TAX STATUS

The IRS has determined and informed the Plan's Sponsor by a Determination letter dated February 6, 2018 that the Plan and related trust are designed in accordance with applicable section of the IRC.

The Plan administrator and the Plan's tax counsel believe that the Plan, as amended and restated effective January 1, 2020, is designed and is currently being operated in compliance with the applicable requirements of the IRC to maintain its tax-exempt status. Therefore, no provision for income taxes has been included in the Plan's financial statements.

8. CERTIFIED INVESTMENT INFORMATION

The following is a summary of the information regarding the Plan as of December 31, 2021 and 2020, and for the years then ended, included in the Plan's financial statements and supplemental schedule of assets held at end of year, that was prepared by or derived from information prepared by the Trustee, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee that such information is complete and accurate.

	2021	2020
Statements of net assets available for benefits:		
Investments at fair value:		
Interest-bearing cash and cash equivalents	$ 119,679,639	$ 96,866,713
Mutual funds	800,297,392	1,264,946,518
Self-directed brokerage accounts	204,334,368	175,480,173
Common collective trusts	6,153,270,852	4,507,599,496
U.S. government securities	130,034,982	327,109,567
Foreign government securities	—	13,270,901
Mortgage-backed securities	87,122,082	139,466,039
Corporate bonds	83,881,209	132,991,325
Common stocks	484,329,299	413,469,739
Asset-backed securities and municipal bonds	25,680,643	34,834,092
Investments at contract value:		
Guaranteed investment contracts	66,445,049	71,725,543
Synthetic investment contracts	551,452,723	655,086,549
Non-interest bearing cash	3,113,787	4,282,976
Notes receivable from participants	121,525,185	138,403,193
Statements of changes in net assets available for benefits:		
Investment income:		
Net appreciation in fair value of investments	1,122,081,227	1,309,948,789
Interest	19,340,625	26,916,580
Dividends	53,513,085	41,673,187
Interest income on notes receivable from participants	7,329,794	7,462,608

All investment balances and information included in Notes 3 and 4, other than the fair value levels; the unfunded commitment and redemption frequency, other redemption restrictions and redemption notice period of our investments in common collective trusts; and the supplemental schedule of assets (held at end of year) are certified by the Trustee.

9. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Fidelity Management Research Company ("FMRC"). FMRC is an affiliate of the Trustee and, therefore, these transactions qualify as party-in-interest. These transactions are covered by an exemption from the "prohibited" transactions provisions of ERISA and the IRC.

Administrative revenues arise when investment managers return a portion of the investment fees to the Trustee to offset administrative expenses. The Plan receives credits for this revenue sharing on a quarterly basis. These credits are held in an unallocated account from which future Plan expenses can be paid. The Plan held undistributed administrative revenues of $58,732 and $43,663 at December 31, 2021 and 2020, respectively. In addition, the Trustee pays a quarterly participant revenue credit related to certain funds that the participant is invested in. The participant revenue credit is allocated to participants investing in these funds on a pro-rata basis according to their average balance in such funds.

The Plan also issues loans to participants, which are secured by the vested balances in the participants' accounts.

10. PLAN AMENDMENTS

The Plan was amended and restated effective January 1, 2020 by the RPAC to:

i. Adopt certain provisions of the CARES Act, including amendments permitting Affected Individuals to request penalty-free distributions of up to $100,000, increase the available loan amount to the lesser of $100,000 or 100% of the Affected Individual's vested account, extend the period for loan repayment for up to one year and suspend minimum required distributions during the Plan year ended December 31, 2020; and

ii. Adopt provisions necessary to comply with the Setting Every Community Up for Retirement Enhancement Act of 2019, including provisions to clarify the definition of eligible compensation, prohibit the distribution of loans through credit cards or similar arrangements and change the required beginning date for minimum required distributions.

11. VOLUNTARY COMPLIANCE RESOLUTION

In 2021, the Sponsor determined that minimum required distributions to some participants or their beneficiaries were incorrectly processed. The Sponsor determined that the error resulted from a deficiency in Fidelity's recordkeeping system and impacted approximately 20 minimum required distributions between 2003 and 2019. In July 2021, the Plan elected to participate in a group Voluntary Correction Program ("VCP") filing previously submitted by Fidelity in June 2019 regarding this matter. In February 2022, the Sponsor received a VCP Compliance Statement (the "Compliance Statement") from the IRS which approved the proposed corrective actions described in the initial VCP filing. As of October 13, 2022, the Sponsor has completed all required corrective actions to comply with the Compliance Statement.

12. SUBSEQUENT EVENTS

For the year ended December 31, 2021, subsequent events were evaluated through October 13, 2022, the date the financial statements were available to be issued. No events occurred that require additional disclosure or adjustments to the Plan's financial statements.

13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits per the financial statements at December 31, 2021 and 2020 to Form 5500:

	2021	2020
Net assets available for benefits per financial statements	$ 8,831,167,210	$ 7,975,532,824
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	6,319,855	26,654,740
Net assets available for benefits per Form 5500	$ 8,837,487,065	$ 8,002,187,564

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements for the years ended December 31, 2021 and 2020 to net income reported on Form 5500:

	2021	2020
Net increase in net assets available for benefits per financial statements	$ 855,634,386	$ 1,064,593,259
Plus (less) change in adjustment from contract value to fair value for fully benefit-responsive investment contracts from prior year	(20,334,885)	19,674,842
Net income per Form 5500	$ 835,299,501	$ 1,084,268,101

SUPPLEMENTAL SCHEDULE

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Interest-bearing cash and cash equivalents:		
* Fidelity	Fidelity Short-Term Investment Fund	$ 29,575,588
* Fidelity	Money Market Treasury Only	83,620,042
Brown Brothers Harriman	BBH Short-Term Investment Fund	6,484,009
	Subtotal interest-bearing cash and cash equivalents	**119,679,639**
Mutual funds:		
* ABF	Small Cap Value Fund, Class R5, 4,986,757 shares	143,020,198
* BlackRock	Strategic Global Bond Fund, Inc., Inst Shares, 13,177,759 shares	81,702,106
* Fidelity	Long-Term Treasury Bond Index Fund, 4,045,466 shares	59,670,626
* Fidelity	U.S. Bond Index Fund, 22,816,490 shares	273,341,547
* PGIM	High Yield Fund, Class R6, 14,790,980 shares	81,202,479
* Western Asset	Total Return Unconstrained Fund, 7,083,308 shares	72,249,739
* Fidelity	Worldwide Fund, 2,480,120 shares	89,110,697
	Subtotal mutual funds	**800,297,392**
Self-directed brokerage accounts:		
* Fidelity BrokerageLink	BrokerageLink - Mutual Funds	82,635,119
	BrokerageLink - Common Stock	91,219,302
	BrokerageLink - Preferred Stock	201,245
	BrokerageLink - Corporate & Government Bond	136,124
	BrokerageLink - Certificate of Deposit	1,166,971
	BrokerageLink - Interest-bearing cash	28,894,991
	BrokerageLink - Non-interest bearing cash	80,616
	Subtotal self-directed brokerage accounts	**204,334,368**
Common collective trusts:		
* Fidelity	Growth Company Commingled Pool, Class 3, 30,459,545 shares	1,606,741,001
* Fidelity	FIAM Int. Infl. PR Bond Index CP, Class D, 840,640 shares	125,709,401
Spartan	Developed International Index Pool, Class E, 4,350,727 shares	607,753,090
Spartan	Extended Market Index Pool, Class E, 2,916,414 shares	462,193,280
Spartan	Real Estate Index Pool, 1,062,257 shares	150,872,267
Spartan	500 Index Pool, Class F, 10,785,365 shares	2,301,273,496
Schroder	International Alpha Trust, Class 1, 8,348,029 shares	143,502,615
Martin Currie	Emerging Markets CIT, Class R3, 18,939,949 shares	297,736,003
* T. Rowe Price	International Bond Fund, 5,871,489 shares	74,861,489
* T. Rowe Price	International Small-Cap Equity Trust, Class B, 5,056,635 shares	137,338,211
Columbia Threadneedle	Trust Dividend Income Fund MS, 20,787,288 shares	245,289,999
	Subtotal common collective trusts	**6,153,270,852**
U.S. government securities:		
United States Treasury Bond	1.750%, 08/15/2041, CUSIP: 912810TA6	416,898

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United States Treasury Bond	1.875%, 11/15/2051, CUSIP: 912810TB4	$ 17,315,905
United States Treasury Bond	2.250%, 05/15/2041, CUSIP: 912810SY5	8,240,752
United States Treasury Bond	2.000%, 11/15/2041, CUSIP: 912810TC2	611,901
UST Bills	0.000%, 05/26/2022, CUSIP: 912796Q36	4,758,223
UST Notes	0.250%, 09/30/2023, CUSIP: 91282CDA6	1,961,113
UST Notes	0.750%, 12/31/2023, CUSIP: 91282CDR9	7,546,474
UST Notes	0.875%, 09/30/2026, CUSIP: 91282CCZ2	797,505
UST Notes	1.125%, 10/31/2026, CUSIP: 91282CDG3	10,191,867
UST Notes	1.250%, 11/30/2026, CUSIP: 91282CDK4	18,288,563
UST Notes	1.250%, 12/31/2026, CUSIP: 91282CDQ1	10,228,413
UST Notes	1.375%, 11/15/2031, CUSIP: 91282CDJ7	14,119,016
UST Notes	0.375%, 10/31/2023, CUSIP: 91282CDD0	11,968,983
UST Notes	0.500%, 11/30/2023, CUSIP: 91282CDM0	22,568,274
USTN TII	0.125%, 02/15/2051, CUSIP: 912810SV1	1,021,095
	Subtotal U.S. government securities	**130,034,982**
Mortgage-backed securities:		
AHM	Variable, 02/25/2045, $79,235, CUSIP: 02660TCS0	79,339
BAFC	2.500%, 03/25/2040, $32,996, CUSIP: 05970XAA0	32,946
Bamll Comm Mtg. Securities Tru	Variable, 08/10/2038, $650,000, CUSIP: 05491YAA8	724,438
BX Coml Mtg Tr	Variable, 11/15/2032, $1,743,000, CUSIP: 05608FAA9	1,740,900
BX Tr	3.202%, 12/09/2041, $285,000, CUSIP: 05606FAA1	300,322
Cali Mtg Tr	3.957%, 03/10/2039, $580,000, CUSIP: 129890AA7	643,030
CIM	3.000%, 04/25/2057, $426,696, CUSIP: 12553HAA6	428,570
Comm. Mtg. Pass Through Certs	3.349%, 10/10/2048, $2,112,954, CUSIP: 12635QBF6	2,192,790
Cpt Mortgage Trust	2.865%, 11/13/2039, $545,000, CUSIP: 12654YAA7	567,604
CSMC	3.850%, 09/25/2057, $986,275, CUSIP: 12654PAE8	1,024,561
CSMC	Variable, 07/25/2058, $1,193,510, CUSIP: 12596MAB2	1,227,663
DC Office Trust	2.965%, 09/15/2045, $580,000, CUSIP: 23312BAA8	605,034
FHLM	3.990%, 08/25/2033, $1,050,000, CUSIP: 3137FHQ71	1,236,243
FHLM	3.000%, 04/15/2048, $209,132, CUSIP: 3137FGVJ1	217,719
FHLM	3.750%, 04/25/2033, $1,095,000, CUSIP: 3137FG6T7	1,270,957
FHLM	Variable, 04/15/2053, $1,298,841, CUSIP: 3137BTEH0	1,432,438
FHLM	3.500%, 05/25/2046, $218,359, CUSIP: 3136B2ZR6	221,306
FHLM	3.500%, 08/25/2042, $2,497,804, CUSIP: 3136A7N65	2,633,687
FHLM	3.500%, 01/25/2047, $232,789, CUSIP: 3136B2TU6	238,344
FHLM	3.000%, 06/25/2048, $638,405, CUSIP: 3136B1Z72	664,177
FHLG 15Yr	2.500%, 03/01/2031, $1,314,606, CUSIP: 3128MMUQ4	1,363,636
FHLG 15Yr	3.500%, 01/01/2034, $353,994, CUSIP: 3128MFWR5	375,292
FHLG 15Yr	3.500%, 11/01/2033, $548,134, CUSIP: 3128MMYK3	579,056
FHLG 15Yr	3.000%, 03/01/2031, $140,138, CUSIP: 3128MMUS0	147,019

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FHLG 15Yr	3.000%, 06/01/2033, $51,715, CUSIP: 3128MMXV0	$ 54,190
FHLG 30Yr	3.500%, 02/01/2047, $230,858, CUSIP: 3128MJZN3	245,595
FHLG 30Yr	3.500%, 02/01/2048, $426,479, CUSIP: 3128MJ3J7	450,805
FHLG 30Yr	3.500%, 01/01/2048, $2,535,428, CUSIP: 3132XCR49	2,745,710
FHLG 30Yr	3.500%, 03/01/2048, $9,934, CUSIP: 3132XCR56	10,634
FHLG 30Yr	3.500%, 03/01/2048, $976,595, CUSIP: 3132XCR72	1,042,713
FHLG 30Yr	3.500%, 04/01/2045, $1,017,863, CUSIP: 31335AAY4	1,101,646
FHLG 30Yr	3.500%, 04/01/2047, $92,779, CUSIP: 3128MJZX1	98,702
FHLG 30Yr	3.500%, 04/01/2047, $548,448, CUSIP: 3132XCRY3	589,136
FHLG 30Yr	3.500%, 05/01/2044, $125,832, CUSIP: 3128MABS7	135,757
FHLG 30Yr	3.500%, 06/01/2046, $126,454, CUSIP: 3128MJYH7	134,566
FHLG 30Yr	3.500%, 06/01/2047, $58,614, CUSIP: 3128MJZ86	62,337
FHLG 30Yr	3.500%, 08/01/2046, $712,903, CUSIP: 3132XCRV9	766,459
FHLG 30Yr	3.500%, 08/01/2048, $783,558, CUSIP: 31335BWR3	838,566
FHLG 30Yr	3.500%, 08/01/2046, $470,620, CUSIP: 3128MJYN4	500,663
FHLG 30Yr	3.500%, 12/01/2044, $440,566, CUSIP: 3131XQ3P9	474,308
FHLG 30Yr	3.500%, 12/01/2047, $130,905, CUSIP: 3128MJ3A6	138,576
FHLG 30Yr	3.000%, 02/01/2047, $987,503, CUSIP: 3128MJZM5	1,032,672
FHLG 30Yr	3.000%, 03/01/2047, $1,790,086, CUSIP: 3128MJZQ6	1,871,967
FHLG 30Yr	3.000%, 02/01/2050, $570,970, CUSIP: 3133N3VW1	585,588
FHLG 30Yr	3.000%, 08/01/2046, $798,002, CUSIP: 3128MJYM6	835,252
FHLG 30Yr	3.000%, 09/01/2046, $248,897, CUSIP: 3128MJYT1	260,437
FHLG 30Yr	3.000%, 10/01/2046, $466,075, CUSIP: 3128MJYY0	487,686
FHLG 30Yr	3.000%, 09/01/2046, $814,154, CUSIP: 3131XU6Q5	851,535
FHLG 30Yr	3.000%, 11/01/2046, $405,709, CUSIP: 3128MJY61	424,520
FHLG 30Yr	4.000%, 12/01/2045, $936,815, CUSIP: 31335ALZ9	1,022,076
FHLG 30Yr	4.500%, 10/01/2048, $386,648, CUSIP: 3128MJ5D8	414,900
FHLG 30Yr	4.000%, 01/01/2045, $329,166, CUSIP: 3128MAE62	358,918
FHLG 30Yr	4.000%, 03/01/2048, $174,271, CUSIP: 3132XCR80	189,982
FHLG 30Yr	4.000%, 07/01/2048, $1,524,024, CUSIP: 3132XCSB2	1,659,275
FHLG 30Yr	4.000%, 11/01/2048, $2,289,375, CUSIP: 3132XCSE6	2,491,832
FHLG 30Yr	5.000%, 07/01/2048, $135,351, CUSIP: 3128MJ4T4	147,737
FHLG 30Yr	5.000%, 10/01/2048, $285,192, CUSIP: 3128MJ5E6	310,577
FHLG 30Yr	3.500%, 01/01/2050, $5,168, CUSIP: 3132DVKY0	5,527
FHLG 30Yr	3.500%, 05/01/2046, $705,252, CUSIP: 3132AAYV0	755,960
FNMA 15Yr	3.000%, 06/01/2032, $239,201, CUSIP: 31418CLK8	250,860
FNMA 20Yr	2.000%, 06/01/2041, $1,260,021, CUSIP: 31418DZ62	1,274,360
FNMA 20Yr	2.000%, 10/01/2040, $2,536,021, CUSIP: 31418DTJ1	2,560,916
FNMA 20Yr	3.000%, 10/01/2033, $495,687, CUSIP: 31418AYD4	523,093
FNMA 30Yr	2.455%, 04/01/2040, $980,000, CUSIP: 3140HXWW6	988,615
FNMA 30Yr	3.500%, 01/01/2044, $432,815, CUSIP: 3138ENZ93	466,370

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FNMA 30Yr	3.500%, 01/01/2046, $1,623,130, CUSIP: 3140J8FW8	$ 1,746,429
FNMA 30Yr	3.500%, 01/01/2047, $409,311, CUSIP: 3138WJNN4	438,486
FNMA 30Yr	3.500%, 01/01/2048, $816,452, CUSIP: 31418CS47	862,972
FNMA 30Yr	3.500%, 02/01/2048, $529,350, CUSIP: 31418CUA0	559,347
FNMA 30Yr	3.500%, 02/01/2047, $82,454, CUSIP: 31418CGE8	87,687
FNMA 30Yr	3.500%, 12/01/2047, $630,778, CUSIP: 31418CR89	669,479
FNMA 30Yr	3.640%, 03/01/2028, $1,676,906, CUSIP: 3140HSQH7	1,842,571
FNMA 30Yr	4.000%, 08/01/2042, $473,952, CUSIP: 31418AHY7	517,778
FNMA 30Yr	4.500%, 08/01/2048, $242,663, CUSIP: 3140Q9N25	260,894
FNMA 30Yr	4.500%, 08/01/2046, $2,098,812, CUSIP: 3140J56D6	2,299,949
FNMA 30Yr	4.000%, 01/01/2049, $424,272, CUSIP: 3140JLYN8	459,042
FNMA 30Yr	4.000%, 04/01/2047, $145,148, CUSIP: 31418CJE5	156,393
FNMA 30Yr	4.000%, 06/01/2047, $242,339, CUSIP: 31418CLH5	260,431
FNMA 30Yr	4.000%, 06/01/2047, $178,353, CUSIP: 3138WK4Q5	191,668
FNMA 30Yr	4.000%, 07/01/2047, $344,233, CUSIP: 31418CMG6	368,297
FNMA 30Yr	4.000%, 07/01/2047, $149,237, CUSIP: 3138WLCJ0	160,379
FNMA Gtd Mtg Pass Thru CTF	3.250%, 02/25/2049, $188,212, CUSIP: 3136B3A34	195,627
Freddie Mac Remics	4.000%, 06/15/2047, $170,162, CUSIP: 3137FKHV1	175,710
GNII 30Yr	3.500%, 06/20/2049, $155,871, CUSIP: 36179UT93	159,926
GNII 30Yr	3.500%, 07/20/2049, $63,358, CUSIP: 36179UVX7	64,927
GNII 30Yr	3.000%, 10/20/2049, $395,001, CUSIP: 36179U3S9	405,521
GNII II	3.500%, 01/20/2047, $184,815, CUSIP: 36179SUV7	194,764
GNII II	3.500%, 02/20/2047, $247,463, CUSIP: 36179SWX1	260,320
GNII II	3.500%, 03/20/2046, $223,878, CUSIP: 36179R4E6	236,279
GNII II	3.500%, 04/20/2046, $111,569, CUSIP: 36179R7J2	117,749
GNII II	3.500%, 05/20/2047, $478,217, CUSIP: 36179S5L7	503,064
GNII II	3.500%, 06/20/2047, $123,798, CUSIP: 36179TAK1	130,230
GNII II	3.500%, 07/20/2047, $66,986, CUSIP: 36179TCX1	70,319
GNII II	3.500%, 09/20/2047, $131,486, CUSIP: 36179TG41	138,030
GNII II	3.500%, 10/20/2047, $330,054, CUSIP: 36179TJX4	346,481
GNII II	3.500%, 11/20/2047, $909,119, CUSIP: 36179TLS2	952,660
GNII II	3.500%, 12/20/2046, $410,746, CUSIP: 36179SSQ1	432,857
GNII II	3.500%, 12/20/2047, $707,067, CUSIP: 36179TNR2	740,931
GNII II	3.000%, 05/20/2047, $171,286, CUSIP: 36179S5K9	179,060
GNII II	3.000%, 05/20/2046, $319,609, CUSIP: 36179SB71	334,513
GNII II	3.000%, 11/20/2047, $1,014,142, CUSIP: 36179TLR4	1,058,264
GNII II	3.000%, 12/20/2046, $632,501, CUSIP: 36179SSP3	661,205
GNII II	4.500%, 08/20/2048, $1,086,781, CUSIP: 36179T7L3	1,155,303
GNII II	4.000%, 03/20/2048, $372,049, CUSIP: 36179TUB9	394,303
GNII II	4.000%, 08/20/2047, $119,398, CUSIP: 36179TE27	126,988
GNII II	4.000%, 09/20/2048, $176,846, CUSIP: 36179UCB6	186,968

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	GNII II	4.000%, 09/20/2047, $867,631, CUSIP: 36179TG58	$ 922,783
	GNII II	4.000%, 11/20/2047, $217,340, CUSIP: 36179TLT0	230,951
	GNII II	4.000%, 12/20/2047, $6,213, CUSIP: 36179TNS0	6,595
	GNII II	5.000%, 03/20/2047, $87,056, CUSIP: 36179SYV3	96,496
	GNII II	5.000%, 05/20/2046, $129,783, CUSIP: 36179SCB1	143,856
	GNII II	5.000%, 05/20/2047, $181,594, CUSIP: 36179S5P8	199,355
	GNII II	5.000%, 07/20/2046, $47,049, CUSIP: 36179SGP6	52,150
	GNII II	5.000%, 09/20/2045, $247,809, CUSIP: 36179RNZ8	274,524
	GNMA	3.500%, 09/20/2048, $347,370, CUSIP: 38380Y2X2	366,174
	Gs Mtg Backed Secs Tr Ala	3.750%, 10/25/2057, $991,903, CUSIP: 36256BAC4	1,015,719
	HMBT Al	Variable, 10/25/2035, $206,450, CUSIP: 43739EBS5	206,238
	Hudson Yds HY Mtg Tr A	3.228%, 07/10/2039, $580,000, CUSIP: 44421GAA1	618,624
	Hudson Yds HY Mtg Tr	Variable, 12/10/2041, $580,000, CUSIP: 44421MAA8	607,236
	Hvmlt	Variable, 06/20/2035, $1,373,694, CUSIP: 41161PSK0	1,337,802
	Imm	Variable, 04/25/2035, $753,880, CUSIP: 45254NMY0	733,365
	Impac Secd Assets Corp	Variable, 11/25/2034, $4,329, CUSIP: 45254TQB3	4,329
*	JPM Chase Coml Mtg Secs Tr	3.397%, 06/05/2039, $550,000, CUSIP: 46651EAA2	593,309
*	JPMMT	Variable, 04/25/2035, $239,174, CUSIP: 466247NK5	238,553
	Mkt Mtg Tr	2.694%, 02/12/2040, $900,000, CUSIP: 55316PAA5	923,214
	MLCC	Variable, 04/25/2029, $196,119, CUSIP: 59020UAR6	188,780
	MIMI	Variable, 02/25/2036, $1,434,441, CUSIP: 59020UZ65	1,404,505
	Mortgageit Tr	Variable, 12/25/2035, $302,429, CUSIP: 61915RAU0	300,615
	One Bryant Pk Tr	2.516%, 09/15/2054, $740,000, CUSIP: 68236JAA9	749,563
	Queens Center Mortgage Trust	3.275%, 01/11/2037, $490,000, CUSIP: 74824DAA8	503,444
	RBSCF	Variable, 01/15/2032, $1,410,000, CUSIP: 74932QAA8	1,460,099
	Sfave Coml Mtg Secs Tr	Variable, 01/05/2043, $300,000, CUSIP: 78413MAA6	315,452
	Sfave Coml Mtg Secs Tr	Variable, 01/05/2043, $35,000, CUSIP: 78413MAE8	37,955
	Towd Pt Mtg Tr	Variable, 07/25/2057, $566,778, CUSIP: 89169DAA9	573,006
	TPMT	2.250%, 04/25/2056, $68,259, CUSIP: 89172YAA8	68,318
	UMBS 15Yr	1.500%, 02/01/2037, $2,800,000, CUSIP: IAF924000	4,128
	UMBS 15Yr	2.000%, 02/01/2037, $5,525,000, CUSIP: IAF925000	6,750
	UMBS 30Yr	Variable, 07/25/2034, $906,938, CUSIP: 92922FTB4	904,566
	UMBS 30Yr	Variable, 10/25/2045, $624,167, CUSIP: 92922F4M7	619,345
	WAMU	Variable, 12/25/2045, $1,114,577, CUSIP: 92925CBA9	1,099,588
	WAMU	Variable, 01/25/2045, $804,845, CUSIP: 92922FE95	800,951
	WAMU	Variable, 07/25/2045, $306,522, CUSIP: 92922FU48	301,854
		Subtotal mortgage-backed securities	**87,122,082**
Corporate bonds:			
	Abbvie Inc	4.500%, 05/14/2035, $720,000, CUSIP: 00287YAR0	861,280
	AEP Texas Inc	6.650%, 02/15/2033, $250,000, CUSIP: 0010EPAF5	332,707

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Aercap Ireland Cap Ltd	3.650%, 07/21/2027, $320,000, CUSIP: 00774MAB1	$ 337,223
Aercap Ireland Cap Ltd	4.125%, 07/03/2023, $585,000, CUSIP: 00774MAF2	607,590
Aercap Ireland Cap Ltd	3.300%, 01/30/2032, $610,000, CUSIP: 00774MAX3	621,451
Aetna Inc	3.500%, 11/15/2024, $500,000, CUSIP: 00817YAQ1	527,366
Air Lease Corp	3.250%, 03/01/2025, $65,000, CUSIP: 00912XBA1	67,446
Air Lease Corp	3.500%, 01/15/2022, $435,000, CUSIP: 00912XBE3	435,383
Air Lease Corp	3.000%, 09/15/2023, $500,000, CUSIP: 00912XAT1	513,141
ACCOP LP	2.250%, 01/15/2029, $560,000, CUSIP: 024836AH1	553,874
Anheuser-Busch Cos LLC	4.700%, 02/01/2036, $319,000, CUSIP: 03522AAH3	384,972
Anheuser-Busch Cos LLC	4.900%, 02/01/2046, $685,000, CUSIP: 03522AAJ9	865,795
Aon Corp	2.800%, 05/15/2030, $505,000, CUSIP: 037389BE2	520,442
Appalachian Power Co	4.500%, 03/01/2049, $450,000, CUSIP: 037735CX3	540,665
AT&T Inc	2.550%, 12/01/2033, $55,000, CUSIP: 00206RMM1	53,792
AT&T Inc	3.800%, 12/01/2057, $1,851,000, CUSIP: 00206RMN9	1,927,005
AT&T Inc	4.850%, 03/01/2039, $210,000, CUSIP: 00206RHK1	251,008
AT&T Inc	5.250%, 03/01/2037, $660,000, CUSIP: 00206RDR0	816,363
Bank Of America Corporation	Variable, 12/06/2025, $260,000, CUSIP: 06051GKE8	260,424
Bank Of America Corporation	Variable, 03/11/2027, $895,000, CUSIP: 06051GJQ3	888,716
Bank Of America Corporation	Variable, 02/13/2026, $2,105,000, CUSIP: 06051GHY8	2,132,091
Bank Of America Corporation	Variable, 07/23/2029, $935,000, CUSIP: 06051GHM4	1,042,470
Barnabas Health Inc	4.000%, 07/01/2028, $1,085,000, CUSIP: 06769QAA8	1,193,980
Bat Capital Corp	4.390%, 08/15/2037, $220,000, CUSIP: 05526DBD6	231,803
Bat Capital Corp	4.540%, 08/15/2047, $1,020,000, CUSIP: 05526DBF1	1,066,739
Becton Dickinson & Co	1.957%, 02/11/2031, $385,000, CUSIP: 075887CL1	370,096
Becton Dickinson & Co	3.734%, 12/15/2024, $137,000, CUSIP: 075887BF5	145,622
Berry Global Inc	1.570%, 01/15/2026, $1,605,000, CUSIP: 08576PAH4	1,570,525
Boeing Co	1.433%, 02/04/2024, $630,000, CUSIP: 097023DE2	629,038
Boeing Co	4.875%, 05/01/2025, $375,000, CUSIP: 097023CT0	410,277
Charter Comm Operating LLC	5.375%, 05/01/2047, $440,000, CUSIP: 161175BL7	525,187
Charter Comm Operating LLC	5.375%, 04/01/2038, $30,000, CUSIP: 161175BM5	35,800
Charter Comm Operating LLC	5.750%, 04/01/2048, $446,000, CUSIP: 161175BN3	556,188
Charter Comm Operating LLC	4.800%, 03/01/2050, $285,000, CUSIP: 161175BT0	319,096
Cigna Corp	3.400%, 03/01/2027, $510,000, CUSIP: 125523CB4	547,729
Citigroup Inc	Variable, 05/01/2025, $965,000, CUSIP: 172967MX6	957,390
Citigroup Inc	Variable, 04/08/2026, $395,000, CUSIP: 172967MQ1	414,089
Commonspirit Health	3.347%, 10/01/2029, $310,000, CUSIP: 20268JAB9	329,648
Commonspirit Health	2.782%, 10/01/2030, $290,000, CUSIP: 20268JAF0	296,821
Contl Air Inc	5.983%, 10/19/2023, $246,788, CUSIP: 21079NAA9	249,607
Credit Suisse Grp	3.750%, 03/26/2025, $945,000, CUSIP: 225433AC5	1,002,744
Credit Suisse Grp	4.550%, 04/17/2026, $1,215,000, CUSIP: 225433AR2	1,338,615
Cubesmart LP	2.250%, 12/15/2028, $375,000, CUSIP: 22966RAH9	375,050

(Continued)

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
CVS Health Corp	5.050%, 03/25/2048, $720,000, CUSIP: 126650CZ1	$ 941,355
CVS Health Corp	5.125%, 07/20/2045, $135,000, CUSIP: 126650CN8	175,482
Cyrusone LP/Cyrusone Fin Corp	2.900%, 11/15/2024, $1,260,000, CUSIP: 23283PAQ7	1,300,585
Delta Airlines Inc	2.000%, 12/10/2029, $1,820,618, CUSIP: 247361ZV3	1,780,008
Discover Bank	4.200%, 08/08/2023, $250,000, CUSIP: 25466AAD3	262,541
Duke Energy Carolinas LLC	3.750%, 06/01/2045, $880,000, CUSIP: 26442CAP9	972,965
Energy Transfer LP	4.900%, 03/15/2035, $250,000, CUSIP: 29273RBE8	282,248
Energy Transfer LP	5.150%, 03/15/2045, $835,000, CUSIP: 29273RBF5	943,611
Energy Transfer LP	5.000%, 05/15/2050, $90,000, CUSIP: 29278NAR4	103,563
Energy Transfer LP	6.125%, 12/15/2045, $500,000, CUSIP: 29273RBJ7	621,938
Entergy Tex Inc	3.450%, 12/01/2027, $900,000, CUSIP: 29365TAF1	950,541
Exxon Mobil Corp	3.452%, 04/15/2051, $400,000, CUSIP: 30231GBM3	433,307
Exxon Mobil Corp	4.327%, 03/19/2050, $210,000, CUSIP: 30231GBG6	257,849
Ford Mtr Cr Co LLC	3.339%, 03/28/2022, $870,000, CUSIP: 345397YL1	871,523
Ford Mtr Cr Co LLC	4.250%, 09/20/2022, $290,000, CUSIP: 345397WF6	295,220
Gallagher (Arthur J.) & Co	3.050%, 03/09/2052, $355,000, CUSIP: 04316JAB5	343,326
General Electric Co	6.750%, 03/15/2032, $265,000, CUSIP: 36962GXZ2	361,395
General Electric Co Frn	Variable, 08/15/2036, $964,000, CUSIP: 36962GX74	835,560
Global Payments Inc	1.500%, 11/15/2024, $520,000, CUSIP: 37940XAF9	520,073
GLP Cap LP / GLP Fing II Inc	5.250%, 06/01/2025, $300,000, CUSIP: 361841AJ8	328,576
GLP Cap LP / GLP Fing II Inc	5.300%, 01/15/2029, $210,000, CUSIP: 361841AL3	238,392
GLP Cap LP / GLP Fing II Inc	5.375%, 04/15/2026, $775,000, CUSIP: 361841AH2	863,017
GLP Cap LP / GLP Fing II Inc	5.375%, 11/01/2023, $500,000, CUSIP: 361841AF6	530,600
Goldman Sachs Group Inc (The)	Variable, 03/09/2027, $985,000, CUSIP: 38141GYA6	964,930
Goldman Sachs Group Inc (The)	Variable, 10/21/2027, $580,000, CUSIP: 38141GYM0	577,448
Goldman Sachs Group Inc (The)	Variable, 12/09/2026, $315,000, CUSIP: 38141GXM1	306,954
Goldman Sachs Group Inc (The)	1.217%, 12/06/2023, $870,000, CUSIP: 38141GZE7	872,222
Goldman Sachs Group Inc (The)	Variable, 09/29/2025, $550,000, CUSIP: 38141GWQ3	577,084
Healthcare Realty Trust Inc	2.400%, 03/15/2030, $520,000, CUSIP: 421946AL8	517,456
Healthcare Realty Trust Inc	3.875%, 05/01/2025, $325,000, CUSIP: 421946AJ3	344,654
Healthcare Tr of America Hldgs	2.000%, 03/15/2031, $160,000, CUSIP: 42225UAH7	151,388
Healthpeak Properties	3.400%, 02/01/2025, $31,000, CUSIP: 40414LAM1	32,524
Healthpeak Properties	4.000%, 06/01/2025, $310,000, CUSIP: 40414LAN9	333,549
HSBC Holdings PLC	Variable, 05/24/2027, $840,000, CUSIP: 404280CM9	821,465
HSBC Holdings PLC	Variable, 09/22/2028, $1,050,000, CUSIP: 404280CL1	1,027,840
HSBC Holdings PLC	Variable, 08/17/2029, $515,000, CUSIP: 404280CV9	505,020
Hudson Pac Pptys LP	3.950%, 11/01/2027, $890,000, CUSIP: 44409MAA4	953,485
Humana Inc	3.150%, 12/01/2022, $1,000,000, CUSIP: 444859BA9	1,016,550
Hyatt Hotels Corp	1.800%, 10/01/2024, $375,000, CUSIP: 448579AN2	375,334
IHS Markit Ltd	3.625%, 05/01/2024, $1,250,000, CUSIP: 44962LAH0	1,310,938
IHS Markit Ltd	4.750%, 08/01/2028, $350,000, CUSIP: 44962LAF4	405,563

(Continued)

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	Indiana Michigan Power Co	4.550%, 03/15/2046, $400,000, CUSIP: 454889AQ9	$ 488,154
	Intel Corp	3.050%, 08/12/2051, $500,000, CUSIP: 458140BW9	511,445
	Jersey Central Powr & Light Co	6.400%, 05/15/2036, $450,000, CUSIP: 476556CP8	602,924
*	JP Morgan Chase & Co	Variable, 06/23/2025, $795,000, CUSIP: 46647PCK0	787,261
*	JP Morgan Chase & Co	Variable, 11/19/2026, $570,000, CUSIP: 46647PBT2	555,298
*	JP Morgan Chase & Co	Variable, 04/22/2027, $1,740,000, CUSIP: 46647PCB0	1,719,492
	Kilroy Realty LP	3.450%, 12/15/2024, $1,250,000, CUSIP: 49427RAM4	1,308,990
	Kimco Realty Corp	3.250%, 08/15/2026, $500,000, CUSIP: 948741AM5	525,929
	Kraft Heinz Foods Co	5.000%, 06/04/2042, $155,000, CUSIP: 50076QAE6	192,743
	Kraft Heinz Foods Co	5.000%, 07/15/2035, $285,000, CUSIP: 50077LAL0	348,652
	Lloyds Banking Group PLC	Variable, 05/11/2027, $560,000, CUSIP: 53944YAP8	551,295
	Lloyds Banking Group PLC	Variable, 03/17/2023, $285,000, CUSIP: 53944YAK9	286,104
	Lloyds Banking Group PLC	Variable, 11/07/2023, $600,000, CUSIP: 539439AP4	609,669
*	Morgan Stanley	Variable, 04/05/2024, $315,000, CUSIP: 61772BAA1	314,023
*	Morgan Stanley	Variable, 05/04/2027, $1,430,000, CUSIP: 61772BAB9	1,415,903
	Nextera Energy Cap Hldgs Inc Frn	Variable, 02/22/2023, $655,000, CUSIP: 65339KBT6	653,894
	Oracle Corp	3.600%, 04/01/2050, $350,000, CUSIP: 68389XBX2	342,699
	Oracle Corp	3.950%, 03/25/2051, $780,000, CUSIP: 68389XCA1	809,724
	Petroleos Mexicanos	6.750%, 09/21/2047, $365,000, CUSIP: 71654QCC4	322,113
	Petroleos Mexicanos	6.950%, 01/28/2060, $960,000, CUSIP: 71654QDF6	847,200
	Plains All Am Pipeln/Paa Fin C	4.500%, 12/15/2026, $390,000, CUSIP: 72650RBL5	428,137
	Public Svc Co New Mexico	3.850%, 08/01/2025, $500,000, CUSIP: 744542AC5	525,850
	Raymond James Financial Inc	4.950%, 07/15/2046, $525,000, CUSIP: 754730AF6	668,171
	Realty Income Corp	4.625%, 11/01/2025, $750,000, CUSIP: 756109BE3	831,280
	Reynolds American Inc	5.700%, 08/15/2035, $280,000, CUSIP: 761713BA3	331,780
	Reynolds American Inc	5.850%, 08/15/2045, $210,000, CUSIP: 761713BB1	255,159
	Royal Bk Scotlnd Grp PLC	Variable, 03/22/2025, $975,000, CUSIP: 780097BK6	1,031,792
	Santander UK Grp Hldgs PLC	Variable, 03/15/2025, $1,830,000, CUSIP: 80281LAN5	1,813,253
	Santander UK Grp Hldgs PLC	Variable, 06/14/2027, $225,000, CUSIP: 80281LAQ8	220,290
	Shell Intl Fin B V	4.550%, 08/12/2043, $258,000, CUSIP: 822582AY8	321,718
	Sl Green Oper Partnership LP	3.250%, 10/15/2022, $750,000, CUSIP: 78444FAF3	762,216
	Spire Inc	4.700%, 08/15/2044, $325,000, CUSIP: 505597AD6	380,172
	TC Pipelines Mlp	4.375%, 03/13/2025, $310,000, CUSIP: 87233QAB4	332,650
	T-Mobile USA Inc	2.550%, 02/15/2031, $829,000, CUSIP: 87264ACB9	824,834
	T-Mobile USA Inc	3.750%, 04/15/2027, $1,150,000, CUSIP: 87264ABD6	1,245,335
	T-Mobile USA Inc	3.875%, 04/15/2030, $168,000, CUSIP: 87264ABF1	183,751
	Unitedhealth Group Inc	3.050%, 05/15/2041, $420,000, CUSIP: 91324PEE8	439,580
	Ventas Rlty Ltd Partnership	3.250%, 10/15/2026, $1,000,000, CUSIP: 92277GAJ6	1,058,938
	Verizon Communications Inc	2.355%, 03/15/2032, $1,048,000, CUSIP: 92343VGM0	1,032,613
	Verizon Communications Inc	4.500%, 08/10/2033, $290,000, CUSIP: 92343VEA8	340,939
	Viacomcbs Inc	4.200%, 05/19/2032, $235,000, CUSIP: 92556HAD9	265,072

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TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
VMware Inc	1.000%, 08/15/2024, $645,000, CUSIP: 928563AH8	$ 638,773
Vodafone Group PLC	4.875%, 06/19/2049, $793,000, CUSIP: 92857WBS8	1,000,028
Wells Fargo & Co New	Variable, 02/11/2026, $830,000, CUSIP: 95000U2K8	842,386
Wells Fargo & Co New	Variable, 10/30/2030, $505,000, CUSIP: 95000U2G7	524,992
Wells Fargo & Co New	Variable, 05/22/2028, $1,835,000, CUSIP: 95000U2A0	1,972,661
	Subtotal corporate bonds	**83,881,209**
Common stocks:		
Aaon Inc	66,340 Shares, CUSIP: 360206	5,269,386
Advanced Drainage Systems Inc	27,837 Shares, CUSIP: 00790R104	3,789,451
Align Technology Inc	4,589 Shares, CUSIP: 16255101	3,015,799
Altair Engineering Inc Cl A	4,950,413 Shares, CUSIP: 21369103	4,950,413
Ameren Corp	17,200 Shares, CUSIP: 23608102	1,530,972
American Homes 4 Rent	46,800 Shares, CUSIP: 02665T306	2,040,948
Americold Realty Trust	64,200 Shares, CUSIP: 03064D108	2,105,118
Ansys Inc	10,171 Shares, CUSIP: 03662Q105	4,079,792
Ashland Global Holdings Inc	16,000 Shares, CUSIP: 44186104	1,722,560
Axon Enterprise Inc	3,956,400 Shares, CUSIP: 05464C101	3,956,400
Azenta Inc	3,691,338 Shares, CUSIP: 114340102	3,691,338
Baker Hughes Co	77,700 Shares, CUSIP: 05722G100	1,869,462
Balchem Corp	4,438,395 Shares, CUSIP: 57665200	4,438,395
Berkley (Wr) Corp	14,600 Shares, CUSIP: 84423102	1,202,894
Blackline Inc	4,369,388 Shares, CUSIP: 09239B109	4,369,388
Booz Allen Hamilton Hldg	18,300 Shares, CUSIP: 99502106	1,551,657
Broadridge Financial Sol	20,889 Shares, CUSIP: 11133T103	3,818,927
Bruker Corp	18,200 Shares, CUSIP: 116794108	1,527,162
Cadence Design Systems Inc	27,426 Shares, CUSIP: 127387108	5,110,835
Canadian Pac Railway Ltd	15,500 Shares, CUSIP: 2793104	1,115,070
Caredx Inc	1,451,949 Shares, CUSIP: 14167L103	1,451,949
Casella Waste Sys Inc	7,683,529 Shares, CUSIP: 147448104	7,683,529
Catalent Inc	29,765 Shares, CUSIP: 148806102	3,810,813
CDW Corporation	19,862 Shares, CUSIP: 12514G108	4,067,340
Centerpoint Energy Inc	52,700 Shares, CUSIP: 15189T107	1,470,857
Chipotle Mexican Grill Inc	2,505 Shares, CUSIP: 169656105	4,379,366
Coca-Cola Europacific Partners	32,200 Shares, CUSIP: BYQQ3P5	1,800,946
Columbia Sportswear Co	13,300 Shares, CUSIP: 198516106	1,295,952
Computer Services Inc	1,788,052 Shares, CUSIP: 20539A105	1,788,052
Construction Partners Inc	4,030,346 Shares, CUSIP: 21044C107	4,030,346
Cooper Companies Inc	11,040 Shares, CUSIP: 216648402	4,625,098
Copart Inc	29,735 Shares, CUSIP: 217204106	4,508,421
CoStar Group Inc	34,690 Shares, CUSIP: 22160N109	2,741,551

(Continued)

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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AS OF DECEMBER 31, 2021

	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	Deckers Outdoor Corp	8,746 Shares, CUSIP: 243537107	$ 3,203,747
	Definitive Healthcare Corp	1,300,908 Shares, CUSIP: 24477E103	1,300,908
	Dentsply Sirona Inc	29,900 Shares, CUSIP: 24906P109	1,668,121
	Descartes Sys Group Inc	6,734,286 Shares, CUSIP: 2528834	6,734,286
	Dexcom Inc	7,719 Shares, CUSIP: 252131107	4,144,717
	Diamondback Energy Inc	7,500 Shares, CUSIP: 25278X109	808,875
	Dolby Laboratories Inc	16,000 Shares, CUSIP: 25659T107	1,523,520
	Douglas Dynamics Inc	2,802,555 Shares, CUSIP: 25960R105	2,802,555
	DR Horton Inc	34,731 Shares, CUSIP: 23331A109	3,766,577
	Epam Systems Inc	6,732 Shares, CUSIP: 29414B104	4,500,005
	Esco Technologies Inc	2,632,208 Shares, CUSIP: 296315104	2,632,208
	Etsy Inc	12,616 Shares, CUSIP: 29786A106	2,762,147
	Euronet Worldwide Inc	22,154 Shares, CUSIP: 298736109	2,640,092
	Evi Industries Inc	689,652 Shares, CUSIP: 26929N102	689,652
	Exponent Inc	6,177,935 Shares, CUSIP: 30214U102	6,177,935
	Fastenal Co	54,465 Shares, CUSIP: 311900104	3,489,028
	First Citizens Bancshares Inc	2,200 Shares, CUSIP: 31946M103	1,825,648
	Firstservice Corp	6,461,898 Shares, CUSIP: BJQ0C55	6,461,898
	Five Below Inc	16,024 Shares, CUSIP: 33829M101	3,315,205
	Floor & Decor Holdings Inc	29,394 Shares, CUSIP: 339750101	3,821,514
	Fortive Corp	21,700 Shares, CUSIP: 34959J108	1,655,493
	Fox Factory Holding Corp	7,769,318 Shares, CUSIP: 35138V102	7,769,318
	Generac Holdings Inc	14,839 Shares, CUSIP: 368736104	5,222,141
	Gentex Corp	70,800 Shares, CUSIP: 371901109	2,467,380
	Global Payments Inc	21,000 Shares, CUSIP: 37940X102	2,838,780
	Globant SA	9,026 Shares, CUSIP: BP40HF4	2,834,976
	Graco Inc	39,233 Shares, CUSIP: 384109104	3,162,964
*	Hartford Finl Svcs Group Inc	25,700 Shares, CUSIP: 416515104	1,774,328
	Heico Corp	24,173 Shares, CUSIP: 422806109	3,486,230
	Helios Technologies Inc	4,903,551 Shares, CUSIP: 42328H109	4,903,551
	Hillman Solutions Corp	2,206,330 Shares, CUSIP: 431636109	2,206,330
	Hubbell Inc	6,700 Shares, CUSIP: 443510607	1,395,409
	Humana Inc	4,100 Shares, CUSIP: 444859102	1,901,826
	Hunt J B Transport Services Inc	15,071 Shares, CUSIP: 445658107	3,080,512
	Icon PLC	17,174 Shares, CUSIP: B94G471	5,318,788
	Idex Corporation	15,699 Shares, CUSIP: 45167R104	3,709,988
	Idexx Labs Inc	5,884 Shares, CUSIP: 45168D104	3,874,379
	Ingersoll Rand Inc	86,641 Shares, CUSIP: 45687V106	5,360,479
	Insulet Corp	13,700 Shares, CUSIP: 45784P101	3,645,159
	ITT Inc	12,600 Shares, CUSIP: 45073V108	1,287,594
	John Bean Technologies Corp	4,234,417 Shares, CUSIP: 477839104	4,234,417

(Continued)

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Keysight Technologies Inc	26,929 Shares, CUSIP: 49338L103	$ 5,561,108
Kornit Digital Ltd	12,959 Shares, CUSIP: BWFRFD7	1,973,008
Lamb Weston Holdings Inc	48,179 Shares, CUSIP: 513272104	3,053,585
Lattice Semiconductor Corp	26,463 Shares, CUSIP: 518415104	2,039,239
Lemaitre Vascular Inc	2,827,949 Shares, CUSIP: 525558201	2,827,949
Marathon Petroleum Corp	31,100 Shares, CUSIP: 56585A102	1,990,089
Martin Marietta Materials Inc	3,900 Shares, CUSIP: 573284106	1,718,028
Marvell Technology Inc	7,200 Shares, CUSIP: 573874104	629,928
Match Group Inc	26,506 Shares, CUSIP: 57667L107	3,505,419
Mercury Systems Inc	4,908,599 Shares, CUSIP: 589378108	4,908,599
Merit Medical Systems Inc	4,093,110 Shares, CUSIP: 589889104	4,093,110
Mesa Laboratories Inc	5,104,424 Shares, CUSIP: 59064R109	5,104,424
Microchip Technology	57,231 Shares, CUSIP: 595017104	4,982,531
Mks Instruments Inc	14,300 Shares, CUSIP: 55306N104	2,490,631
Model N Inc	4,458,704 Shares, CUSIP: 607525102	4,458,704
Monolithic Power Sys Inc	10,904 Shares, CUSIP: 609839105	5,379,270
Motorola Solutions Inc	6,200 Shares, CUSIP: 620076307	1,684,540
MSCI Inc	6,336 Shares, CUSIP: 55354G100	3,882,004
National Research Corp	831,438 Shares, CUSIP: 637372202	831,438
NCR Corp	65,590 Shares, CUSIP: 62886E108	2,636,718
Neogen Corp	4,631,820 Shares, CUSIP: 640491106	4,631,820
Novanta Inc	5,677,826 Shares, CUSIP: 67000B104	5,677,826
Nxp Semiconductors Nv	8,600 Shares, CUSIP: B505PN7	1,958,908
Omega Flex Inc	2,088,962 Shares, CUSIP: 682095104	2,088,962
Omnicell Inc	6,820,632 Shares, CUSIP: 68213N109	6,820,632
Pacwest Bancorp	32,500 Shares, CUSIP: 695263103	1,468,025
Parker Hannifin Corp	5,400 Shares, CUSIP: 701094104	1,717,848
Paycom Software Inc	10,999 Shares, CUSIP: 70432V102	4,566,675
Paycor Hcm Inc	2,819,059 Shares, CUSIP: 70435P102	2,819,059
Pinnacle Finl Partners Inc	41,226 Shares, CUSIP: 72346Q104	3,937,083
Pool Corp	11,035 Shares, CUSIP: 73278L105	6,245,810
Ppg Industries Inc	16,200 Shares, CUSIP: 693506107	2,793,528
Progressive Corp Ohio	19,200 Shares, CUSIP: 743315103	1,970,880
Pros Hldgs Inc	3,604,205 Shares, CUSIP: 74346Y103	3,604,205
PTC Inc	24,655 Shares, CUSIP: 69370C100	2,986,953
Q2 Holdings Inc	3,369,448 Shares, CUSIP: 74736L109	3,369,448
Quanta Svcs Inc	13,200 Shares, CUSIP: 74762E102	1,513,512
RBC Bearings Inc	4,209,070 Shares, CUSIP: 75524B104	6,850,419
Reinsurance Group Of America	6,900 Shares, CUSIP: 759351604	755,481
Repligen	4,206,706 Shares, CUSIP: 759916109	8,326,040
Resmed Inc	18,221 Shares, CUSIP: 761152107	4,746,206

(Continued)

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Rogers Corp	3,555,825 Shares, CUSIP: 775133101	$ 3,555,825
Sba Communications Corp	3,000 Shares, CUSIP: '78410G104	1,167,060
Shutterstock Inc	1,907,136 Shares, CUSIP: 825690100	1,907,136
Signature Bank	4,800 Shares, CUSIP: 82669G104	1,552,656
Simpson Manufacturing Co	5,312,474 Shares, CUSIP: 829073105	5,312,474
Simulations Plus Inc	3,076,865 Shares, CUSIP: 829214105	3,076,865
Siteone Landscape Supply Inc	6,814,125 Shares, CUSIP: 82982L103	6,814,125
Sps Commerce Inc	7,032,090 Shares, CUSIP: 78463M107	7,032,090
Stanley Black & Decker Inc	7,900 Shares, CUSIP: 854502101	1,490,098
Synchrony Financial	38,800 Shares, CUSIP: 87165B103	1,799,932
Synopsys Inc	14,067 Shares, CUSIP: 871607107	5,183,690
Sysco Corp	18,000 Shares, CUSIP: 871829107	1,413,900
Teradyne Inc	7,000 Shares, CUSIP: 880770102	1,144,710
Tractor Supply Co.	23,625 Shares, CUSIP: 892356106	5,636,925
Transcat Inc	182,087 Shares, CUSIP: 893529107	182,087
Transunion	33,997 Shares, CUSIP: 89400J107	4,031,364
Trex Co Inc	5,853,637 Shares, CUSIP: 89531P105	9,937,263
Tyler Technologies Inc	8,630 Shares, CUSIP: 902252105	4,642,509
Veeva Sys Inc	6,697 Shares, CUSIP: 922475108	1,710,950
Vericel Corp	1,942,796 Shares, CUSIP: 92346J108	1,942,796
Verisign Inc	13,429 Shares, CUSIP: 92343E102	3,408,549
Vertex Inc	1,564,385 Shares, CUSIP: 92538J106	1,564,385
Vertiv Holdings Co	114,300 Shares, CUSIP: 92537N108	2,854,071
Vocera Communications Inc	4,799,277 Shares, CUSIP: 92857F107	4,455,409
WD 40 Co	2,226,224 Shares, CUSIP: 929236107	2,226,224
Western Alliance Bancorp	17,917 Shares, CUSIP: 957638109	1,928,765
Williams-Sonoma Inc	18,264 Shares, CUSIP: 969904101	3,088,988
Willis Towers Watson PLC	11,400 Shares, CUSIP: BDB6Q21	2,707,386
Woodward Inc	19,400 Shares, CUSIP: 980745103	2,123,524
Workiva Inc	2,586,964 Shares, CUSIP: 98139A105	2,586,964
Wyndham Hotels & Resorts Inc	16,600 Shares, CUSIP: 98311A105	1,488,190
Xcel Energy Inc	22,400 Shares, CUSIP: 98389B100	1,516,480
Zurn Water Solutions Corp	28,500 Shares, CUSIP: 98983L108	1,037,400
	Subtotal common stocks	**484,329,299**
Asset-backed securities:		
AGL Clo Ltd.	Variable , 10/20/2034, $1,000,000, CUSIP: 00120JAA1	999,409
AIG Clo Ltd	Variable , 10/25/2033, $980,000, CUSIP: 00142MAE0	979,997
Ajax Mortgage Loan Trust	2.860%, 07/25/2059, $1,671,132, CUSIP: 00969PAA1	1,667,186
AMMC	Variable , 10/16/2028, $513,184, CUSIP: 00176PAJ1	513,203
Barings Clo Ltd	Variable , 07/20/2028, $628,218, CUSIP: 06761CAA7	628,218

(Continued)

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
BDS Ltd	Variable , 08/15/2036, $842,651, CUSIP: 05492KAA7	$ 842,768
Bsprt Issuer Ltd	Variable , 09/15/2035, $238,161, CUSIP: 05586AAA6	238,161
ECMC Group Student Loan Trust	Variable , 11/25/2070, $1,238,905, CUSIP: 26833RAB4	1,238,354
Goldentree Ln Mgmt US Ltd	Variable , 10/20/2034, $1,500,000, CUSIP: 38136NAQ9	1,500,266
LCM XIX Ltd Partnership/LLC	Variable , 07/15/2027, $255,613, CUSIP: 50188QAJ0	255,708
Navient Student Ln Tr	Variable , 11/26/2040, $754,271, CUSIP: 63939GAC2	748,984
NCHET	Variable , 06/25/2035, $1,068,586, CUSIP: 64352VKV2	1,068,844
New Century Home Equity Ln Tr	Variable , 08/25/2034, $880,674, CUSIP: 64352VFW6	844,014
NSTR	Variable , 09/25/2036, $76,610, CUSIP: 63860FAD5	76,426
Option One Mtg Ln Tr	Variable , 01/25/2036, $1,709,521, CUSIP: 68389FKQ6	1,706,233
RCTTE	Variable , 04/20/2034, $1,400,000, CUSIP: 75620TAW8	1,393,042
Regata XII Funding Ltd	Variable , 10/15/2032, $950,000, CUSIP: 75888HAN1	948,298
SLM Student Ln Tr	Variable , 10/25/2083, $720,000, CUSIP: 78445JAB3	729,882
SLM Student Ln Tr	Variable , 07/25/2073, $740,000, CUSIP: 78444YAE5	731,943
SLM Student Ln Tr	Variable , 04/25/2023, $598,481, CUSIP: 784442AC9	589,202
SLM Student Ln Tr	Variable , 01/25/2083, $230,000, CUSIP: 784442AD7	207,163
TCI-Flatiron Clo Ltd/LLC	Variable , 01/17/2032, $800,000, CUSIP: 87230AAL0	799,793
United Airlines Class A	4.300%, 02/15/2027, $764,614, CUSIP: 909319AA3	799,262
US Awys	5.900%, 04/01/2026, $195,852, CUSIP: 90345WAA2	205,241
US Awys	4.625%, 12/03/2026, $355,345, CUSIP: 90345WAD6	353,567
	Subtotal asset-backed securities	**20,065,164**
Municipal bonds:		
LA CA USD	5.981%, 05/01/2027, $875,000, CUSIP: 544646A69	1,059,195
LA DWAP CA Wtr	6.008%, 07/01/2039, $500,000, CUSIP: 544525NZ7	662,918
New York St D	1.952%, 03/15/2029, $320,000, CUSIP: 64990FD84	321,421
New York St D	3.110%, 02/15/2039, $95,000, CUSIP: 64990FRB2	100,869
New York St D	5.628%, 03/15/2039, $480,000, CUSIP: 64990FMT8	619,634
NY NYC Trans	5.508%, 08/01/2037, $500,000, CUSIP: 64971M4P4	657,237
NYC NY	1.823%, 08/01/2030, $275,000, CUSIP: 64966QRP7	269,558
NYC TFA (Pit)	5.267%, 05/01/2027, $165,000, CUSIP: 64971MT44	193,506
NYS UDC	3.370%, 03/15/2030, $450,000, CUSIP: 6500355Z7	482,559
San Francisco W	2.825%, 11/01/2041, $640,000, CUSIP: 79771FAA5	626,621
Univ Cal Rev	3.931%, 05/15/2045, $540,000, CUSIP: 91412GXE0	621,961
	Subtotal municipal bonds	**5,615,479**
Guaranteed investment contracts:		
New York Life	NYL GA-29030	67,296,884
Synthetic investment contracts:		
Prudential	Pru Core Conserv Int BD FD	110,859,682

(Continued)

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Pacific Life	Pacific Life G-27341.01.001:	
	MFB NT Coltv 1-10 Yr.Int; 0.446%; CUSIP: 004000964	$ 6,583,880
	MFB Coltv Daily 1-5 Yr Cr Bd ; 2.385%; CUSIP: 786993972	7,090,111
	NT Coltv Short Term; 0.869%; CUSIP: 66586W326	12,152,050
	MFB NT Coltv Asset-Backed; 0.597%; CUSIP: 003999AF6	16,205,742
	MFB NT Coltv Comm Mort Backed; 0.747%; CUSIP: 665999538	6,330,540
	MFB Coltv MB Sec Idx Fd-Non; 1.880%; CUSIP: 004992AA1	25,093,895
	NT Col 1-10 Yr Int Bd Idx Fd; 2.489%; CUSIP: 66586U726	27,858,924
Voya Ret. Ins. & Annuity Co.	Voya Ret. Ins. & Annuity Co. 60257:	
	MFB Coltv Daily 1-5 Yr Cr Bd; 2.385%; CUSIP: 786993972	26,683,510
	NT Collective Short Term; 0.869%; CUSIP: 66586W326	18,625,107
	MFB NT Coltv Asset-Backed; 0.597%; CUSIP: 003999AF6	16,111,193
	MFB NT Coltv Comm MB; 0.747%; CUSIP: 665999538	6,293,605
	MFB NT Coltv MB Sec Idx Fd; 1.880%; CUSIP: 004992AA1	24,947,495
	NT Col 1-10 Yr Int Bd Idx Fd; 2.489%; CUSIP: 66586U726	8,057,506
Transamerica Premier Life	Transamerica Premier Life MDA01115TR:	
	1-3 Year Credit Bond Index Fund	6,162,814
	1-3 Year Government Bond Index Fund	13,863,622
	Asset-Backed Securities Index Fund	16,429,543
	Commercial Mortgage-Backed Securities Index Fund	6,415,045
	Intermediate Term Credit Bond Index Fund	29,254,831
	Intermediate Government Bond Index Fund	5,132,814
	Mortgage-Backed Securities Index Fund	25,393,118
Nationwide	Nationwide STA THC IP 1016:	
	1-3 Year Government Bond Index Fund	4,285,279
	Asset-Backed Securities Index Fund	11,424,194
	Commercial Mortgage-Backed Securities Index Fund	4,460,667
	Gov1-3A (#101089)	9,639,995
	Intermediate Term Credit Bond Index Fund	20,342,190
	Intermediate Government Bond Index Fund	3,569,075
	Mortgage-Backed Securities Index Fund	17,656,967
American General Life	American General Life 1635587:	
	American General Life Cash Account	2,667,391
	AEPTC 2019-1 A1	1,493,510
	BACM 2017-BNK3 A1	79,284
	BANK 2018-BN13 A1	1,001,232
	BANK 2019-BN17 A1	1,058,650
	BMARK 2019-B10 A2	1,561,577
	COMM 2013-CR12 A4	1,782,375
	CNH 2019-C A3	1,171,677

(Continued)

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	COMET 2019-A1 A1	$ 1,907,755
	COMET 2019-A2 A2	2,774,778
	CNP 2009-1 A3	470,875
	DCENT 2019-A1 A1	1,252,729
	FNR 2012-91 KA	559,683
	FNR 2014-85 GA	197,355
	FNR 2015-11 B	81,519
	FNR 2015-29 PA	1,305,732
	FNR 2015-56 DA	172,133
	FNR 2016-43 GV	1,330,518
	FNR 2017-11 KA	1,561,667
	FNR 2017-43 A	943,438
	FNR 2017-47 EA	1,619,961
	FNR 2021-45 EA	2,580,073
	FNR 2021-91 DA	2,051,005
	FHR 4001 MH	40,852
	FHR 4039 ME	28,135
	FHR 4368 HB	222,994
	FHR 4427 MA	2,029,646
	FHR 4444 CH	235,564
	FHR 4458 BA	256,248
	FHR 4486 JN	209,140
	FHR 4502 GA	130,776
	FHR 4680 LA	1,078,503
	FHR 5081 NH	2,195,752
	FHR 5094 DA	1,556,900
	FHR 5156 HB	1,618,219
	FNR 2009-92 JB	334,634
	FHR 3747 HX	574,321
	GN 784237	430,181
	GNR 2010-33 PD	112,166
	GNR 2012-6 LH	659,512
	GNR 2013-144 EC	786,940
	GNR 2013-115 EG	610,155
	GNR 2014-2 EA	1,781,577
	GNR 2015-3 DA	1,208,614
	GNR 2020-78 HL	971,172
	GNR 2021-8 TP	1,530,238
	JDOT 2020-B A3	1,148,500
	JDOT 2021-A A3	1,031,753
	MBALT 2020-B A3	1,468,496

(Continued)

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
Employer ID No: 95-2557091 Plan No: 335

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2021

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	MSC 2016-UB11 A2	$ 882,873
	NAROT 2019-B A3	689,950
	NALT 2020-A A3	970,471
	NALT 2021-A A3	885,682
	UBSCM 2012-C1 A3	45,114
	USAOT 2019-1 A3	168,261
	T 0 3/8 08/15/24	7,422,536
	T 0 3/4 11/15/24	3,982,572
	WFCM 2016-LC24 A2	85,665
	WFRBS 2013-C18 A5	1,909,599
	WOART 2021-A A3	1,078,721
	Wrapper agreement	—
	Subtotal synthetic investment contracts	**556,920,743**
	Non-interest bearing cash	3,113,787
Various participants	Participant loans, interest rates from 4.25% to 9.00%; maturity dates from January 2022 to January 2049	121,525,185
	Total assets at fair value	**8,837,487,065**
	Adjustment from fair value to contract value	(6,319,855)
	Total assets (Held at End of Year)	**$8,831,167,210**

(Concluded)

* Party-in-interest

Cost information may be omitted with respect to participant-directed transactions under an individual account plan.

See accompanying Independent Auditor's Report.