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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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.	10/16/2023	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	146122
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)**	101897
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	102842
b	Retired or separated participants receiving benefits	**6b**	1789
c	Other retired or separated participants entitled to future benefits	**6c**	40523
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	145154
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	541
f	Total. Add lines **6d** and **6e**.	**6f**	145695
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	110877
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4699
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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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	19197	01/01/2022	12/31/2022

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	61983487

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. Specify nature of costs ▶	6d	0

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)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	0		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below) ▶	7c(5)	0		
	(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)	0		
	(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)	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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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	19197	01/01/2022	12/31/2022

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. Specify nature of costs ▶	6d	

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	70831855
c	Additions: (1) Contributions deposited during the year	7c(1)	8000000		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1389128		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	9389128
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	80220983
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	80220983

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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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	19197	01/01/2022	12/31/2022

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	

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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	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. Specify nature of costs ▶	6d	0

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	110142283
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)	1936053		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below) ▶	7c(5)	0		
	(6) Total additions			7c(6)	1936053
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	112078336
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)	0		
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	112078336

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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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	19197	01/01/2022	12/31/2022

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. Specify nature of costs ▶	6d	

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	99524043
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1923585		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	1923585
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	101447628
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	101447628

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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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	19197	01/01/2022	12/31/2022

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. Specify nature of costs ▶	6d	

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	101512720
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1856335		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	1856335
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	103369055
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	103369055

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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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	19197	01/01/2022	12/31/2022

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. Specify nature of costs ▶	6d	0

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	99202657
c	Additions: (1) Contributions deposited during the year	7c(1)	13000000		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	2002303		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below) ▶	7c(5)	0		
	(6) Total additions			7c(6)	15002303
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	114204960
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)	0		
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	114204960

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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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	19197	01/01/2022	12/31/2022

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. Specify nature of costs ▶	6d	0

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	70239165
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)	747361		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	105635		
	▶ BOOK VALUE ADJUSTMENTS				
	(6) Total additions			7c(6)	852996
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	71092161
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)	0		
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	71092161

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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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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	3987065	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	1591398	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?
28	INVESTMENT ADVISOR	191062	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	7188	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 - SS&C GIDS, INC	300 MADISON AVENUE NEW YORK, NY 10017	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 STE 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 STE 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 STE 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 RD STE 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 RD STE 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.
CAMBIAR OPPORTUNITY INVESTOR CL	1 FREEDOM VALLEY DR 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.
ADV PREFERRED GOLD BULLION STRAT I	1445 RESEARCH BLVD STE 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.
ADVISORS PRFD QUANFDMANAGED INCOME	1445 RESEARCH BLVD STE 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 STE 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 SECTOR FUND IN	1445 RESEARCH BLVD STE 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.
ADVISORS PRFD QUANFDMARKET LEADERS	1445 RESEARCH BLVD STE 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 COMMON GROUND FD INVST	1445 RESEARCH BLVD STE 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 PATTERN RECOGNITION INV	1445 RESEARCH BLVD STE 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 EVOLUTION PLUS INVST	1445 RESEARCH BLVD STE 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 STE 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 QUANFDALTER INVSTMNT	1445 RESEARCH BLVD STE 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.
GQG PARTNERS EMRGING MARKETS EQUIT	1 FREEDOM VALLEY DR 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 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%

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 LARGE CAP GROWTH CLASS A	8000 IH 10 W STE 1400 14TH FL 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 ST 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 ST 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.
AMANA DEVELOPING WORLD FUND	1300 NORTH STATE ST 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 PARTICIPATION FD INVESTOR CL	1300 NORTH STATE ST 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.
AMERICAN BEACON LARGE CAP INVESTOR	220 E LAS COLINAS BLVD STE 1200 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 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 E LAS COLINAS BLVD STE 1200 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 CENTURY SHTDUR STRAT INC	4400 MAIN ST 1ST FL KANSAS CITY, MO 64111	0.25%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(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 FL 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 FL 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 FL 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 FL 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 FL 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 FOCUSED GLBL GR I	4400 MAIN ST 1ST FL 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 EMERGING MRKTS CL	4400 MAIN ST 1ST FL KANSAS CITY, MO 64111	0.07%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(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%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(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%

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 FUNDS MULTISECTOR INCOME	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 HIGH INCOMECLASS 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 MUTUAL FUNDCLASS 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.
ANGEL OAK MULTI STRATEGY INCOME CL	400 CITY CENTER OSHKOSH, WI 54901	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.
ANGEL OAK MULTI STRATEGY INC INSTL	400 CITY CENTER OSHKOSH, WI 54901	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.
ARTISAN SMALL CAP FUND INVESTOR CL	875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202	0.39%

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 DEVELOPING WORLD FD INVEST 875 E WISCONSIN AVE STE 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 E WISCONSIN AVE STE 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 INTL VALUE FUND INV CL 875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202	0.39%

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.
AZZAD ETHICHAL MID CAP FUND CL A	8000 TOWN CENTRE DR STE 400 BROADVIEW HEIGHTS, OH 44147-4031	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.
WISE CAPITAL FUND	8000 TOWN CENTRE DR STE 400 BROADVIEW HEIGHTS, OH 44147-4031	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.
BNY MELLON DYNAMIC VALUE A	144 GLENN CURTISS BLVD 8TH FL UNIONDALE, NY 11556	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(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 PARTNERS FUND	767 5TH AVE 49TH FL 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 FOCUSED GROWTHFUND	767 5TH AVE 49TH FL 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 REAL ESTATE FUND RETAIL	767 5TH AVE 49TH FL 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 AVE 49TH FL 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 DR STE 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 MID CAP GROWTH EQUITY CL	40 EAST 52ND ST 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 ST 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 MID CAP VALUE FUND CL A	40 EAST 52ND ST 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 ST 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 ST 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 INFLATION PRO BOND PORT 40 EAST 52ND ST 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 SYSTEMATICMULTI STRAT IN	40 EAST 52ND ST 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 SYSTEMATICMULTI STRATEGY	40 EAST 52ND ST 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.
BLUEROCK TOTAL INC REAL ESTATE CL	27777 FRANKLIN ROAD STE 900 SOUTHFIELD, MI 48034	0.45%

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 DR STE 250 BERWYN, PA 19312	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.
DESTINATIONS SMALL MID CAP EQ INST	1055 WESTLAKES DR STE 250 BERWYN, PA 19312	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.
DESTINATIONS INTL EQUITY FD INSTL	1055 WESTLAKES DR STE 250 BERWYN, PA 19312	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.
DESTINATIONS EQUITY INCOME FD INST	1055 WESTLAKES DR STE 250 BERWYN, PA 19312	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.
BROWN ADVISORY SUSTAIN GROWTH INV	777 E. WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202	0.08%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(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 ST 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.
BUFFALO GROWTH FUND	615 E. MICHIGAN ST 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 GROWTH & INCOME CL A	2020 CALAMOS COURT NAPERVILLE, IL 60563	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(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.
CALAMOS MARKET NEUTRAL INCOME CL I	2020 CALAMOS COURT NAPERVILLE, IL 60563	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 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.
FULLER & THALER BEHVMID CAP VALUE 411 BOREL AVE STE 300 SAN MATEO, CA 94402	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 & STEERS REAL ESTATE SECURIT 280 PARK AVE 10TH FL NEW YORK, NY 10017	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.
COHEN AND STEERS INTL REALTY INC C 280 PARK AVE 10TH FL 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.
COHEN & STEERS PREF SECURITIES INC 280 PARK AVE 10TH FL NEW YORK, NY 10017	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 THERMOSTAT 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 DIVIDEND INCOME 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%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(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%

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.
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%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(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%

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 HIGH RELATIVE PROFIT PORT I 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 ST 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.
DELAWARE SMALL CAP VALUE INSTL CL 2005 MARKET ST PHILADELPHIA, PA 19103	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.
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 STE 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 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.
DOUBLELINE CORE FIXED INCOME CL I 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.06%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(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 AVE 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 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.
DRIEHAUS EMERGING MARKETS	25 EAST ERIE ST CHICAGO, IL 60611	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.
PARAMETRIC COMMODITYSTRATEGIC CL A	TWO INTERNATIONAL PLACE 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.
AMERICAN EUROPACIFICGROWTH CLASS 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.
FMI LARGE CAP FUND	777 EAST WISCONSIN AVE 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 AVE 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 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.
FEDERATED HERMES PRUDENT BEAR CL A	4000 ERICSSON DR 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.
ALPS RED ROCKS GLOB OPPORTUNITY CL	1290 BROADWAY STE 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 AVE OF THE AMERICAS 48TH FLR 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.
FIRST EAGLE GLOBAL CLASS A	1345 AVE OF THE AMERICAS 48TH FLR 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 I	1345 AVE OF THE AMERICAS 48TH FLR NEW YORK, NY 10105	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.
FIRSTHAND TECHNOLOGYOPPORTUNITIES	150 ALMADEN BLVD. STE 1250 SAN JOSE, CA 95113	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JP MORGAN MID CAP VALUE FUND CLASS 1111 POLARIS PARKWAY COLUMBUS, OH 43240	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.
DF DENT MIDCAP GROWTH FUND INVESTO 2 EAST READ ST 6TH FL 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 SMALL CAP VALUE CLASS 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.
AMERICAN FUNDAMENTALINVESTORS CL F	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.
POLEN GLOBAL GROWTH FUND RETAIL SH	1825 NW CORPORATE BLVD STE 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.
GATEWAY FUND CLASS Y	399 BOYLSTON ST 8TH FL BOSTON, MA 02116	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.
GLENMEDE TOTAL MARKET PORTFOLIO	1650 MARKET ST. STE 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.
GLENMEDE LARGE CAP GROWTH	1650 MARKET ST. STE 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.
GOLDMAN SACHS SATELL STRATEGY PORT	71 S. WACKER DR 4TH FL CHICAGO, IL 60606	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.
APOLLO DIVERSIFIED RE FD CL A 1290 BROADWAY ST STE 1100 SMITHFIELD, RI 02917	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.
APOLLO DIVERSIFIED CREDIT FUND CL 1290 BROADWAY ST STE 1100 SMITHFIELD, RI 02917	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.
GUGGENHEIM TOTAL RETURN BOND FD IN 9601 BLACKWELL RD STE 500 ROCKVILLE, MD 20850	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.
GUGGENHEIM TOTAL RETURN BOND CL P	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.
GUINNESS ATKINSON GLOBAL INNOVATOR	2220 E. ROUTE 66 STE 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.
HARBOR CAP APP INST	111 S. WACKER DR 34TH FL CHICAGO, IL 60606	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.
HARBOR CAP APP INV	111 S. WACKER DR 34TH FL 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%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(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%

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 ADVISOR FUND	111 SOUTH WACKER DR. 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.
OAKMARK GLOBAL SELECT FD INVESTOR	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 FUND INVESTOR CLASS	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.
HARTFORD CORE EQUITYCLASS A	100 MATSONFORD RD STE 300 RADNOR, PA 19087	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.
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.
NEXPOINT MERGER ARBITRAGE CL Z	200 CRESCENT COURT STE 700 DALLAS, TX 75201	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.
HOMESTEAD SMALL COMPANY STOCK FD	4301 WILSON BLVD ARLINGTON, VA 22203	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.
HUSSMAN STRATEGIC TOTAL RETURN	225 PICTORIA DR STE 450 CINCINNATI, OH 45246	$12.00

(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.
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%

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 STE 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 SELECT 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 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.
JENSEN QUALITY GROWTH FD CL J	811 E. WISCONSIN AVE 8TH FL 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.
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.
JOHN HANCOCK DISCIPLINED VALUE MID	601 CONGRESS ST. 9TH FL. BOSTON, MA 02210	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.
JOHN HANCOCK DISCIPL INED VALUE MI	601 CONGRESS ST. 9TH FL. BOSTON, MA 02210	0.10%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(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%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(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%

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 LARGE CAP GROWTH CLASS 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.
KINETICS PARADIGM FUND	470 PARK AVE SOUTH NEW YORK, NY 10016	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.
KINETICS SMALL CAP OPPORTUNITIES	470 PARK AVE SOUTH NEW YORK, NY 10016	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.
KINETICS GLOBAL FUNDNO LOAD CLASS 470 PARK AVE SOUTH NEW YORK, NY 10016	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.
LAZARD GLOBAL LISTEDINFRASTRUCTURE 30 ROCKEFELLER PLAZA 57TH FL. NEW YORK, NY 10112	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.
CLEARBRIDGE LARGE CAP GROWTH A 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	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.
LEUTHOLD GRIZZLY SHORT FUND 33 SOUTH SIXTH ST. STE 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. STE 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.
LOOMIS SAYLES BOND RETAIL SHARES 399 BOYLSTON ST 8TH FL BOSTON, MA 02116	0.35%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(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 ST 10TH FL JERSEY CITY, NJ 07302	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.
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.
MFS GLOBAL EQUITY CLASS A	111 HUNTINGTON AVE BOSTON, MA 02199-7632	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.
MUHLENKAMP FUND 5000 STONEWOOD DR. WEXFORD, PA 15090	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 CLASS I 100 SALEM ST SMITHFIELD, RI 02917	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.
MANNING & NAPIER EQUITY SERIES CL 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.
MANNING & NAPIER OVERSEAS SERIES C	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.
MATTHEWS PACIFIC TIGER FUND	4 EMBARCADERO CENTER STE 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 GROWTH & INCOME FUN	4 EMBARCADERO CENTER STE 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 CHINA FUND	4 EMBARCADERO CENTER STE 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 STE 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.
THE MERGER FUND CL I	100 SUMMIT LAKE DR 201 GREENFIELD, MA 01301	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.
METROPOLITAN WEST TOT RETURN BOND	865 S 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 TOTAL RETURN CLA	865 S FIGUEROA ST 1400 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.
METROPOLITAN WEST HIGH YIELD BOND	865 S FIGUEROA ST 1400 LOS ANGELES, CA 90017	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(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 AVE 4TH FL 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 GROWTH PORTFOLIO A	522 FIFTH AVE 4TH FL 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 AVE 4TH FL 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 INSIGHT A 522 FIFTH AVE 4TH FL 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 AVE 4TH FL 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.
EVENTIDE GILEAD FUND CLASS N 80 ARKAY STE 110 HAUPPAUGE, NY 11788	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 MULTI ASSET INC CL N	80 ARKAY STE 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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(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 AGGRESSIVE GROWTH	445 PARK AVE 15TH FL 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.
NEEDHAM SMALL CAP GROWTH	445 PARK AVE 15TH FL 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 TACTICAL FX INC I	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 SMALL MID CAP INV	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.
ADVISORS CAPITAL US DIVIDEND FD IN	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.
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 C5S 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.
HCM INCOME PLUS FUNDINVESTOR	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.
ABSOLUTE CAPITAL DEFENDER FD INVES	101 PENNSYLVANIA BLVD PITTSBURGH, PA 15228	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.
ABSOLUTE CAPITAL ASSET ALLOCATOR I 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 ST 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 FIDELITY INST AMBOND ESG STRAT	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 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%

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 SECTOR EQUITY BUS CYCLE STRAT	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 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%

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 AMERICAN FDS CONS INC 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.
NUVEEN FLOATING RATEINCOME A 333 WEST WACKER DR 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 DR CHICAGO, IL 60606	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.
OBERWEIS MICRO CAP FUND 3333 WARRENVILLE RD STE. 500 LISLE, IL 60532	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 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%

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 INTL BD FD U SDOLLAR HEDGED 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.
PARADIGM SELECT FUND 9 ELK ST 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 CORE EQUITY INVESTOR 1 MARKET ST STEUART TOWER STE 1600 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.
PERMANENT PORTFOLIO 600 MONTGOMERY ST STE 4100 SAN FRANCISCO, CA 94111-2702	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.
PERMANENT VERSATILE BOND PORTFOLIO 600 MONTGOMERY ST STE 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%

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 FUND CL 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 INFLATION RSPNS MULTI ASSET	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.
T ROWE PRICE RETIREMENT 2045 FD 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.
PRIMECAP ODYSSEY STO CK FUND	2020 E. FINANCIAL WAY STE 100 GLENDORA, CA 91741	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.
PRINCIPAL REAL ESTATE SEC INSTL CL	620 COOLIDGE DR STE 300 FOLSOM, CA 95630	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.
PRINCIPAL MID CAP INSTL	620 COOLIDGE DR STE 300 FOLSOM, CA 95630	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 MID CAP FUND CLASS A	620 COOLIDGE DR STE 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 DIVERSIFIED REAL ASSET F	620 COOLIDGE DR STE 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 DR STE 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	0.15%

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.
VILLERE BALANCED	601 POYDRAS ST 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.
SHORT NASDAQ 100 PRO FUND INVESTOR	7501 WISCONSIN AVE STE 1000 E TOWE 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.
BANKS ULTRA SECTOR PRO FUND INVEST	7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA, MD 20814	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(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 FLOATING RATE INCOME CL Z 655 BROAD ST NEWARK, NJ 07102	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.
PGIM JENNISON MID CAP GROWTH CL C 655 BROAD ST NEWARK, NJ 07102	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.
PUTNAM GLOBAL TECHNOLOGY FUND CL A 1 POST OFFICE SQ MAILZONE G3C BOSTON, MA 02109	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(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 W CHESTER PIKE 216 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 W CHESTER PIKE 216 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.
RIVERPARK STRATEGIC INCOME FUND RE	ONE FREEDOM VALLEY DR 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.
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 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%

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 BLUE CHIP GROWTH INC 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 ALL CAPOPPORTUNITIES 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%

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 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 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%

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 INTL EQUITY INDEX 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 QM US SML CAP GRWTH E 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.
RYDEX NASDAQ 100 2X STRATEGY CL H 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.
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%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(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 STE 244 PLYMOUTH, MI 48170	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.
SEGALL BRYANT HAMILL PLUS BOND FD	370 17TH ST STE 5000 DENVER, CO 80202	0.30%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(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 INVESTOR	P.O. BOX 87 DENVER, CO 80201-0087	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.
SMEAD VALUE FUND INVESTOR CL SHARE	1290 BROADWAY STE 1100 DENVER, CO 80203	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(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 ST STE 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.
STERLING CAPITAL TOTAL RETURN BOND	434 FAYETTEVILLE ST 5TH FL RALEIGH, NC 27601	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 EMERGING MARKETS INCOME CL N	865 S FIGUERA ST 22ND FL LOS ANGELES, CA 90017	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(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 S FIGUERA ST 22ND FL 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 CORE FIXED INCOME CLASS N	865 S FIGUERA ST 22ND FL 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 S FIGUERA ST 22ND FL 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.
TCW TOTAL RETURN BOND CLASS I	865 S FIGUERA ST 22ND FL 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.
TIAA CREF REAL ESTATE SEC INSTL	730 THIRD AVE 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%

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 A	2220 E. ROUTE 66 STE 226 GLENDORA, CA 91740	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(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 STE 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%

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.
THRIVENT MID 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.
TOUCHSTONE SANDS CAP SEL GRWTH Z	303 BROADWAY STE 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%

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.
FULCRUM DIVRS ABSOL RETURN INSTL	2020 E FINANCIAL WAY STE 100 GLENDORA, CA 91741	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.
PERFORMANCE TRUST STRATEGIC BOND F	500 WEST MADISON STE 470 CHICAGO, IL 60661	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.
TWEEDY BROWNE INTERNATL VALUE FUND	ONE STATION PLACE 5TH FL STAMFORD, CT 06902	$25.00

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.
USAA NASDAQ 100 INDEX RETAIL	4900 TIEDEMAN RD 4TH FL BROOKLYN, OH 44114	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 APPLESEED FUND	161 NORTH CLARK ST. STE 2200 CHICAGO, IL 60601	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.
VALUE LINE ASSET ALLOCATION INVEST	7 TIMES SQUARE STE 1606 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.
SUMMITRY EQUITY FUND 1850 GATEWAY DR. STE 100 FOSTER CITY, CA 94404	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.
VICTORY MARKET NEUTRAL INCOME FD I 4900 TIEDEMAN RD 4TH FL 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 FL BROOKLYN, OH 44114	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 KAR SMALL CAP GROWTH CL A	100 SUMMIT LAKE DR 201 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	100 SUMMIT LAKE DR 201 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 INCOME & GROWTH FUND A	100 SUMMIT LAKE DR 201 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 STE 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 STE 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 INTERNATIONLOPPORTUNITIES 505 WAKARA WAY STE 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.
AMERICAN WASHINGTON MUTUAL INVESTO 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.
APPLIED FIN DIVIDENDFUND INVSTR CL 8730 STONY POINT PKWY STE 205 RICHMOND, VA 23235	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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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	61983487

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	101279908

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
30-6304154-001	C	56890749

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-4565709-376	C	245177854

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-7612285-001	C	112178140

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-0007957-218	C	195880631

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	0

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 82-6293122-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1834703717

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 82-6293122-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 365836868

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 20-4659714-104	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92341804

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 04-3022712-135	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 929945988

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) 492773160

a Name of MTIA, CCT, PSA, or 103-12 IE: COHEN & STEERS COLL INV TR

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

c EIN-PN 46-3411346-064	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102853587

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

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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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	3194403	4094124
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)	149741601	156289365
(2) U.S. Government securities	1c(2)	217157064	138117006
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	44803640	40671844
(B) All other	1c(3)(B)	59278857	42893084
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	201245	281870
(B) Common	1c(4)(B)	575548601	402595376
(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)	121525185	112342207
(9) Value of interest in common/collective trusts	1c(9)	6153270852	4529862406
(10) Value of interest in pooled separate accounts	1c(10)	67296884	61983487
(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)	882932511	790669876
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	562536222	538659778

		(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	8837487065	6818460423
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	8837487065	6818460423

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)	115865858	
(B) Participants	2a(1)(B)	422944508	
(C) Others (including rollovers)	2a(1)(C)	46068542	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		584878908
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	997668	
(B) U.S. Government securities	2b(1)(B)	4418997	
(C) Corporate debt instruments	2b(1)(C)	3265556	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	5651103	
(F) Other	2b(1)(F)	1083572	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		15416896
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	13808	
(B) Common stock	2b(2)(B)	3217897	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	26893345	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		30125050
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1809902996	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1892331421	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-82428425
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	-140914297	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-140914297

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-1343965320
(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)		-177012739
c Other income	2c		-48456870
d Total income. Add all **income** amounts in column (b) and enter total	2d		-1162356797
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	843824662	
(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)		843824662
f Corrective distributions (see instructions)	2f		77883
g Certain deemed distributions of participant loans (see instructions)	2g		1229982
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	-563440	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	7762456	
(4) Other	2i(4)	4338302	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		11537318
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		856669845
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2019026642
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		98072
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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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, 2022 and 2021,
Supplemental Schedule as of December 31, 2022,
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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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 audits 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 statements of net assets available for benefits (modified cash basis) as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2022, 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 audits 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 audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, 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 audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

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

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.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note2, 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 audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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.

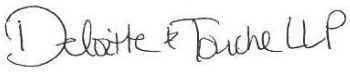
Other Matter — Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2022 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 13, 2023

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2022 AND 2021

	2022	2021
ASSETS:		
Investments at fair value:		
Interest-bearing cash and cash equivalents	$ 126,132,873	$ 119,679,639
Mutual funds	724,666,197	800,297,392
Self-directed brokerage accounts	154,434,263	204,334,368
Collective trusts	4,529,862,406	6,153,270,852
U.S. government securities	69,551,440	130,034,982
Mortgage-backed securities	66,005,636	87,122,082
Corporate bonds	66,518,633	83,881,209
Common stocks	347,557,828	484,329,299
Asset-backed securities and municipal bonds	19,748,367	25,680,643
Total investments at fair value	6,104,477,643	8,088,630,466
Investments at contract value:		
Guaranteed investment contracts	67,570,912	66,445,049
Synthetic investment contracts	582,413,126	551,452,723
Total investments	6,754,461,681	8,706,528,238
Non-interest bearing cash	4,080,124	3,113,787
Notes receivable from participants	112,342,207	121,525,185
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,870,884,012	$ 8,831,167,210

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, 2022 AND 2021

	2022	2021
ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS ATTRIBUTED TO:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ (1,743,493,868)	$ 1,122,081,227
Interest	19,383,734	19,340,625
Dividends	30,125,050	53,513,085
Net investment income (loss)	(1,693,985,084)	1,194,934,937
Interest income on notes receivable from participants	5,651,103	7,329,794
Contributions:		
Employer	115,865,858	116,632,080
Participants	422,944,508	442,436,103
Participant Rollovers	46,068,542	60,516,489
Net additions (deductions)	(1,103,455,073)	1,821,849,403
OTHER DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	845,132,527	955,462,492
Administrative expenses	11,695,598	10,752,525
Total other deductions	856,828,125	966,215,017
NET INCREASE (DECREASE)	(1,960,283,198)	855,634,386
NET ASSETS AVAILABLE FOR BENEFITS — Beginning of year	8,831,167,210	7,975,532,824
NET ASSETS AVAILABLE FOR BENEFITS — End of year	$ 6,870,884,012	$ 8,831,167,210

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 is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan was last amended effective January 2020.

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.

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 could contribute on a pretax and/or Roth after-tax basis was limited to $20,500 and $19,500, the maximum allowed by the Internal Revenue Service ("IRS"), during the years ended December 31, 2022 and 2021, respectively. 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, 2022 and 2021. 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, 2022 and 2021, 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. 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, 2022 and 2021.

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, 2022 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, 2022 and 2021, forfeitures of $6,500,000 (for 2021 match processed in 2022) and $6,046,000 (for 2020 match processed in 2021), respectively, were used to offset Employer contributions related to the 2021 and 2020 Plan years. During the years ended December 31, 2022 and 2021, forfeitures of $719,738 and $915,314, respectively, were used to pay Plan expenses. Forfeitures available for utilization totaled $6,018,416 and $7,098,572 at December 31, 2022 and 2021, 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 $115,865,858 presented on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2022, includes the 2021 Plan year Employer contribution for the majority of the Plan's participants and a portion of the 2022 Plan year Employer contribution for union employees of $775,039. Similarly, 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.

Employer contributions related to the 2022 Plan year of approximately $117,250,000, net of forfeitures utilized of $6,018,920, were deposited into the Plan during 2023.

Excess Contributions Payable — The Plan is required to return contributions received during the Plan year in excess of the Internal Revenue Code ("IRC") limits.

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, 2022 and 2021.

Interest-Bearing Cash and Cash Equivalents — Held in short-term investment and 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 Securities, Asset-Backed Securities 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 Trusts — 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.

Self-directed brokerage accounts — The self-directed brokerage accounts are valued based on the nature of the underlying investments. Investments held in these accounts may include, among others, short-term investment and money market funds, mutual funds, common and preferred stocks, and bonds.

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, 2022:

	Fair Value Measurements at December 31, 2022, Using			
	Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Short-term investment fund	$ 38,482,385	$ —	$ —	$ 38,482,385
Money market funds	87,650,488	—	—	87,650,488
Mutual funds	724,666,197	—	—	724,666,197
Self-directed brokerage accounts	154,434,263	—	—	154,434,263
U.S. government securities	69,551,440	—	—	69,551,440
Common stocks	347,557,828	—	—	347,557,828
Mortgage-backed securities	—	66,005,636	—	66,005,636
Asset-backed securities	—	16,665,552	—	16,665,552
Corporate bonds	—	66,518,633	—	66,518,633
Municipal bonds	—	3,082,815	—	3,082,815
Total	$ 1,422,342,601	$ 152,272,636	$ —	$ 1,574,615,237
Collective trusts measured at NAV				4,529,862,406
Total investments at fair value				$ 6,104,477,643

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 funds	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 trusts measured at NAV				6,153,270,852
Total investments at fair value				$ 8,088,630,466

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, 2022. 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, 2022					
Collective trusts:					
Foreign	$ 763,121,957	$ —	Daily	None	None[(1)]
Large cap blend	1,834,703,717	—	Daily	None	None
Large cap value	195,880,631	—	Daily	None	None
Large cap growth	929,945,988	—	Daily	None	None
Mid cap blend	365,836,868	—	Daily	None	None
Emerging markets	245,177,854	—	Daily	None	None
Intermediate term	92,341,804	—	Daily	None	None
Real Estate	102,853,587	—	Daily	None	None
Total	$ 4,529,862,406	$ —			

(1) Although it is not their current policy to do so, 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, 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					
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, 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.

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 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 any 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 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 redemption frequency, and there were no unfunded commitments between the Plan and the collective trust funds as of December 31, 2022 and 2021.

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 2.10% and 1.58% during the years ended December 31, 2022 and 2021, 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 2.05% and 1.52% during the years ended December 31, 2022 and 2021, 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, 2022 and 2021, 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.

	2022	2021
Statements of net assets available for benefits:		
Investments at fair value:		
Interest-bearing cash and cash equivalents	$ 126,132,873	$ 119,679,639
Mutual funds	724,666,197	800,297,392
Self-directed brokerage accounts	154,434,263	204,334,368
Collective trusts	4,529,862,406	6,153,270,852
U.S. government securities	69,551,440	130,034,982
Mortgage-backed securities	66,005,636	87,122,082
Corporate bonds	66,518,633	83,881,209
Common stocks	347,557,828	484,329,299
Asset-backed securities and municipal bonds	19,748,367	25,680,643
Investments at contract value:		
Guaranteed investment contracts	67,570,912	66,445,049
Synthetic investment contracts	582,413,126	551,452,723
Non-interest bearing cash	4,080,124	3,113,787
Notes receivable from participants	112,342,207	121,525,185
Statements of changes in net assets available for benefits:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	(1,743,493,868)	1,122,081,227
Interest	19,383,734	19,340,625
Dividends	30,125,050	53,513,085
Interest income on notes receivable from participants	5,651,103	7,329,794

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 the Plan's investments in 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 $202,185 and $58,732 at December 31, 2022 and 2021, 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 not amended during the years ended December 31, 2022 and 2021.

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. The Sponsor completed all required corrective actions to comply with the Compliance Statement during the year ended December 31, 2022.

12. SUBSEQUENT EVENTS

For the year ended December 31, 2022, subsequent events were evaluated through October 13, 2023, 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, 2022 and 2021 to Form 5500:

	2022	2021
Net assets available for benefits per financial statements	$ 6,870,884,012	$ 8,831,167,210
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	(52,423,589)	6,319,855
Net assets available for benefits per Form 5500	$ 6,818,460,423	$ 8,837,487,065

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, 2022 and 2021 to net income reported on Form 5500:

	2022	2021
Net increase (decrease) in net assets available for benefits per financial statements	$ (1,960,283,198)	$ 855,634,386
Less change in adjustment from contract value to fair value for fully benefit-responsive investment contracts from prior year	(58,743,444)	(20,334,885)
Net income (loss) per Form 5500	$ (2,019,026,642)	$ 835,299,501

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, 2022

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	$ 38,482,385
* Fidelity	Money Market Treasury Only	81,376,775
Brown Brothers Harriman	BBH Short-Term Investment Fund	6,273,713
	Subtotal interest-bearing cash and cash equivalents	**126,132,873**
Mutual funds:		
BlackRock	Strategic Global Bond Fund, Inc., Institutional; 13,273,890 shares	68,095,056
* Fidelity	Long-Term Treasury Bond Index Fund; 7,252,048 shares	73,535,771
* Fidelity	U.S. Bond Index Fund; 26,952,814 shares	274,379,646
PGIM	High Yield Fund, Class R6; 15,087,464 shares	68,497,088
Western Asset	Total Return Unconstrained Fund; 6,661,974 shares	57,895,170
* Fidelity	Worldwide Fund; 2,349,651 shares	59,070,228
American Century	Small Cap Value Fund, Class R6; 13,478,472 shares	123,193,238
	Subtotal mutual funds	**724,666,197**
Self-directed brokerage accounts:		
* Fidelity BrokerageLink	BrokerageLink - Mutual Funds	66,129,050
	BrokerageLink - Common Stock	54,912,177
	BrokerageLink - Preferred Stock	281,870
	BrokerageLink - Corporate & Government Bond	2,940,673
	BrokerageLink - Certificate of Deposit	2,625,668
	BrokerageLink - Interest-bearing cash	27,531,192
	BrokerageLink - Non-interest bearing cash	13,633
	Subtotal self-directed brokerage accounts	**154,434,263**
Collective trusts:		
* Fidelity	Growth Company Commingled Pool, Class 3; 26,262,242 shares	929,945,988
* Fidelity	FIAM Int. Infl. PR Bond Index CP, Class D; 666,679 shares	92,341,804
Spartan	Developed International Index Pool, Class E; 4,101,317 shares	492,773,160
Spartan	Extended Market Index Pool, Class E; 3,137,269 shares	365,836,868
Spartan	500 Index Pool, Class F; 10,501,424 shares	1,834,703,717
Schroder	International Alpha Trust, Class 1; 7,249,815 shares	101,279,908
Martin Currie	Emerging Markets CIT, Class R3; 21,172,526 shares	245,177,854
T. Rowe Price	International Bond Fund; 5,047,767 shares	56,890,749
T. Rowe Price	International Small-Cap Equity Trust, Class B; 5,907,240 shares	112,178,140
Columbia Threadneedle	Trust Dividend Income Fund MS; 17,458,167 shares	195,880,631
Cohen & Steers	US Realty Fund Class C; 5,804,379 shares	102,853,587
	Subtotal collective trusts	**4,529,862,406**
U.S. government securities:		
United States Treasury Bond	2.375%; 02/15/2042; CUSIP: 912810TF5	5,591,471

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, 2022

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	4.000%; 11/15/2052; CUSIP: 912810TL2	$ 3,144,722
United States Treasury Bond	2.000%; 11/15/2041; CUSIP: 912810TC2	11,050,227
UST Bills	0.000%; 01/19/2023; CUSIP: 912796XS3	893,560
UST Bills	0.000%; 04/20/2023; CUSIP: 912796V48	4,673,267
UST Bills	0.000%; 04/27/2023; CUSIP: 912796YV5	3,021,811
UST Bills	0.000%; 05/11/2023; CUSIP: 912796ZE2	4,333,883
UST Bills	0.000%; 05/25/2023; CUSIP: 912796ZF9	1,807,257
UST Bills	0.000%; 06/01/2023; CUSIP: 912796ZG7	809,626
UST Notes	3.875%; 11/30/2027; CUSIP: 91282CFZ9	9,723,176
UST Notes	4.125%; 10/31/2027; CUSIP: 91282CFU0	893,086
UST Notes	4.125%; 11/15/2032; CUSIP: 91282CFV8	2,319,632
UST Notes	4.500%; 11/30/2024; CUSIP: 91282CFX4	20,955,819
USTN TII	0.625%; 07/15/2032; CUSIP: 91282CEZ0	333,903
	Subtotal U.S. government securities	**69,551,440**
Mortgage-backed securities:		
BAMLL Comm Mtg Sec Trust	Variable; 08/10/2038; $650,000; CUSIP: 05491YAA8	585,501
BX Rr 2019-0C11	3.202%; 12/09/2041; $285,000; CUSIP: 05606FAA1	238,976
Cali Mtg Tr 2019-101C	3.957%; 03/10/2039; $580,000; CUSIP: 129890AA7	500,966
Comm Mtg Pass Through Certs 3	3.349%; 10/10/2048; $2,048,455; CUSIP: 12635QBF6	1,938,886
CPT Mortgage Trust 2019	2.865%; 11/13/2039; $545,000; CUSIP: 12654YAA7	435,386
CSMC 2018-RPL9	3.850%; 09/25/2057; $806,316; CUSIP: 12654PAE8	754,115
CSMC 2019-RPL1	Variable; 07/25/2058; $850,473; CUSIP: 12596MAB2	813,350
DC Office Trust 2019	2.965%; 09/15/2045; $580,000; CUSIP: 23312BAA8	461,947
FHLM Mtg Mlt CTF GFT	3.990%; 08/25/2033; $1,050,000; CUSIP: 3137FHQ71	989,403
FHLM Mtg Mlt CTF GFT	3.000%; 04/15/2048; $159,516; CUSIP: 3137FGVJ1	143,954
FHLM Mtg Mlt CTF GFT	3.750%; 04/25/2033; $1,095,000; CUSIP: 3137FG6T7	1,029,393
Federal Nat Mtg Asn Gtd	3.500%; 05/25/2046; $84,876; CUSIP: 3136B2ZR6	82,975
Federal Nat Mtg Asn Gtd	3.500%; 08/25/2042; $1,890,697; CUSIP: 3136A7N65	1,762,213
Federal Nat Mtg Asn Gtd	3.500%; 01/25/2047; $123,434; CUSIP: 3136B2TU6	119,536
Federal Nat Mtg Asn Gtd	3.000%; 06/25/2048; $481,627; CUSIP: 3136B1Z72	428,955
FHLG 15Yr	2.500%; 03/01/2031; $1,000,107; CUSIP: 3128MMUQ4	932,815
FHLG 15Yr	3.500%; 01/01/2034; $263,995; CUSIP: 3128MFWR5	254,742
FHLG 15Yr	3.500%; 11/01/2033; $417,798; CUSIP: 3128MMYK3	403,155
FHLG 15Yr	3.000%; 03/01/2031; $106,106; CUSIP: 3128MMUS0	101,312
FHLG 15Yr	3.000%; 06/01/2033; $39,908; CUSIP: 3128MMXV0	37,880
FHLG 30Yr	3.500%; 02/01/2047; $184,868; CUSIP: 3128MJZN3	171,942
FHLG 30Yr	3.500%; 02/01/2048; $328,882; CUSIP: 3128MJ3J7	304,858
FHLG 30Yr	3.500%; 01/01/2048; $2,117,770; CUSIP: 3132XCR49	1,981,603
FHLG 30Yr	3.500%; 01/01/2050; $4,085; CUSIP: 3132DVKY0	3,790
FHLG 30Yr	3.500%; 03/01/2048; $8,198; CUSIP: 3132XCR56	7,635

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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, 2022

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 30Yr	3.500%; 03/01/2048; $795,939; CUSIP: 3132XCR72	$ 740,783
FHLG 30Yr	3.500%; 04/01/2045; $845,763; CUSIP: 31335AAY4	793,233
FHLG 30Yr	3.500%; 04/01/2047; $73,391; CUSIP: 3128MJZX1	68,213
FHLG 30Yr	3.500%; 04/01/2047; $450,153; CUSIP: 3132XCRY3	420,788
FHLG 30Yr	3.500%; 05/01/2044; $105,591; CUSIP: 3128MABS7	98,999
FHLG 30Yr	3.500%; 05/01/2046; $578,241; CUSIP: 3132AAYV0	539,114
FHLG 30Yr	3.500%; 06/01/2046; $98,607; CUSIP: 3128MJYH7	91,959
FHLG 30Yr	3.500%; 06/01/2047; $46,851; CUSIP: 3128MJZ86	43,531
FHLG 30Yr	3.500%; 08/01/2046; $593,846; CUSIP: 3132XCRV9	555,292
FHLG 30Yr	3.500%; 08/01/2046; $361,066; CUSIP: 3128MJYN4	336,496
FHLG 30Yr	3.500%; 12/01/2044; $352,198; CUSIP: 3131XQ3P9	329,468
FHLG 30Yr	3.500%; 12/01/2047; $103,904; CUSIP: 3128MJ3A6	96,379
FHLG 30Yr	3.000%; 02/01/2047; $823,173; CUSIP: 3128MJZM5	740,929
FHLG 30Yr	3.000%; 03/01/2047; $1,499,219; CUSIP: 3128MJZQ6	1,348,492
FHLG 30Yr	3.000%; 02/01/2050; $442,209; CUSIP: 3133N3VW1	384,523
FHLG 30Yr	3.000%; 08/01/2046; $658,616; CUSIP: 3128MJYM6	593,636
FHLG 30Yr	3.000%; 09/01/2046; $204,330; CUSIP: 3128MJYT1	184,170
FHLG 30Yr	3.000%; 10/01/2046; $381,912; CUSIP: 3128MJYY0	343,755
FHLG 30Yr	3.000%; 09/01/2046; $684,021; CUSIP: 3131XU6Q5	615,952
FHLG 30Yr	3.000%; 11/01/2046; $335,163; CUSIP: 3128MJY61	301,676
FHLG 30Yr	4.000%; 12/01/2045; $757,184; CUSIP: 31335ALZ9	733,256
FHLG 30Yr	4.500%; 10/01/2048; $266,199; CUSIP: 3128MJ5D8	260,892
FHLG 30Yr	4.000%; 01/01/2045; $270,312; CUSIP: 3128MAE62	262,446
FHLG 30Yr	4.000%; 03/01/2048; $139,734; CUSIP: 3132XCR80	134,794
FHLG 30Yr	4.000%; 07/01/2048; $1,212,171; CUSIP: 3132XCSB2	1,168,561
FHLG 30Yr	5.000%; 07/01/2048; $92,950; CUSIP: 3128MJ4T4	93,256
FHLG 30Yr	5.000%; 10/01/2048; $184,302; CUSIP: 3128MJ5E6	184,909
FHLG 30Yr	2.500%; 04/01/2052; $696,800; CUSIP: 3132DWDJ9	591,479
FHLG 30Yr	2.500%; 11/01/2051; $1,601,354; CUSIP: 3132DWCP6	1,362,563
FHLG 30Yr	2.500%; 01/01/2052; $630,166; CUSIP: 3132DWC27	535,607
FNMA 15Yr	3.000%; 06/01/2032; $179,948; CUSIP: 31418CLK8	171,107
FNMA 20Yr	2.000%; 06/01/2041; $1,143,576; CUSIP: 31418DZ62	968,623
FNMA 20Yr	2.000%; 10/01/2040; $2,257,929; CUSIP: 31418DTJ1	1,929,429
FNMA 20Yr	3.000%; 10/01/2033; $399,299; CUSIP: 31418AYD4	375,910
FNMA 30Yr	2.455%; 04/01/2040; $980,000; CUSIP: 3140HXWW6	692,905
FNMA 30Yr	3.500%; 01/01/2044; $349,090; CUSIP: 3138ENZ93	324,596
FNMA 30Yr	3.500%; 01/01/2046; $1,370,043; CUSIP: 3140J8FW8	1,280,337
FNMA 30Yr	3.500%; 01/01/2047; $341,805; CUSIP: 3138WJNN4	318,570
FNMA 30Yr	3.500%; 01/01/2048; $647,984; CUSIP: 31418CS47	600,089
FNMA 30Yr	3.500%; 02/01/2048; $417,142; CUSIP: 31418CUA0	386,309
FNMA 30Yr	3.500%; 02/01/2047; $65,429; CUSIP: 31418CGE8	60,798

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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, 2022

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%; 12/01/2047; $502,481; CUSIP: 31418CR89	$ 465,655
FNMA 30Yr	4.000%; 08/01/2042; $367,246; CUSIP: 31418AHY7	352,694
FNMA 30Yr	4.500%; 08/01/2048; $165,082; CUSIP: 3140Q9N25	161,691
FNMA 30Yr	4.500%; 08/01/2046; $1,674,011; CUSIP: 3140J56D6	1,657,929
FNMA 30Yr	4.000%; 01/01/2049; $327,817; CUSIP: 3140JLYN8	313,749
FNMA 30Yr	4.000%; 04/01/2047; $110,796; CUSIP: 31418CJE5	106,295
FNMA 30Yr	4.000%; 06/01/2047; $186,701; CUSIP: 31418CLH5	179,001
FNMA 30Yr	4.000%; 06/01/2047; $123,362; CUSIP: 3138WK4Q5	118,274
FNMA 30Yr	4.000%; 07/01/2047; $119,113; CUSIP: 3138WLCJ0	114,201
FNMA 30Yr	4.000%; 07/01/2047; $262,487; CUSIP: 31418CMG6	251,661
FNMA 30Yr	2.000%; 05/01/2051; $1,376,979; CUSIP: 31418DYX4	1,130,173
FNMA 30Yr	2.000%; 02/01/2052; $719,713; CUSIP: 3140MCAF7	588,240
FNMA 30Yr	2.000%; 01/01/2052; $1,883,843; CUSIP: 3140QNWH1	1,539,713
FNMA 30Yr	2.000%; 04/01/2052; $1,617,958; CUSIP: 3140XGX46	1,321,893
FNMA 30Yr	2.000%; 12/01/2051; $2,397,170; CUSIP: 31418D7E6	1,961,515
FNMA 30Yr	2.500%; 02/01/2052; $1,487,855; CUSIP: 31418EBS8	1,263,432
FNMA Gtd Mtg Pass Thru CTF	3.250%; 02/25/2049; $109,846; CUSIP: 3136B3A34	103,110
Freddie Mac Remics 2018	4.000%; 06/15/2047; $72,012; CUSIP: 3137FKHV1	70,899
GNII 30Yr	3.500%; 06/20/2049; $87,311; CUSIP: 36179UT93	79,011
GNII 30Yr	3.000%; 10/20/2049; $293,414; CUSIP: 36179U3S9	255,879
GNII 30Yr	3.500%; 07/20/2049; $42,882; CUSIP: 36179UVX7	38,806
GNII II	3.500%; 01/20/2047; $142,570; CUSIP: 36179SUV7	133,339
GNII II	3.500%; 02/20/2047; $190,868; CUSIP: 36179SWX1	178,510
GNII II	3.500%; 03/20/2046; $173,328; CUSIP: 36179R4E6	162,648
GNII II	3.500%; 04/20/2046; $86,111; CUSIP: 36179R7J2	80,697
GNII II	3.500%; 05/20/2047; $366,357; CUSIP: 36179S5L7	342,180
GNII II	3.500%; 06/20/2047; $93,257; CUSIP: 36179TAK1	87,102
GNII II	3.500%; 07/20/2047; $50,638; CUSIP: 36179TCX1	47,296
GNII II	3.500%; 09/20/2047; $97,876; CUSIP: 36179TG41	91,356
GNII II	3.500%; 10/20/2047; $246,892; CUSIP: 36179TJX4	230,445
GNII II	3.500%; 11/20/2047; $684,718; CUSIP: 36179TLS2	639,103
GNII II	3.500%; 12/20/2046; $320,107; CUSIP: 36179SSQ1	299,382
GNII II	3.500%; 12/20/2047; $529,398; CUSIP: 36179TNR2	494,130
GNII II	3.000%; 05/20/2047; $135,630; CUSIP: 36179S5K9	122,730
GNII II	3.000%; 05/20/2046; $251,092; CUSIP: 36179SB71	227,681
GNII II	3.000%; 11/20/2047; $783,875; CUSIP: 36179TLR4	709,074
GNII II	3.000%; 12/20/2046; $495,736; CUSIP: 36179SSP3	448,895
GNII II	4.500%; 08/20/2048; $762,988; CUSIP: 36179T7L3	749,168
GNII II	4.000%; 03/20/2048; $266,005; CUSIP: 36179TUB9	254,965
GNII II	4.000%; 08/20/2047; $87,275; CUSIP: 36179TE27	83,844
GNII II	4.000%; 09/20/2048; $129,589; CUSIP: 36179UCB6	124,048

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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, 2022

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; $627,641; CUSIP: 36179TG58	$ 602,377
GNII II	4.000%; 11/20/2047; $156,931; CUSIP: 36179TLT0	150,614
GNII II	4.000%; 12/20/2047; $4,546; CUSIP: 36179TNS0	4,363
GNII II	5.000%; 03/20/2047; $63,609; CUSIP: 36179SYV3	64,341
GNII II	5.000%; 05/20/2046; $105,913; CUSIP: 36179SCB1	107,140
GNII II	5.000%; 05/20/2047; $136,100; CUSIP: 36179S5P8	138,136
GNII II	5.000%; 07/20/2046; $39,997; CUSIP: 36179SGP6	40,445
GNII II	5.000%; 09/20/2045; $189,223; CUSIP: 36179RNZ8	192,350
Government Natl Mtg Asn Mlfy R	3.500%; 09/20/2048; $272,104; CUSIP: 38380Y2X2	253,096
Gs Mtg Backed Secs Tr 2018	3.750%; 10/25/2057; $739,632; CUSIP: 36256BAC4	698,569
Hudson Yds 2019-30Hy Mtg Tr	3.228%; 07/10/2039; $580,000; CUSIP: 44421GAA1	499,779
Hudson Yds 2019-55Hy Mtg Tr	Variable; 12/10/2041; $580,000; CUSIP: 44421MAA8	487,070
HVMLT 2005-9	Variable; 06/20/2035; $1,155,106; CUSIP: 41161PSK0	1,010,293
Imm 05-2	Variable; 04/25/2035; $580,810; CUSIP: 45254NMY0	544,056
JP Morgan Chase Coml Mtg Secs	3.397%; 06/05/2039; $550,000; CUSIP: 46651EAA2	478,962
JPMMT	Variable; 04/25/2035; $183,518; CUSIP: 466247NK5	169,510
Mkt 2020-525M Mtg	2.694%; 02/12/2040; $495,000; CUSIP: 55316PAA5	388,041
MLCC 2004-A	Variable; 04/25/2029; $142,353; CUSIP: 59020UAR6	130,518
MLMI 2005-A10	Variable; 02/25/2036; $1,143,277; CUSIP: 59020UZ65	1,050,190
Mortgageit Tr 2005-5	Variable; 12/25/2035; $229,585; CUSIP: 61915RAU0	217,666
One Bryant Pk Tr 2019-Obp	2.516%; 09/15/2054; $740,000; CUSIP: 68236JAA9	607,206
Queens Cntr Mtg Trust 2013-QC	3.275%; 01/11/2037; $490,000; CUSIP: 74824DAA8	452,550
RBSCF 2013-GSP A Cstr	Variable; 01/15/2032; $1,410,000; CUSIP: 74932QAA8	1,357,101
Sfave Coml Mtg Secs Tr 15-5Ave	Variable; 01/05/2043; $300,000; CUSIP: 78413MAA6	205,364
Sfave Coml Mtg Secs Tr 15-5Ave	Variable; 01/05/2043; $35,000; CUSIP: 78413MAE8	23,928
Towd Pt Mtg Tr 2017-3	Variable; 07/25/2057; $302,996; CUSIP: 89169DAA9	291,114
Wamu 04-Ar7 A6 Cstr	Variable; 07/25/2034; $773,293; CUSIP: 92922FTB4	704,985
Wamu 05-Ar13 Alal	Variable; 10/25/2045; $494,923; CUSIP: 92922F4M7	444,477
Wamu 05-Ar19 Alal	Variable; 12/25/2045; $886,318; CUSIP: 92925CBA9	819,023
Wamu 2005-Ar2 2A3	Variable; 01/25/2045; $547,177; CUSIP: 92922FE95	510,895
Wamu 2005-Ar9 Ala	Variable; 07/25/2045; $256,804; CUSIP: 92922FU48	231,951
	Subtotal mortgage-backed securities	**66,005,636**
Corporate bonds:		
Abbvie Inc	4.500%; 05/14/2035; $720,000; CUSIP: 00287YAR0	666,940
AEP Texas Inc	6.650%; 02/15/2033; $250,000; CUSIP: 0010EPAF5	258,747
Aercap Ireland Cap Ltd	4.125%; 07/03/2023; $585,000; CUSIP: 00774MAF2	580,911
Aercap Ireland Cap Ltd	3.300%; 01/30/2032; $610,000; CUSIP: 00774MAX3	476,874
Air Lease Corp	3.250%; 03/01/2025; $65,000; CUSIP: 00912XBA1	61,679
Air Lease Corp	3.000%; 09/15/2023; $500,000; CUSIP: 00912XAT1	491,520
Air Lease Corp	2.200%; 01/15/2027; $155,000; CUSIP: 00914AAR3	135,076

(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, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Air Lease Corp	3.625%; 12/01/2027; $320,000; CUSIP: 00912XAY0	$ 289,451
American Assets Trust LP	3.375%; 02/01/2031; $470,000; CUSIP: 02401LAA2	372,796
American Homes 4 Rent LP	3.625%; 04/15/2032; $640,000; CUSIP: 02666TAE7	538,346
Anheuser-Busch Cos LLC	4.900%; 02/01/2046; $685,000; CUSIP: 03522AAJ9	622,717
Aon Corp	2.800%; 05/15/2030; $505,000; CUSIP: 037389BE2	430,678
Appalachian Power Co	4.500%; 03/01/2049; $450,000; CUSIP: 037735CX3	370,773
Arizona Public Service Co	6.350%; 12/15/2032; $435,000; CUSIP: 040555DE1	457,466
AT&T Inc	3.800%; 12/01/2057; $606,000; CUSIP: 00206RMN9	418,100
AT&T Inc	4.850%; 03/01/2039; $210,000; CUSIP: 00206RHK1	187,864
AT&T Inc	5.250%; 03/01/2037; $660,000; CUSIP: 00206RDR0	635,914
Bank of America Corporation	Variable; 04/22/2032; $115,000; CUSIP: 06051GJT7	92,044
Bank of America Corporation	Variable; 03/11/2027; $895,000; CUSIP: 06051GJQ3	791,810
Bank of America Corporation	Variable; 07/23/2029; $935,000; CUSIP: 06051GHM4	871,888
Bank of America Corporation	Variable; 04/29/2031; $400,000; CUSIP: 06051GJB6	325,774
Barnabas Health Inc	4.000%; 07/01/2028; $1,085,000; CUSIP: 06769QAA8	1,015,503
BAT Capital Corp	4.390%; 08/15/2037; $220,000; CUSIP: 05526DBD6	171,050
BAT Capital Corp	4.540%; 08/15/2047; $1,020,000; CUSIP: 05526DBF1	720,706
Becton Dickinson & Co	4.298%; 08/22/2032; $145,000; CUSIP: 075887CP2	135,723
Berkshire Hathaway Fin Corp	3.850%; 03/15/2052; $425,000; CUSIP: 084664DB4	338,745
Berry Global Inc	1.650%; 01/15/2027; $850,000; CUSIP: 08576PAF8	726,980
Boeing Co	1.433%; 02/04/2024; $370,000; CUSIP: 097023DE2	354,574
Boeing Co	4.875%; 05/01/2025; $375,000; CUSIP: 097023CT0	372,129
Broadcom Inc	2.600%; 02/15/2033; $161,000; CUSIP: 11135FBF7	120,846
Broadcom Inc	3.419%; 04/15/2033; $408,000; CUSIP: 11135FBK6	327,097
Capital One Financial Corp	Variable; 03/01/2030; $460,000; CUSIP: 14040HCN3	393,286
CBOE Global Markets Inc	3.000%; 03/16/2032; $330,000; CUSIP: 12503MAD0	274,526
Cedars-Sinai Health System	2.288%; 08/15/2031; $315,000; CUSIP: 15073LAA1	252,627
Charter Comm Operating LLC	5.375%; 05/01/2047; $440,000; CUSIP: 161175BL7	345,155
Charter Comm Operating LLC	5.375%; 04/01/2038; $30,000; CUSIP: 161175BM5	24,977
Charter Comm Operating LLC	5.750%; 04/01/2048; $446,000; CUSIP: 161175BN3	365,136
Charter Comm Operating LLC	4.800%; 03/01/2050; $285,000; CUSIP: 161175BT0	206,895
Charter Comm Operating LLC	5.250%; 04/01/2053; $585,000; CUSIP: 161175CK8	451,528
Citigroup Inc	Variable; 05/01/2025; $365,000; CUSIP: 172967MX6	341,801
Citigroup Inc	Variable; 11/03/2032; $60,000; CUSIP: 172967NE7	46,660
Citigroup Inc	Variable; 05/01/2032; $700,000; CUSIP: 172967MY4	552,625
Citigroup Inc	Variable; 06/03/2031; $175,000; CUSIP: 172967MS7	141,538
Citigroup Inc	Variable; 02/24/2028; $155,000; CUSIP: 172967NG2	139,737
Citigroup Inc	Variable; 01/25/2033; $925,000; CUSIP: 17327CAQ6	746,489
Commonspirit Health	2.782%; 10/01/2030; $290,000; CUSIP: 20268JAF0	239,199
Commonspirit Health	3.347%; 10/01/2029; $310,000; CUSIP: 20268JAB9	269,777
Commonwealth Edison Co	3.850%; 03/15/2052; $330,000; CUSIP: 202795JV3	262,651

(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, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Consolidated Edison Co of NY	6.150%; 11/15/2052; $315,000; CUSIP: 209111GD9	$ 337,220
Credit Suisse Grp	3.750%; 03/26/2025; $945,000; CUSIP: 225433AC5	850,537
Credit Suisse Grp	4.550%; 04/17/2026; $1,215,000; CUSIP: 225433AR2	1,071,597
Crown Castle Inc	3.300%; 07/01/2030; $350,000; CUSIP: 22822VAR2	306,178
Cubesmart LP	2.250%; 12/15/2028; $375,000; CUSIP: 22966RAH9	309,060
CVS Health Corp	5.050%; 03/25/2048; $855,000; CUSIP: 126650CZ1	767,401
CVS Health Corp	5.125%; 07/20/2045; $135,000; CUSIP: 126650CN8	123,040
Delta Airlines Inc	2.000%; 12/10/2029; $1,701,030; CUSIP: 247361ZV3	1,448,518
Duke Energy Carolinas LLC	3.750%; 06/01/2045; $880,000; CUSIP: 26442CAP9	682,713
Duke Energy Corp New	5.000%; 08/15/2052; $95,000; CUSIP: 26441CBU8	84,300
Energy Transfer LP	4.900%; 03/15/2035; $250,000; CUSIP: 29273RBE8	222,625
Energy Transfer LP	5.150%; 03/15/2045; $835,000; CUSIP: 29273RBF5	691,115
Energy Transfer LP	6.125%; 12/15/2045; $500,000; CUSIP: 29273RBJ7	462,621
Entergy Tex Inc	3.450%; 12/01/2027; $900,000; CUSIP: 29365TAF1	828,673
Essential Utilities Inc	4.276%; 05/01/2049; $355,000; CUSIP: 03836WAC7	285,971
Extra Space Storage LP	2.350%; 03/15/2032; $360,000; CUSIP: 30225VAG2	272,414
Gallagher (Arthur J.) & Co	3.050%; 03/09/2052; $355,000; CUSIP: 04316JAB5	224,483
General Electric Co Frn	Variable; 08/15/2036; $964,000; CUSIP: 36962GX74	776,680
Global Payments Inc	5.300%; 08/15/2029; $520,000; CUSIP: 37940XAN2	502,721
GLP CAP LP / GLP FING II INC	5.250%; 06/01/2025; $300,000; CUSIP: 361841AJ8	294,904
GLP CAP LP / GLP FING II INC	5.300%; 01/15/2029; $210,000; CUSIP: 361841AL3	198,731
GLP CAP LP / GLP FING II INC	5.375%; 04/15/2026; $775,000; CUSIP: 361841AH2	760,327
GLP CAP LP / GLP FING II INC	4.000%; 01/15/2030; $506,000; CUSIP: 361841AP4	443,162
Goldman Sachs Group Inc	Variable; 03/09/2027; $985,000; CUSIP: 38141GYA6	863,754
Goldman Sachs Group Inc	Variable; 10/21/2027; $580,000; CUSIP: 38141GYM0	507,143
Goldman Sachs Group Inc	Variable; 12/09/2026; $315,000; CUSIP: 38141GXM1	277,681
Goldman Sachs Group Inc	Variable; 09/29/2025; $550,000; CUSIP: 38141GWQ3	529,996
Goldman Sachs Group Inc	Variable; 04/22/2032; $150,000; CUSIP: 38141GYB4	119,624
Goldman Sachs Group Inc	Variable; 10/21/2032; $285,000; CUSIP: 38141GYN8	225,027
Healthcare Trust of Amer Hldgs	2.000%; 03/15/2031; $716,000; CUSIP: 42225UAH7	542,036
Healthcare Trust of Amer Hldgs	2.050%; 03/15/2031; $22,000; CUSIP: 42225UAM6	16,082
Healthcare Trust of Amer Hldgs	3.500%; 08/01/2026; $190,000; CUSIP: 42225UAD6	176,844
Healthcare Trust of Amer Hldgs	3.625%; 01/15/2028; $650,000; CUSIP: 42225UAK0	576,317
Healthcare Trust of Amer Hldgs	3.875%; 05/01/2025; $325,000; CUSIP: 42225UAJ3	310,313
Healthpeak Properties	3.400%; 02/01/2025; $31,000; CUSIP: 40414LAM1	29,825
HSBC Holdings PLC	Variable; 09/22/2028; $1,050,000; CUSIP: 404280CL1	877,596
HSBC Holdings PLC	Variable; 08/17/2029; $515,000; CUSIP: 404280CV9	415,698
HSBC Holdings PLC	Variable; 05/24/2032; $705,000; CUSIP: 404280CT4	545,444
HSBC Holdings PLC	Variable; 11/22/2032; $175,000; CUSIP: 404280CY3	133,742
Hudson Pac Pptys LP	3.950%; 11/01/2027; $890,000; CUSIP: 44409MAA4	757,273
Hyatt Hotels Corp	1.800%; 10/01/2024; $375,000; CUSIP: 448579AN2	351,379

(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, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Illumina Inc	5.750%; 12/13/2027; $610,000; CUSIP: 452327AP4	$ 617,598
Indiana Michigan Power Co	4.550%; 03/15/2046; $400,000; CUSIP: 454889AQ9	334,306
Invitation Homes Oper Partnshp	2.000%; 08/15/2031; $55,000; CUSIP: 46188BAA0	40,645
Invitation Homes Oper Partnshp	4.150%; 04/15/2032; $260,000; CUSIP: 46188BAD4	227,470
JBS USA Lux Sa	5.750%; 04/01/2033; $600,000; CUSIP: 46590XAH9	572,268
Jersey Central Powr & Light Co	6.400%; 05/15/2036; $450,000; CUSIP: 476556CP8	444,703
JPMorgan Chase & Co	Variable; 11/19/2026; $570,000; CUSIP: 46647PBT2	502,761
JPMorgan Chase & Co	Variable; 04/22/2027; $1,740,000; CUSIP: 46647PCB0	1,528,873
JPMorgan Chase & Co	Variable; 02/04/2032; $725,000; CUSIP: 46647PBX3	554,570
JPMorgan Chase & Co	Variable; 11/08/2032; $335,000; CUSIP: 46647PCR5	264,794
JPMorgan Chase & Co	Variable; 04/22/2032; $165,000; CUSIP: 46647PCC8	132,172
JPMorgan Chase & Co	Variable; 02/24/2028; $150,000; CUSIP: 46647PCW4	135,690
JPMorgan Chase & Co	Variable; 09/22/2027; $270,000; CUSIP: 46647PCP9	233,756
Kilroy Realty LP	2.650%; 11/15/2033; $1,250,000; CUSIP: 49427RAR3	867,270
Kimco Realty Corp	3.250%; 08/15/2026; $500,000; CUSIP: 948741AM5	459,670
Kraft Heinz Foods Co	5.000%; 06/04/2042; $155,000; CUSIP: 50076QAE6	140,202
Kraft Heinz Foods Co	5.000%; 07/15/2035; $285,000; CUSIP: 50077LAL0	272,564
Life Storage LP	2.400%; 10/15/2031; $340,000; CUSIP: 53227JAD6	261,562
Lloyds Banking Group PLC	Variable; 05/11/2027; $560,000; CUSIP: 53944YAP8	484,706
Lloyds Banking Group PLC	Variable; 11/07/2028; $180,000; CUSIP: 539439AQ2	161,873
Magallanes Inc	4.279%; 03/15/2032; $150,000; CUSIP: 55903VAL7	123,565
Magallanes Inc	5.050%; 03/15/2042; $655,000; CUSIP: 55903VAN3	501,129
Magallanes Inc	5.141%; 03/15/2052; $991,000; CUSIP: 55903VAQ6	720,424
Morgan Stanley	Variable; 04/05/2024; $315,000; CUSIP: 61772BAA1	310,482
Morgan Stanley	Variable; 04/28/2032; $670,000; CUSIP: 6174468X0	505,533
Morgan Stanley	Variable; 01/21/2028; $1,430,000; CUSIP: 61747YEK7	1,270,631
Morgan Stanley	Variable; 09/16/2036; $205,000; CUSIP: 61747YEF8	148,652
Morgan Stanley	Variable; 10/20/2032; $70,000; CUSIP: 61747YEH4	54,779
Morgan Stanley	Variable; 01/21/2033; $245,000; CUSIP: 61747YEL5	198,200
Oracle Corp	3.600%; 04/01/2050; $350,000; CUSIP: 68389XBX2	235,643
Oracle Corp	3.950%; 03/25/2051; $780,000; CUSIP: 68389XCA1	555,703
Oracle Corp	6.900%; 11/09/2052; $260,000; CUSIP: 68389XCK9	278,154
Orix Corp	5.200%; 09/13/2032; $270,000; CUSIP: 686330AR2	263,162
Petroleos Mexicanos	6.750%; 09/21/2047; $280,000; CUSIP: 71654QCC4	178,326
Petroleos Mexicanos	6.950%; 01/28/2060; $960,000; CUSIP: 71654QDF6	607,440
Physicians Realty LP	2.625%; 11/01/2031; $170,000; CUSIP: 71951QAC6	132,692
Piedmont Natural Gas Co	5.050%; 05/15/2052; $260,000; CUSIP: 720186AP0	234,589
Plains All Am Pipeln/Paa Fin	3.550%; 12/15/2029; $390,000; CUSIP: 72650RBM3	338,156
Public Svc Co New Mexico	3.850%; 08/01/2025; $500,000; CUSIP: 744542AC5	476,321
Raymond James Financial Inc	4.950%; 07/15/2046; $525,000; CUSIP: 754730AF6	466,737
Reynolds American Inc	5.700%; 08/15/2035; $280,000; CUSIP: 761713BA3	252,745

(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, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Reynolds American Inc	5.850%; 08/15/2045; $210,000; CUSIP: 761713BB1	$ 178,877
Royal Bk Scotlnd Grp PLC	Variable; 03/22/2025; $975,000; CUSIP: 780097BK6	953,432
S&P Global Inc	4.750%; 08/01/2028; $350,000; CUSIP: 78409VAY0	345,913
Santander UK Grp Hldgs PLC	Variable; 03/15/2025; $1,830,000; CUSIP: 80281LAN5	1,709,797
Santander UK Grp Hldgs PLC	Variable; 06/14/2027; $225,000; CUSIP: 80281LAQ8	191,316
Spire Inc	4.700%; 08/15/2044; $325,000; CUSIP: 505597AD6	262,807
Take-Two Interactv Softwr Inc	4.000%; 04/14/2032; $315,000; CUSIP: 874054AH2	278,817
TC Pipelines MLP	4.375%; 03/13/2025; $310,000; CUSIP: 87233QAB4	303,271
T-Mobile USA Inc	2.550%; 02/15/2031; $1,074,000; CUSIP: 87264ACB9	877,372
T-Mobile USA Inc	3.875%; 04/15/2030; $946,000; CUSIP: 87264ABF1	856,901
T-Mobile USA Inc	3.375%; 04/15/2029; $250,000; CUSIP: 87264ABV6	220,165
Tucson Electric Power Co	3.250%; 05/15/2032; $655,000; CUSIP: 898813AU4	556,251
Verizon Communications Inc	4.500%; 08/10/2033; $290,000; CUSIP: 92343VEA8	271,349
Viacom CBS Inc	4.200%; 05/19/2032; $235,000; CUSIP: 92556HAD9	192,340
Vici Properties LP	5.125%; 05/15/2032; $955,000; CUSIP: 925650AD5	884,282
Vici Properties LP	5.625%; 05/15/2052; $10,000; CUSIP: 925650AE3	8,846
VMware Inc	1.000%; 08/15/2024; $645,000; CUSIP: 928563AH8	600,170
Vodafone Group PLC	4.875%; 06/19/2049; $793,000; CUSIP: 92857WBS8	662,621
Wells Fargo & Co	Variable; 03/02/2033; $205,000; CUSIP: 95000U2U6	172,692
Wells Fargo & Co	Variable; 03/24/2028; $405,000; CUSIP: 95000U2V4	375,030
Wells Fargo & Co	Variable; 02/11/2026; $425,000; CUSIP: 95000U2K8	396,199
Wells Fargo & Co	Variable; 10/30/2030; $505,000; CUSIP: 95000U2G7	428,949
Wells Fargo & Co	Variable; 05/22/2028; $1,835,000; CUSIP: 95000U2A0	1,703,788
Weyerhaeuser Co	3.375%; 03/09/2033; $330,000; CUSIP: 962166CA0	275,789
Xcel Energy Inc	4.600%; 06/01/2032; $110,000; CUSIP: 98388MAD9	105,050
	Subtotal corporate bonds	**66,518,633**
Common stocks:		
AAON Inc	66,540 shares; CUSIP: 000360206	5,011,793
Advanced Drainage Systems Inc	30,122 shares; CUSIP: 00790R104	2,469,100
Align Technology	11,696 shares; CUSIP: 016255101	2,466,686
Allstate Corporation	10,900 shares; CUSIP: 020002101	1,478,040
Altair Engineering Inc	57,000 shares; CUSIP: 021369103	2,591,790
Ameren Corp	17,000 shares; CUSIP: 023608102	1,511,640
American Homes 4 Rent	62,800 shares; CUSIP: 02665T306	1,892,792
Ansys Inc	11,006 shares; CUSIP: 03662Q105	2,658,940
Arista Networks	29,367 shares; CUSIP: 040413106	3,563,685
Axon Enterprise Inc	22,500 shares; CUSIP: 05464C101	3,733,425
Azenta Inc	70,425 shares; CUSIP: 114340102	4,100,144
Baker Hughes Co	41,000 shares; CUSIP: 05722G100	1,210,730
Balchem Corp	25,250 shares; CUSIP: 057665200	3,083,278

(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, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Blackline Inc	38,500 shares; CUSIP: 09239B109	$ 2,589,895
Boston Beer Company Cl A	5,265 shares; CUSIP: 100557107	1,730,882
Broadridge Financial Sol	26,287 shares; CUSIP: 11133T103	3,525,875
Cadence Design Systems Inc	24,668 shares; CUSIP: 127387108	3,962,668
Capital One Financial	14,700 shares; CUSIP: 14040H105	1,366,512
Carlisle Cos Inc	2,900 shares; CUSIP: 142339100	683,385
Casella Waste Sys Inc	66,590 shares; CUSIP: 147448104	5,281,253
Catalent Inc	41,139 shares; CUSIP: 148806102	1,851,666
CDW Corporation	21,490 shares; CUSIP: 12514G108	3,837,684
Centerpoint Energy Inc	48,900 shares; CUSIP: 15189T107	1,466,511
Chesapeake Energy Corp	11,300 shares; CUSIP: 165167735	1,066,381
Chipotle Mexican Grill Inc	1,901 shares; CUSIP: 169656105	2,637,618
Clearwater Analytics Holdings	84,800 shares; CUSIP: 185123106	1,590,000
CMS Energy Corp	23,900 shares; CUSIP: 125896100	1,513,587
Construction Partners Inc	121,815 shares; CUSIP: 21044C107	3,251,242
Cooper Companies Inc	4,300 shares; CUSIP: 216648402	1,421,881
Copart Inc	64,350 shares; CUSIP: 217204106	3,918,272
Costar Group Inc	40,801 shares; CUSIP: 22160N109	3,153,101
Definitive Healthcare Corp	79,175 shares; CUSIP: 24477E103	870,133
Descartes Sys Group Inc	71,150 shares; CUSIP: 002528834	4,955,598
Dexcom Inc	33,419 shares; CUSIP: 252131107	3,784,368
Diamondback Energy	21,950 shares; CUSIP: 25278X109	3,002,321
Douglas Dynamics Inc	66,050 shares; CUSIP: 25960R105	2,388,368
Doximity Inc	77,670 shares; CUSIP: 26622P107	2,606,605
Dr Horton Inc	31,219 shares; CUSIP: 23331A109	2,782,862
Eastman Chemical	11,000 shares; CUSIP: 277432100	895,840
Emerson Electric	7,800 shares; CUSIP: 291011104	749,268
Entergy Corp	13,100 shares; CUSIP: 29364G103	1,473,750
Epam Systems Inc	10,881 shares; CUSIP: 29414B104	3,566,139
Equifax Inc	4,000 shares; CUSIP: 294429105	777,440
Esco Technologies Inc	26,750 shares; CUSIP: 296315104	2,341,695
Euronet Worldwide Inc	26,242 shares; CUSIP: 298736109	2,471,808
Evoqua Water Technologies Co	54,465 shares; CUSIP: 30057T105	2,156,814
Exponent Inc	53,725 shares; CUSIP: 30214U102	5,323,610
Extra Space Storage Inc	9,700 shares; CUSIP: 30225T102	1,427,646
Fastenal Co	58,934 shares; CUSIP: 311900104	2,788,757
First Republic Bank	5,900 shares; CUSIP: 33616C100	719,151
Firstservice Corp	29,290 shares; CUSIP: 00BJQ0C55	3,589,490
Five Below Inc	18,399 shares; CUSIP: 33829M101	3,254,231
Floor & Decor Holdings Inc	38,130 shares; CUSIP: 339750101	2,654,992
Fortive Corp	14,200 shares; CUSIP: 34959J108	912,350

(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, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Fox Factory Holding Corp	37,745 shares; CUSIP: 35138V102	$ 3,443,166
Generac Holdings Inc	16,226 shares; CUSIP: 368736104	1,633,309
General Dynamics Corporation	3,800 shares; CUSIP: 369550108	942,818
Gentex Corp	42,400 shares; CUSIP: 371901109	1,156,248
Global Payments Inc	20,600 shares; CUSIP: 37940X102	2,045,992
Globant Sa	18,692 shares; CUSIP: 00BP40HF4	3,143,247
Graco Inc	42,453 shares; CUSIP: 384109104	2,855,389
Hartford Finl Svcs Group Inc	17,300 shares; CUSIP: 416515104	1,311,859
Healthcare Realty Trust Inc	85,500 shares; CUSIP: 42226K105	1,647,585
Heico Corp	26,156 shares; CUSIP: 422806109	4,018,608
Helios Technologies Inc	45,525 shares; CUSIP: 42328H109	2,478,381
Henry (Jack) & Associates Inc	18,404 shares; CUSIP: 426281101	3,231,006
Herc Holdings Inc	5,400 shares; CUSIP: 42704L104	710,478
Hess Corp	9,400 shares; CUSIP: 42809H107	1,333,108
Hillman Solutions Corp	185,440 shares; CUSIP: 431636109	1,337,022
Howmet Aerospace Inc	25,800 shares; CUSIP: 443201108	1,016,778
Hunt J B Transport Services Inc	11,093 shares; CUSIP: 445658107	1,934,175
Icon PLC	18,584 shares; CUSIP: 00B94G471	3,609,942
Idex Corporation	17,226 shares; CUSIP: 45167R104	3,933,213
Idexx Labs Inc	8,909 shares; CUSIP: 45168D104	3,634,516
Ingersoll Rand Inc	66,050 shares; CUSIP: 45687V106	3,451,113
Insulet Corp	14,825 shares; CUSIP: 45784P101	4,364,332
International Flavors & Fragra	9,600 shares; CUSIP: 459506101	1,006,464
John Bean Technologies Corp	21,700 shares; CUSIP: 477839104	1,981,861
Keysight Technologies Inc	24,101 shares; CUSIP: 49338L103	4,122,958
Kinsale Capital Group Inc	8,101 shares; CUSIP: 49714P108	2,118,574
Knight-Swift Transp Hldgs Inc	14,500 shares; CUSIP: 499049104	759,945
L3Harris Technologies Inc	4,700 shares; CUSIP: 502431109	978,587
Lamb Weston Holdings Inc	30,969 shares; CUSIP: 513272104	2,767,390
Lattice Semiconductor Corp	36,812 shares; CUSIP: 518415104	2,388,363
Lemaitre Vascular Inc	50,475 shares; CUSIP: 525558201	2,322,860
Lennar Corp Cl A	8,200 shares; CUSIP: 526057104	742,100
Martin Marietta Materials Inc	4,300 shares; CUSIP: 573284106	1,453,271
Marvell Technology Inc	18,800 shares; CUSIP: 573874104	696,352
Mercury Systems Inc	62,900 shares; CUSIP: 589378108	2,814,146
Merit Medical Systems Inc	46,700 shares; CUSIP: 589889104	3,297,954
Mesa Laboratories Inc	15,708 shares; CUSIP: 59064R109	2,610,827
Model N Inc	102,050 shares; CUSIP: 607525102	4,139,148
Monolithic Power Sys Inc	7,779 shares; CUSIP: 609839105	2,750,732
Motorola Solutions Inc	5,000 shares; CUSIP: 620076307	1,288,550
MSCI Inc	7,858 shares; CUSIP: 55354G100	3,655,306

(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, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
National Research Corp	22,225 shares; CUSIP: 637372202	$ 828,993
National Retail Properties Inc	31,800 shares; CUSIP: 637417106	1,455,168
NCR Corp	60,753 shares; CUSIP: 62886E108	1,422,228
Neogen Corp	135,225 shares; CUSIP: 640491106	2,059,477
Novanta Inc	32,350 shares; CUSIP: 67000B104	4,395,395
Omega Flex Inc	14,830 shares; CUSIP: 682095104	1,383,936
Omnicell Inc	37,875 shares; CUSIP: 68213N109	1,909,658
O'Reilly Automotive Inc	4,650 shares; CUSIP: 67103H107	3,924,740
Parker Hannifin Corp	2,500 shares; CUSIP: 701094104	727,500
Paycom Software Inc	9,012 shares; CUSIP: 70432V102	2,796,514
Paycor HCM Inc	107,670 shares; CUSIP: 70435P102	2,634,685
Perkinelmer Inc	7,200 shares; CUSIP: 714046109	1,009,584
Pinnacle Finl Partners Inc	44,609 shares; CUSIP: 72346Q104	3,274,301
PNC Financial Services	6,900 shares; CUSIP: 693475105	1,089,786
Pool Corp	11,940 shares; CUSIP: 73278L105	3,609,820
PPG Industries	8,100 shares; CUSIP: 693506107	1,018,494
PPL Corporation	51,900 shares; CUSIP: 69351T106	1,516,518
Pros Hldgs Inc	94,075 shares; CUSIP: 74346Y103	2,282,260
PTC Inc	19,203 shares; CUSIP: 69370C100	2,305,128
Q2 Holdings Inc	54,270 shares; CUSIP: 74736L109	1,458,235
Quanta Svcs Inc	5,200 shares; CUSIP: 74762E102	741,000
RBC Bearings Inc	29,597 shares; CUSIP: 75524B104	6,196,132
Repligen	31,569 shares; CUSIP: 759916109	5,344,947
Republic Services Inc	8,500 shares; CUSIP: 760759100	1,096,415
Resmed Inc	15,351 shares; CUSIP: 761152107	3,195,004
Rexford Industrial Realty	30,900 shares; CUSIP: 76169C100	1,688,376
Rockwell Automation Inc	2,900 shares; CUSIP: 773903109	746,953
Roper Technologies Inc	2,800 shares; CUSIP: 776696106	1,209,852
SBA Communications Corp	5,900 shares; CUSIP: 78410G104	1,653,829
Sherwin Williams Co	4,300 shares; CUSIP: 824348106	1,020,519
Simpson Manufacturing Co	33,350 shares; CUSIP: 829073105	2,956,811
Simulations Plus Inc	59,575 shares; CUSIP: 829214105	2,178,658
Siteone Landscape Supply Inc	25,100 shares; CUSIP: 82982L103	2,944,732
Solaredge Technologies Inc	8,129 shares; CUSIP: 83417M104	2,302,702
SPS Commerce Inc	39,325 shares; CUSIP: 78463M107	5,050,510
Stevanato Group S.P.A.	82,950 shares; CUSIP: 00BNM0752	1,490,612
Synopsys Inc	12,614 shares; CUSIP: 871607107	4,027,524
Target Corp	9,000 shares; CUSIP: 87612E106	1,341,360
Teleflex Inc	3,300 shares; CUSIP: 879369106	823,779
Toll Brothers Inc	22,500 shares; CUSIP: 889478103	1,123,200
Tractor Supply Co.	15,764 shares; CUSIP: 892356106	3,546,427

(Continued)

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Trane Technologies Plx	4,100 shares; CUSIP: 00BK9ZQ96	$ 689,169
Transcat Inc	19,715 shares; CUSIP: 893529107	1,397,202
Trex Co Inc	82,682 shares; CUSIP: 89531P105	3,499,929
Tyler Technologies Inc	9,338 shares; CUSIP: 902252105	3,010,665
Vericel Corp	69,035 shares; CUSIP: 92346J108	1,818,382
Vertex Inc - Class A	104,900 shares; CUSIP: 92538J106	1,522,099
Watsco Inc	9,485 shares; CUSIP: 942622200	2,365,559
WD 40 Co	8,375 shares; CUSIP: 929236107	1,350,134
Williams-Sonoma Inc	20,322 shares; CUSIP: 969904101	2,335,404
Willis Towers Watson PLC	5,000 shares; CUSIP: 00BDB6Q21	1,222,900
Workiva Inc	23,275 shares; CUSIP: 98139A105	1,954,393
Xcel Energy Inc	21,500 shares; CUSIP: 98389B100	1,507,365
Zimmer Biomet Hldgs Inc	14,600 shares; CUSIP: 98956P102	1,861,500
	Subtotal common stocks	**347,557,828**
Asset-backed securities:		
AIG Clo 2019-2 Ltd	Variable; 10/25/2033; $980,000; CUSIP: 00142MAE0	942,014
Ajax Mortgage Loan Trust 2019-F	2.860%; 07/25/2059; $1,289,017; CUSIP: 00969PAA1	1,213,843
AMMC Clo 19 Ltd	Variable; 10/16/2028; $216,091; CUSIP: 00176PAJ1	215,965
BDS 2019-FL4 Ltd	Variable; 08/15/2036; $21,079; CUSIP: 05492KAA7	20,982
CF Hippolyta Issuer LLC	2.280%; 07/15/2060; $835,638; CUSIP: 12530MAC9	729,871
CIFC 2021-7A	Variable; 01/23/2035; $825,000; CUSIP: 12567HAC6	803,776
ECMC Group Student Loan Trust	Variable; 11/25/2070; $841,317; CUSIP: 26833RAB4	801,123
Goldentree Loan Management US	Variable; 10/20/2034; $1,500,000; CUSIP: 38136NAQ9	1,460,150
LCM XIX Ltd Partnership	Variable; 07/15/2027; $118,578; CUSIP: 50188QAJ0	118,122
Navient Student Ln Tr 2015-2	Variable; 11/26/2040; $650,404; CUSIP: 63939GAC2	633,777
Navient Student Ln Tr 2021-2	1.680%; 02/25/2070; $1,405,987; CUSIP: 63942QAA9	1,220,531
NCHET 2005-2	Variable; 06/25/2035; $160,245; CUSIP: 64352VKV2	159,930
New Century Home Equity Ln Tr	Variable; 08/25/2034; $798,717; CUSIP: 64352VFW6	763,428
Option One Mtg Ln Tr	Variable; 01/25/2036; $1,246,815; CUSIP: 68389FKQ6	1,197,477
Palmer Square Clo Ltd	Variable; 04/20/2035; $850,000; CUSIP: 69689QAA3	827,547
RCTTE 1A	Variable; 04/20/2034; $1,400,000; CUSIP: 75620TAW8	1,355,967
Regata XII Funding Ltd	Variable; 10/15/2032; $950,000; CUSIP: 75888HAN1	910,031
SLM Student Ln Tr 2008	Variable; 10/25/2083; $720,000; CUSIP: 78445JAB3	669,241
SLM Student Ln Tr 2008	Variable; 07/25/2073; $740,000; CUSIP: 78444YAE5	698,853
SLM Student Ln Tr 2008	Variable; 01/25/2083; $230,000; CUSIP: 784442AD7	176,501
Small Bus Admin Gtd Dev Partn	3.800%; 08/01/2047; $670,000; CUSIP: 83162CQ48	631,494
United Airlines 2013-1 Class A	4.300%; 02/15/2027; $706,239; CUSIP: 909319AA3	656,951
US Awys 12-1 A	5.900%; 04/01/2026; $170,247; CUSIP: 90345WAA2	164,661
US Awys 12-1 A	4.625%; 12/03/2026; $322,022; CUSIP: 90345WAD6	293,317
	Subtotal asset-backed securities	**16,665,552**

(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, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Municipal bonds:		
New York St	1.952%; 03/15/2029; $320,000; CUSIP: 64990FD84	$ 266,765
New York St	3.110%; 02/15/2039; $95,000; CUSIP: 64990FRB2	74,729
New York St	5.628%; 03/15/2039; $480,000; CUSIP: 64990FMT8	492,310
NY NYC Trans	5.508%; 08/01/2037; $500,000; CUSIP: 64971M4P4	513,208
NYC NY	1.823%; 08/01/2030; $275,000; CUSIP: 64966QRP7	217,150
NYC TFA (Pit)	5.267%; 05/01/2027; $165,000; CUSIP: 64971MT44	166,464
NYS UDC	3.370%; 03/15/2030; $450,000; CUSIP: 6500355Z7	403,023
San Francisco W	2.825%; 11/01/2041; $640,000; CUSIP: 79771FAA5	477,263
Univ Cal Rev	3.931%; 05/15/2045; $540,000; CUSIP: 91412GXE0	471,903
	Subtotal municipal bonds	**3,082,815**
Guaranteed investment contracts:		
New York Life	NYL GA-29030	61,983,487
Synthetic investment contracts:		
Prudential	Pru Core Conserv Int BD FD	100,011,141
Pacific Life	Pacific Life G-27341.01.001:	
	MFB Coltv Daily 1-5 Yr Cr Bd ; 2.385%; CUSIP: 786993972	14,470,141
	NT Coltv Short Term; 0.869%; CUSIP: 66586W326	23,574,423
	MFB NT Coltv Asset-Backed; 0.597%; CUSIP: 003999AF6	14,937,007
	MFB NT Coltv Comm Mort Backed; 0.747%; CUSIP: 665999538	5,837,472
	MFB Coltv MB Sec Idx Fd-Non; 1.880%; CUSIP: 004992AA1	16,746,514
	NT Col 1-10 Yr Int Bd Idx Fd; 2.489%; CUSIP: 66586U726	17,738,286
Voya Ret. Ins. & Annuity Co.	Voya Ret. Ins. & Annuity Co. 60257:	
	MFB Coltv Daily 1-5 Yr Cr Bd; 2.385%; CUSIP: 786993972	36,756,322
	NT Collective Short Term; 0.869%; CUSIP: 66586W326	31,170,438
	MFB NT Coltv Asset-Backed; 0.597%; CUSIP: 003999AF6	17,049,072
	MFB NT Coltv Comm MB; 0.747%; CUSIP: 665999538	6,662,889
	MFB NT Coltv MB Sec Idx Fd; 1.880%; CUSIP: 004992AA1	14,866,718
Transamerica Premier Life	Transamerica Premier Life MDA01115TR:	
	1-3 Year Credit Bond Index Fund	17,525,222
	1-3 Year Government Bond Index Fund	23,936,006
	Asset-Backed Securities Index Fund	15,167,455
	Commercial Mortgage-Backed Securities Index Fund	5,918,749
	Intermediate Term Credit Bond Index Fund	15,146,493
	Mortgage-Backed Securities Index Fund	17,012,801
Nationwide	Nationwide STA THC IP 1016:	
	1-3 Year Credit Bond Index Fund	3,681,654
	1-3 Year Government Bond Index Fund	18,599,763

(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, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	Asset-Backed Securities Index Fund	$ 11,786,054
	Commercial Mortgage-Backed Securities Index Fund	4,599,236
	Intermediate Term Credit Bond Index Fund	21,716,525
	Mortgage-Backed Securities Index Fund	13,220,002
American General Life	American General Life 1635587:	
	American General Life Cash Account	1,749,728
	AEPTC 2019-1 A1	1,024,041
	AMXCA 2022-4 A	439,586
	AMXCA 2022-1 A	1,817,827
	BBCMS 2022-C18 A2	1,354,273
	BMWLT 2022-1 A3	899,889
	BMO 2022-C3 A2	815,600
	BANK 2018-BN13 A1	251,192
	BMARK 2019-B10 A2	1,463,108
	CD 2016-CD2 A3	1,078,452
	COMM 2013-CR12 A4	1,673,919
	CNH 2019-C A3	312,601
	CNH 2022-A A3	749,988
	CNH 2022-B A3	286,713
	CNH 2022-C A2	337,590
	COMET 2022-A1 A1	561,801
	DBJPM 2017-C6 A4	1,342,299
	DCENT 2022-A1 A1	1,227,175
	DCENT 2022-A3 A3	1,678,616
	FNR 2012-91 KA	140,311
	FNR 2015-29 PA	878,978
	FNR 2016-43 GV	1,215,016
	FNR 2017-11 KA	1,020,307
	FNR 2017-43 A	548,345
	FNR 2017-47 EA	1,094,299
	FNR 2021-45 EA	1,902,833
	FNR 2021-91 DA	1,625,552
	FNR 2022-13 MA	1,699,487
	FNR 2022-1 DA	864,499
	FHR 4427 MA	1,309,083
	FHR 4444 CH	40,262
	FHR 4486 JN	94,450
	FHR 4680 LA	454,573
	FHR 5081 NH	1,630,722
	FHR 5094 DA	1,089,488
	FHR 5156 HB	1,119,523

(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, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	FHR 5222 A	$ 1,559,997
	FHR 5263 EA	967,429
	FNR 2009-92 JB	156,342
	FHR 3747 HX	167,287
	FORDL 2022-A A3	1,374,451
	GN 784237	207,543
	GNR 2012-6 LH	425,980
	GNR 2013-144 EC	550,281
	GNR 2013-115 EG	287,282
	GNR 2014-2 EA	1,139,467
	GNR 2015-3 DA	705,327
	GNR 2020-78 HL	592,855
	GNR 2021-8 TP	982,669
	GNR 2022-100 KA	2,150,793
	GNR 2022-112 MA	1,613,891
	GNR 2022-180 DA	937,425
	JDOT 2022-A A3	1,488,259
	JDOT 2020-B A3	429,984
	JDOT 2021-A A3	875,977
	JDOT 2022-B A3	518,695
	MBART 2022-1 A3	663,588
	MBALT 2020-B A3	263,074
	NALT 2021-A A3	869,623
	NAROT 2022-B A3	375,896
	TAOT 2022-A A3	593,090
	T 0 3/8 08/15/24	6,537,794
	T 0 3/4 11/15/24	2,438,123
	WFRBS 2013-C18 A5	1,785,700
	WOART 2022-C A3	203,800
	WOART 2021-A A3	791,831
	Wrapper agreement	—
	Subtotal synthetic investment contracts	**535,576,962**
	Non-interest bearing cash	4,080,124
Various participants	Participant loans, interest rates from 4.25% to 9.50%; maturity dates from January 2023 to September 2048	112,342,207
	Total assets at fair value	**6,818,460,423**

(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, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	Adjustment from fair value to contract value	$ 52,423,589
	Total assets (Held at End of Year)	**$6,870,884,012**

(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, 2022 and 2021,
Supplemental Schedule as of December 31, 2022,
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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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 audits 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 statements of net assets available for benefits (modified cash basis) as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2022, 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 audits 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 audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, 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 audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

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

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.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note2, 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 audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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.

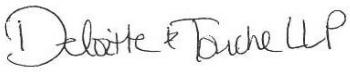
Other Matter — Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2022 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 13, 2023

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2022 AND 2021

	2022	2021
ASSETS:		
Investments at fair value:		
Interest-bearing cash and cash equivalents	$ 126,132,873	$ 119,679,639
Mutual funds	724,666,197	800,297,392
Self-directed brokerage accounts	154,434,263	204,334,368
Collective trusts	4,529,862,406	6,153,270,852
U.S. government securities	69,551,440	130,034,982
Mortgage-backed securities	66,005,636	87,122,082
Corporate bonds	66,518,633	83,881,209
Common stocks	347,557,828	484,329,299
Asset-backed securities and municipal bonds	19,748,367	25,680,643
Total investments at fair value	6,104,477,643	8,088,630,466
Investments at contract value:		
Guaranteed investment contracts	67,570,912	66,445,049
Synthetic investment contracts	582,413,126	551,452,723
Total investments	6,754,461,681	8,706,528,238
Non-interest bearing cash	4,080,124	3,113,787
Notes receivable from participants	112,342,207	121,525,185
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,870,884,012	$ 8,831,167,210

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, 2022 AND 2021

	2022	2021
ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS ATTRIBUTED TO:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ (1,743,493,868)	$ 1,122,081,227
Interest	19,383,734	19,340,625
Dividends	30,125,050	53,513,085
Net investment income (loss)	(1,693,985,084)	1,194,934,937
Interest income on notes receivable from participants	5,651,103	7,329,794
Contributions:		
Employer	115,865,858	116,632,080
Participants	422,944,508	442,436,103
Participant Rollovers	46,068,542	60,516,489
Net additions (deductions)	(1,103,455,073)	1,821,849,403
OTHER DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	845,132,527	955,462,492
Administrative expenses	11,695,598	10,752,525
Total other deductions	856,828,125	966,215,017
NET INCREASE (DECREASE)	(1,960,283,198)	855,634,386
NET ASSETS AVAILABLE FOR BENEFITS — Beginning of year	8,831,167,210	7,975,532,824
NET ASSETS AVAILABLE FOR BENEFITS — End of year	$ 6,870,884,012	$ 8,831,167,210

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 is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan was last amended effective January 2020.

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.

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 could contribute on a pretax and/or Roth after-tax basis was limited to $20,500 and $19,500, the maximum allowed by the Internal Revenue Service ("IRS"), during the years ended December 31, 2022 and 2021, respectively. 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, 2022 and 2021. 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, 2022 and 2021, 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. 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, 2022 and 2021.

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, 2022 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, 2022 and 2021, forfeitures of $6,500,000 (for 2021 match processed in 2022) and $6,046,000 (for 2020 match processed in 2021), respectively, were used to offset Employer contributions related to the 2021 and 2020 Plan years. During the years ended December 31, 2022 and 2021, forfeitures of $719,738 and $915,314, respectively, were used to pay Plan expenses. Forfeitures available for utilization totaled $6,018,416 and $7,098,572 at December 31, 2022 and 2021, 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 $115,865,858 presented on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2022, includes the 2021 Plan year Employer contribution for the majority of the Plan's participants and a portion of the 2022 Plan year Employer contribution for union employees of $775,039. Similarly, 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.

Employer contributions related to the 2022 Plan year of approximately $117,250,000, net of forfeitures utilized of $6,018,920, were deposited into the Plan during 2023.

Excess Contributions Payable — The Plan is required to return contributions received during the Plan year in excess of the Internal Revenue Code ("IRC") limits.

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, 2022 and 2021.

Interest-Bearing Cash and Cash Equivalents — Held in short-term investment and 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 Securities, Asset-Backed Securities 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 Trusts — 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.

Self-directed brokerage accounts — The self-directed brokerage accounts are valued based on the nature of the underlying investments. Investments held in these accounts may include, among others, short-term investment and money market funds, mutual funds, common and preferred stocks, and bonds.

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, 2022:

	Fair Value Measurements at December 31, 2022, Using			
	Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Short-term investment fund	$ 38,482,385	$ —	$ —	$ 38,482,385
Money market funds	87,650,488	—	—	87,650,488
Mutual funds	724,666,197	—	—	724,666,197
Self-directed brokerage accounts	154,434,263	—	—	154,434,263
U.S. government securities	69,551,440	—	—	69,551,440
Common stocks	347,557,828	—	—	347,557,828
Mortgage-backed securities	—	66,005,636	—	66,005,636
Asset-backed securities	—	16,665,552	—	16,665,552
Corporate bonds	—	66,518,633	—	66,518,633
Municipal bonds	—	3,082,815	—	3,082,815
Total	$ 1,422,342,601	$ 152,272,636	$ —	$ 1,574,615,237
Collective trusts measured at NAV				4,529,862,406
Total investments at fair value				$ 6,104,477,643

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 funds	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 trusts measured at NAV				6,153,270,852
Total investments at fair value				$ 8,088,630,466

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, 2022. 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, 2022					
Collective trusts:					
Foreign	$ 763,121,957	$ —	Daily	None	None[(1)]
Large cap blend	1,834,703,717	—	Daily	None	None
Large cap value	195,880,631	—	Daily	None	None
Large cap growth	929,945,988	—	Daily	None	None
Mid cap blend	365,836,868	—	Daily	None	None
Emerging markets	245,177,854	—	Daily	None	None
Intermediate term	92,341,804	—	Daily	None	None
Real Estate	102,853,587	—	Daily	None	None
Total	$ 4,529,862,406	$ —			

(1) Although it is not their current policy to do so, 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, 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					
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, 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.

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 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 any 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 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 redemption frequency, and there were no unfunded commitments between the Plan and the collective trust funds as of December 31, 2022 and 2021.

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 2.10% and 1.58% during the years ended December 31, 2022 and 2021, 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 2.05% and 1.52% during the years ended December 31, 2022 and 2021, 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, 2022 and 2021, 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.

	2022	2021
Statements of net assets available for benefits:		
Investments at fair value:		
Interest-bearing cash and cash equivalents	$ 126,132,873	$ 119,679,639
Mutual funds	724,666,197	800,297,392
Self-directed brokerage accounts	154,434,263	204,334,368
Collective trusts	4,529,862,406	6,153,270,852
U.S. government securities	69,551,440	130,034,982
Mortgage-backed securities	66,005,636	87,122,082
Corporate bonds	66,518,633	83,881,209
Common stocks	347,557,828	484,329,299
Asset-backed securities and municipal bonds	19,748,367	25,680,643
Investments at contract value:		
Guaranteed investment contracts	67,570,912	66,445,049
Synthetic investment contracts	582,413,126	551,452,723
Non-interest bearing cash	4,080,124	3,113,787
Notes receivable from participants	112,342,207	121,525,185
Statements of changes in net assets available for benefits:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	(1,743,493,868)	1,122,081,227
Interest	19,383,734	19,340,625
Dividends	30,125,050	53,513,085
Interest income on notes receivable from participants	5,651,103	7,329,794

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 the Plan's investments in 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 $202,185 and $58,732 at December 31, 2022 and 2021, 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 not amended during the years ended December 31, 2022 and 2021.

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. The Sponsor completed all required corrective actions to comply with the Compliance Statement during the year ended December 31, 2022.

12. SUBSEQUENT EVENTS

For the year ended December 31, 2022, subsequent events were evaluated through October 13, 2023, 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, 2022 and 2021 to Form 5500:

	2022	2021
Net assets available for benefits per financial statements	$ 6,870,884,012	$ 8,831,167,210
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	(52,423,589)	6,319,855
Net assets available for benefits per Form 5500	$ 6,818,460,423	$ 8,837,487,065

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, 2022 and 2021 to net income reported on Form 5500:

	2022	2021
Net increase (decrease) in net assets available for benefits per financial statements	$ (1,960,283,198)	$ 855,634,386
Less change in adjustment from contract value to fair value for fully benefit-responsive investment contracts from prior year	(58,743,444)	(20,334,885)
Net income (loss) per Form 5500	$ (2,019,026,642)	$ 835,299,501

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, 2022

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	$ 38,482,385
* Fidelity	Money Market Treasury Only	81,376,775
Brown Brothers Harriman	BBH Short-Term Investment Fund	6,273,713
	Subtotal interest-bearing cash and cash equivalents	**126,132,873**
Mutual funds:		
BlackRock	Strategic Global Bond Fund, Inc., Institutional; 13,273,890 shares	68,095,056
* Fidelity	Long-Term Treasury Bond Index Fund; 7,252,048 shares	73,535,771
* Fidelity	U.S. Bond Index Fund; 26,952,814 shares	274,379,646
PGIM	High Yield Fund, Class R6; 15,087,464 shares	68,497,088
Western Asset	Total Return Unconstrained Fund; 6,661,974 shares	57,895,170
* Fidelity	Worldwide Fund; 2,349,651 shares	59,070,228
American Century	Small Cap Value Fund, Class R6; 13,478,472 shares	123,193,238
	Subtotal mutual funds	**724,666,197**
Self-directed brokerage accounts:		
* Fidelity BrokerageLink	BrokerageLink - Mutual Funds	66,129,050
	BrokerageLink - Common Stock	54,912,177
	BrokerageLink - Preferred Stock	281,870
	BrokerageLink - Corporate & Government Bond	2,940,673
	BrokerageLink - Certificate of Deposit	2,625,668
	BrokerageLink - Interest-bearing cash	27,531,192
	BrokerageLink - Non-interest bearing cash	13,633
	Subtotal self-directed brokerage accounts	**154,434,263**
Collective trusts:		
* Fidelity	Growth Company Commingled Pool, Class 3; 26,262,242 shares	929,945,988
* Fidelity	FIAM Int. Infl. PR Bond Index CP, Class D; 666,679 shares	92,341,804
Spartan	Developed International Index Pool, Class E; 4,101,317 shares	492,773,160
Spartan	Extended Market Index Pool, Class E; 3,137,269 shares	365,836,868
Spartan	500 Index Pool, Class F; 10,501,424 shares	1,834,703,717
Schroder	International Alpha Trust, Class 1; 7,249,815 shares	101,279,908
Martin Currie	Emerging Markets CIT, Class R3; 21,172,526 shares	245,177,854
T. Rowe Price	International Bond Fund; 5,047,767 shares	56,890,749
T. Rowe Price	International Small-Cap Equity Trust, Class B; 5,907,240 shares	112,178,140
Columbia Threadneedle	Trust Dividend Income Fund MS; 17,458,167 shares	195,880,631
Cohen & Steers	US Realty Fund Class C; 5,804,379 shares	102,853,587
	Subtotal collective trusts	**4,529,862,406**
U.S. government securities:		
United States Treasury Bond	2.375%; 02/15/2042; CUSIP: 912810TF5	5,591,471

TENET HEALTHCARE CORPORATION
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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, 2022

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	4.000%; 11/15/2052; CUSIP: 912810TL2	$ 3,144,722
United States Treasury Bond	2.000%; 11/15/2041; CUSIP: 912810TC2	11,050,227
UST Bills	0.000%; 01/19/2023; CUSIP: 912796XS3	893,560
UST Bills	0.000%; 04/20/2023; CUSIP: 912796V48	4,673,267
UST Bills	0.000%; 04/27/2023; CUSIP: 912796YV5	3,021,811
UST Bills	0.000%; 05/11/2023; CUSIP: 912796ZE2	4,333,883
UST Bills	0.000%; 05/25/2023; CUSIP: 912796ZF9	1,807,257
UST Bills	0.000%; 06/01/2023; CUSIP: 912796ZG7	809,626
UST Notes	3.875%; 11/30/2027; CUSIP: 91282CFZ9	9,723,176
UST Notes	4.125%; 10/31/2027; CUSIP: 91282CFU0	893,086
UST Notes	4.125%; 11/15/2032; CUSIP: 91282CFV8	2,319,632
UST Notes	4.500%; 11/30/2024; CUSIP: 91282CFX4	20,955,819
USTN TII	0.625%; 07/15/2032; CUSIP: 91282CEZ0	333,903
	Subtotal U.S. government securities	**69,551,440**
Mortgage-backed securities:		
BAMLL Comm Mtg Sec Trust	Variable; 08/10/2038; $650,000; CUSIP: 05491YAA8	585,501
BX Rr 2019-0C11	3.202%; 12/09/2041; $285,000; CUSIP: 05606FAA1	238,976
Cali Mtg Tr 2019-101C	3.957%; 03/10/2039; $580,000; CUSIP: 129890AA7	500,966
Comm Mtg Pass Through Certs 3	3.349%; 10/10/2048; $2,048,455; CUSIP: 12635QBF6	1,938,886
CPT Mortgage Trust 2019	2.865%; 11/13/2039; $545,000; CUSIP: 12654YAA7	435,386
CSMC 2018-RPL9	3.850%; 09/25/2057; $806,316; CUSIP: 12654PAE8	754,115
CSMC 2019-RPL1	Variable; 07/25/2058; $850,473; CUSIP: 12596MAB2	813,350
DC Office Trust 2019	2.965%; 09/15/2045; $580,000; CUSIP: 23312BAA8	461,947
FHLM Mtg Mlt CTF GFT	3.990%; 08/25/2033; $1,050,000; CUSIP: 3137FHQ71	989,403
FHLM Mtg Mlt CTF GFT	3.000%; 04/15/2048; $159,516; CUSIP: 3137FGVJ1	143,954
FHLM Mtg Mlt CTF GFT	3.750%; 04/25/2033; $1,095,000; CUSIP: 3137FG6T7	1,029,393
Federal Nat Mtg Asn Gtd	3.500%; 05/25/2046; $84,876; CUSIP: 3136B2ZR6	82,975
Federal Nat Mtg Asn Gtd	3.500%; 08/25/2042; $1,890,697; CUSIP: 3136A7N65	1,762,213
Federal Nat Mtg Asn Gtd	3.500%; 01/25/2047; $123,434; CUSIP: 3136B2TU6	119,536
Federal Nat Mtg Asn Gtd	3.000%; 06/25/2048; $481,627; CUSIP: 3136B1Z72	428,955
FHLG 15Yr	2.500%; 03/01/2031; $1,000,107; CUSIP: 3128MMUQ4	932,815
FHLG 15Yr	3.500%; 01/01/2034; $263,995; CUSIP: 3128MFWR5	254,742
FHLG 15Yr	3.500%; 11/01/2033; $417,798; CUSIP: 3128MMYK3	403,155
FHLG 15Yr	3.000%; 03/01/2031; $106,106; CUSIP: 3128MMUS0	101,312
FHLG 15Yr	3.000%; 06/01/2033; $39,908; CUSIP: 3128MMXV0	37,880
FHLG 30Yr	3.500%; 02/01/2047; $184,868; CUSIP: 3128MJZN3	171,942
FHLG 30Yr	3.500%; 02/01/2048; $328,882; CUSIP: 3128MJ3J7	304,858
FHLG 30Yr	3.500%; 01/01/2048; $2,117,770; CUSIP: 3132XCR49	1,981,603
FHLG 30Yr	3.500%; 01/01/2050; $4,085; CUSIP: 3132DVKY0	3,790
FHLG 30Yr	3.500%; 03/01/2048; $8,198; CUSIP: 3132XCR56	7,635

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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, 2022

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 30Yr	3.500%; 03/01/2048; $795,939; CUSIP: 3132XCR72	$ 740,783
FHLG 30Yr	3.500%; 04/01/2045; $845,763; CUSIP: 31335AAY4	793,233
FHLG 30Yr	3.500%; 04/01/2047; $73,391; CUSIP: 3128MJZX1	68,213
FHLG 30Yr	3.500%; 04/01/2047; $450,153; CUSIP: 3132XCRY3	420,788
FHLG 30Yr	3.500%; 05/01/2044; $105,591; CUSIP: 3128MABS7	98,999
FHLG 30Yr	3.500%; 05/01/2046; $578,241; CUSIP: 3132AAYV0	539,114
FHLG 30Yr	3.500%; 06/01/2046; $98,607; CUSIP: 3128MJYH7	91,959
FHLG 30Yr	3.500%; 06/01/2047; $46,851; CUSIP: 3128MJZ86	43,531
FHLG 30Yr	3.500%; 08/01/2046; $593,846; CUSIP: 3132XCRV9	555,292
FHLG 30Yr	3.500%; 08/01/2046; $361,066; CUSIP: 3128MJYN4	336,496
FHLG 30Yr	3.500%; 12/01/2044; $352,198; CUSIP: 3131XQ3P9	329,468
FHLG 30Yr	3.500%; 12/01/2047; $103,904; CUSIP: 3128MJ3A6	96,379
FHLG 30Yr	3.000%; 02/01/2047; $823,173; CUSIP: 3128MJZM5	740,929
FHLG 30Yr	3.000%; 03/01/2047; $1,499,219; CUSIP: 3128MJZQ6	1,348,492
FHLG 30Yr	3.000%; 02/01/2050; $442,209; CUSIP: 3133N3VW1	384,523
FHLG 30Yr	3.000%; 08/01/2046; $658,616; CUSIP: 3128MJYM6	593,636
FHLG 30Yr	3.000%; 09/01/2046; $204,330; CUSIP: 3128MJYT1	184,170
FHLG 30Yr	3.000%; 10/01/2046; $381,912; CUSIP: 3128MJYY0	343,755
FHLG 30Yr	3.000%; 09/01/2046; $684,021; CUSIP: 3131XU6Q5	615,952
FHLG 30Yr	3.000%; 11/01/2046; $335,163; CUSIP: 3128MJY61	301,676
FHLG 30Yr	4.000%; 12/01/2045; $757,184; CUSIP: 31335ALZ9	733,256
FHLG 30Yr	4.500%; 10/01/2048; $266,199; CUSIP: 3128MJ5D8	260,892
FHLG 30Yr	4.000%; 01/01/2045; $270,312; CUSIP: 3128MAE62	262,446
FHLG 30Yr	4.000%; 03/01/2048; $139,734; CUSIP: 3132XCR80	134,794
FHLG 30Yr	4.000%; 07/01/2048; $1,212,171; CUSIP: 3132XCSB2	1,168,561
FHLG 30Yr	5.000%; 07/01/2048; $92,950; CUSIP: 3128MJ4T4	93,256
FHLG 30Yr	5.000%; 10/01/2048; $184,302; CUSIP: 3128MJ5E6	184,909
FHLG 30Yr	2.500%; 04/01/2052; $696,800; CUSIP: 3132DWDJ9	591,479
FHLG 30Yr	2.500%; 11/01/2051; $1,601,354; CUSIP: 3132DWCP6	1,362,563
FHLG 30Yr	2.500%; 01/01/2052; $630,166; CUSIP: 3132DWC27	535,607
FNMA 15Yr	3.000%; 06/01/2032; $179,948; CUSIP: 31418CLK8	171,107
FNMA 20Yr	2.000%; 06/01/2041; $1,143,576; CUSIP: 31418DZ62	968,623
FNMA 20Yr	2.000%; 10/01/2040; $2,257,929; CUSIP: 31418DTJ1	1,929,429
FNMA 20Yr	3.000%; 10/01/2033; $399,299; CUSIP: 31418AYD4	375,910
FNMA 30Yr	2.455%; 04/01/2040; $980,000; CUSIP: 3140HXWW6	692,905
FNMA 30Yr	3.500%; 01/01/2044; $349,090; CUSIP: 3138ENZ93	324,596
FNMA 30Yr	3.500%; 01/01/2046; $1,370,043; CUSIP: 3140J8FW8	1,280,337
FNMA 30Yr	3.500%; 01/01/2047; $341,805; CUSIP: 3138WJNN4	318,570
FNMA 30Yr	3.500%; 01/01/2048; $647,984; CUSIP: 31418CS47	600,089
FNMA 30Yr	3.500%; 02/01/2048; $417,142; CUSIP: 31418CUA0	386,309
FNMA 30Yr	3.500%; 02/01/2047; $65,429; CUSIP: 31418CGE8	60,798

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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, 2022

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%; 12/01/2047; $502,481; CUSIP: 31418CR89	$ 465,655
FNMA 30Yr	4.000%; 08/01/2042; $367,246; CUSIP: 31418AHY7	352,694
FNMA 30Yr	4.500%; 08/01/2048; $165,082; CUSIP: 3140Q9N25	161,691
FNMA 30Yr	4.500%; 08/01/2046; $1,674,011; CUSIP: 3140J56D6	1,657,929
FNMA 30Yr	4.000%; 01/01/2049; $327,817; CUSIP: 3140JLYN8	313,749
FNMA 30Yr	4.000%; 04/01/2047; $110,796; CUSIP: 31418CJE5	106,295
FNMA 30Yr	4.000%; 06/01/2047; $186,701; CUSIP: 31418CLH5	179,001
FNMA 30Yr	4.000%; 06/01/2047; $123,362; CUSIP: 3138WK4Q5	118,274
FNMA 30Yr	4.000%; 07/01/2047; $119,113; CUSIP: 3138WLCJ0	114,201
FNMA 30Yr	4.000%; 07/01/2047; $262,487; CUSIP: 31418CMG6	251,661
FNMA 30Yr	2.000%; 05/01/2051; $1,376,979; CUSIP: 31418DYX4	1,130,173
FNMA 30Yr	2.000%; 02/01/2052; $719,713; CUSIP: 3140MCAF7	588,240
FNMA 30Yr	2.000%; 01/01/2052; $1,883,843; CUSIP: 3140QNWH1	1,539,713
FNMA 30Yr	2.000%; 04/01/2052; $1,617,958; CUSIP: 3140XGX46	1,321,893
FNMA 30Yr	2.000%; 12/01/2051; $2,397,170; CUSIP: 31418D7E6	1,961,515
FNMA 30Yr	2.500%; 02/01/2052; $1,487,855; CUSIP: 31418EBS8	1,263,432
FNMA Gtd Mtg Pass Thru CTF	3.250%; 02/25/2049; $109,846; CUSIP: 3136B3A34	103,110
Freddie Mac Remics 2018	4.000%; 06/15/2047; $72,012; CUSIP: 3137FKHV1	70,899
GNII 30Yr	3.500%; 06/20/2049; $87,311; CUSIP: 36179UT93	79,011
GNII 30Yr	3.000%; 10/20/2049; $293,414; CUSIP: 36179U3S9	255,879
GNII 30Yr	3.500%; 07/20/2049; $42,882; CUSIP: 36179UVX7	38,806
GNII II	3.500%; 01/20/2047; $142,570; CUSIP: 36179SUV7	133,339
GNII II	3.500%; 02/20/2047; $190,868; CUSIP: 36179SWX1	178,510
GNII II	3.500%; 03/20/2046; $173,328; CUSIP: 36179R4E6	162,648
GNII II	3.500%; 04/20/2046; $86,111; CUSIP: 36179R7J2	80,697
GNII II	3.500%; 05/20/2047; $366,357; CUSIP: 36179S5L7	342,180
GNII II	3.500%; 06/20/2047; $93,257; CUSIP: 36179TAK1	87,102
GNII II	3.500%; 07/20/2047; $50,638; CUSIP: 36179TCX1	47,296
GNII II	3.500%; 09/20/2047; $97,876; CUSIP: 36179TG41	91,356
GNII II	3.500%; 10/20/2047; $246,892; CUSIP: 36179TJX4	230,445
GNII II	3.500%; 11/20/2047; $684,718; CUSIP: 36179TLS2	639,103
GNII II	3.500%; 12/20/2046; $320,107; CUSIP: 36179SSQ1	299,382
GNII II	3.500%; 12/20/2047; $529,398; CUSIP: 36179TNR2	494,130
GNII II	3.000%; 05/20/2047; $135,630; CUSIP: 36179S5K9	122,730
GNII II	3.000%; 05/20/2046; $251,092; CUSIP: 36179SB71	227,681
GNII II	3.000%; 11/20/2047; $783,875; CUSIP: 36179TLR4	709,074
GNII II	3.000%; 12/20/2046; $495,736; CUSIP: 36179SSP3	448,895
GNII II	4.500%; 08/20/2048; $762,988; CUSIP: 36179T7L3	749,168
GNII II	4.000%; 03/20/2048; $266,005; CUSIP: 36179TUB9	254,965
GNII II	4.000%; 08/20/2047; $87,275; CUSIP: 36179TE27	83,844
GNII II	4.000%; 09/20/2048; $129,589; CUSIP: 36179UCB6	124,048

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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, 2022

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; $627,641; CUSIP: 36179TG58	$ 602,377
GNII II	4.000%; 11/20/2047; $156,931; CUSIP: 36179TLT0	150,614
GNII II	4.000%; 12/20/2047; $4,546; CUSIP: 36179TNS0	4,363
GNII II	5.000%; 03/20/2047; $63,609; CUSIP: 36179SYV3	64,341
GNII II	5.000%; 05/20/2046; $105,913; CUSIP: 36179SCB1	107,140
GNII II	5.000%; 05/20/2047; $136,100; CUSIP: 36179S5P8	138,136
GNII II	5.000%; 07/20/2046; $39,997; CUSIP: 36179SGP6	40,445
GNII II	5.000%; 09/20/2045; $189,223; CUSIP: 36179RNZ8	192,350
Government Natl Mtg Asn Mlfy R	3.500%; 09/20/2048; $272,104; CUSIP: 38380Y2X2	253,096
Gs Mtg Backed Secs Tr 2018	3.750%; 10/25/2057; $739,632; CUSIP: 36256BAC4	698,569
Hudson Yds 2019-30Hy Mtg Tr	3.228%; 07/10/2039; $580,000; CUSIP: 44421GAA1	499,779
Hudson Yds 2019-55Hy Mtg Tr	Variable; 12/10/2041; $580,000; CUSIP: 44421MAA8	487,070
HVMLT 2005-9	Variable; 06/20/2035; $1,155,106; CUSIP: 41161PSK0	1,010,293
Imm 05-2	Variable; 04/25/2035; $580,810; CUSIP: 45254NMY0	544,056
JP Morgan Chase Coml Mtg Secs	3.397%; 06/05/2039; $550,000; CUSIP: 46651EAA2	478,962
JPMMT	Variable; 04/25/2035; $183,518; CUSIP: 466247NK5	169,510
Mkt 2020-525M Mtg	2.694%; 02/12/2040; $495,000; CUSIP: 55316PAA5	388,041
MLCC 2004-A	Variable; 04/25/2029; $142,353; CUSIP: 59020UAR6	130,518
MLMI 2005-A10	Variable; 02/25/2036; $1,143,277; CUSIP: 59020UZ65	1,050,190
Mortgageit Tr 2005-5	Variable; 12/25/2035; $229,585; CUSIP: 61915RAU0	217,666
One Bryant Pk Tr 2019-Obp	2.516%; 09/15/2054; $740,000; CUSIP: 68236JAA9	607,206
Queens Cntr Mtg Trust 2013-QC	3.275%; 01/11/2037; $490,000; CUSIP: 74824DAA8	452,550
RBSCF 2013-GSP A Cstr	Variable; 01/15/2032; $1,410,000; CUSIP: 74932QAA8	1,357,101
Sfave Coml Mtg Secs Tr 15-5Ave	Variable; 01/05/2043; $300,000; CUSIP: 78413MAA6	205,364
Sfave Coml Mtg Secs Tr 15-5Ave	Variable; 01/05/2043; $35,000; CUSIP: 78413MAE8	23,928
Towd Pt Mtg Tr 2017-3	Variable; 07/25/2057; $302,996; CUSIP: 89169DAA9	291,114
Wamu 04-Ar7 A6 Cstr	Variable; 07/25/2034; $773,293; CUSIP: 92922FTB4	704,985
Wamu 05-Ar13 Alal	Variable; 10/25/2045; $494,923; CUSIP: 92922F4M7	444,477
Wamu 05-Ar19 Alal	Variable; 12/25/2045; $886,318; CUSIP: 92925CBA9	819,023
Wamu 2005-Ar2 2A3	Variable; 01/25/2045; $547,177; CUSIP: 92922FE95	510,895
Wamu 2005-Ar9 Ala	Variable; 07/25/2045; $256,804; CUSIP: 92922FU48	231,951
	Subtotal mortgage-backed securities	**66,005,636**
Corporate bonds:		
Abbvie Inc	4.500%; 05/14/2035; $720,000; CUSIP: 00287YAR0	666,940
AEP Texas Inc	6.650%; 02/15/2033; $250,000; CUSIP: 0010EPAF5	258,747
Aercap Ireland Cap Ltd	4.125%; 07/03/2023; $585,000; CUSIP: 00774MAF2	580,911
Aercap Ireland Cap Ltd	3.300%; 01/30/2032; $610,000; CUSIP: 00774MAX3	476,874
Air Lease Corp	3.250%; 03/01/2025; $65,000; CUSIP: 00912XBA1	61,679
Air Lease Corp	3.000%; 09/15/2023; $500,000; CUSIP: 00912XAT1	491,520
Air Lease Corp	2.200%; 01/15/2027; $155,000; CUSIP: 00914AAR3	135,076

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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, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Air Lease Corp	3.625%; 12/01/2027; $320,000; CUSIP: 00912XAY0	$ 289,451
American Assets Trust LP	3.375%; 02/01/2031; $470,000; CUSIP: 02401LAA2	372,796
American Homes 4 Rent LP	3.625%; 04/15/2032; $640,000; CUSIP: 02666TAE7	538,346
Anheuser-Busch Cos LLC	4.900%; 02/01/2046; $685,000; CUSIP: 03522AAJ9	622,717
Aon Corp	2.800%; 05/15/2030; $505,000; CUSIP: 037389BE2	430,678
Appalachian Power Co	4.500%; 03/01/2049; $450,000; CUSIP: 037735CX3	370,773
Arizona Public Service Co	6.350%; 12/15/2032; $435,000; CUSIP: 040555DE1	457,466
AT&T Inc	3.800%; 12/01/2057; $606,000; CUSIP: 00206RMN9	418,100
AT&T Inc	4.850%; 03/01/2039; $210,000; CUSIP: 00206RHK1	187,864
AT&T Inc	5.250%; 03/01/2037; $660,000; CUSIP: 00206RDR0	635,914
Bank of America Corporation	Variable; 04/22/2032; $115,000; CUSIP: 06051GJT7	92,044
Bank of America Corporation	Variable; 03/11/2027; $895,000; CUSIP: 06051GJQ3	791,810
Bank of America Corporation	Variable; 07/23/2029; $935,000; CUSIP: 06051GHM4	871,888
Bank of America Corporation	Variable; 04/29/2031; $400,000; CUSIP: 06051GJB6	325,774
Barnabas Health Inc	4.000%; 07/01/2028; $1,085,000; CUSIP: 06769QAA8	1,015,503
BAT Capital Corp	4.390%; 08/15/2037; $220,000; CUSIP: 05526DBD6	171,050
BAT Capital Corp	4.540%; 08/15/2047; $1,020,000; CUSIP: 05526DBF1	720,706
Becton Dickinson & Co	4.298%; 08/22/2032; $145,000; CUSIP: 075887CP2	135,723
Berkshire Hathaway Fin Corp	3.850%; 03/15/2052; $425,000; CUSIP: 084664DB4	338,745
Berry Global Inc	1.650%; 01/15/2027; $850,000; CUSIP: 08576PAF8	726,980
Boeing Co	1.433%; 02/04/2024; $370,000; CUSIP: 097023DE2	354,574
Boeing Co	4.875%; 05/01/2025; $375,000; CUSIP: 097023CT0	372,129
Broadcom Inc	2.600%; 02/15/2033; $161,000; CUSIP: 11135FBF7	120,846
Broadcom Inc	3.419%; 04/15/2033; $408,000; CUSIP: 11135FBK6	327,097
Capital One Financial Corp	Variable; 03/01/2030; $460,000; CUSIP: 14040HCN3	393,286
CBOE Global Markets Inc	3.000%; 03/16/2032; $330,000; CUSIP: 12503MAD0	274,526
Cedars-Sinai Health System	2.288%; 08/15/2031; $315,000; CUSIP: 15073LAA1	252,627
Charter Comm Operating LLC	5.375%; 05/01/2047; $440,000; CUSIP: 161175BL7	345,155
Charter Comm Operating LLC	5.375%; 04/01/2038; $30,000; CUSIP: 161175BM5	24,977
Charter Comm Operating LLC	5.750%; 04/01/2048; $446,000; CUSIP: 161175BN3	365,136
Charter Comm Operating LLC	4.800%; 03/01/2050; $285,000; CUSIP: 161175BT0	206,895
Charter Comm Operating LLC	5.250%; 04/01/2053; $585,000; CUSIP: 161175CK8	451,528
Citigroup Inc	Variable; 05/01/2025; $365,000; CUSIP: 172967MX6	341,801
Citigroup Inc	Variable; 11/03/2032; $60,000; CUSIP: 172967NE7	46,660
Citigroup Inc	Variable; 05/01/2032; $700,000; CUSIP: 172967MY4	552,625
Citigroup Inc	Variable; 06/03/2031; $175,000; CUSIP: 172967MS7	141,538
Citigroup Inc	Variable; 02/24/2028; $155,000; CUSIP: 172967NG2	139,737
Citigroup Inc	Variable; 01/25/2033; $925,000; CUSIP: 17327CAQ6	746,489
Commonspirit Health	2.782%; 10/01/2030; $290,000; CUSIP: 20268JAF0	239,199
Commonspirit Health	3.347%; 10/01/2029; $310,000; CUSIP: 20268JAB9	269,777
Commonwealth Edison Co	3.850%; 03/15/2052; $330,000; CUSIP: 202795JV3	262,651

(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, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Consolidated Edison Co of NY	6.150%; 11/15/2052; $315,000; CUSIP: 209111GD9	$ 337,220
Credit Suisse Grp	3.750%; 03/26/2025; $945,000; CUSIP: 225433AC5	850,537
Credit Suisse Grp	4.550%; 04/17/2026; $1,215,000; CUSIP: 225433AR2	1,071,597
Crown Castle Inc	3.300%; 07/01/2030; $350,000; CUSIP: 22822VAR2	306,178
Cubesmart LP	2.250%; 12/15/2028; $375,000; CUSIP: 22966RAH9	309,060
CVS Health Corp	5.050%; 03/25/2048; $855,000; CUSIP: 126650CZ1	767,401
CVS Health Corp	5.125%; 07/20/2045; $135,000; CUSIP: 126650CN8	123,040
Delta Airlines Inc	2.000%; 12/10/2029; $1,701,030; CUSIP: 247361ZV3	1,448,518
Duke Energy Carolinas LLC	3.750%; 06/01/2045; $880,000; CUSIP: 26442CAP9	682,713
Duke Energy Corp New	5.000%; 08/15/2052; $95,000; CUSIP: 26441CBU8	84,300
Energy Transfer LP	4.900%; 03/15/2035; $250,000; CUSIP: 29273RBE8	222,625
Energy Transfer LP	5.150%; 03/15/2045; $835,000; CUSIP: 29273RBF5	691,115
Energy Transfer LP	6.125%; 12/15/2045; $500,000; CUSIP: 29273RBJ7	462,621
Entergy Tex Inc	3.450%; 12/01/2027; $900,000; CUSIP: 29365TAF1	828,673
Essential Utilities Inc	4.276%; 05/01/2049; $355,000; CUSIP: 03836WAC7	285,971
Extra Space Storage LP	2.350%; 03/15/2032; $360,000; CUSIP: 30225VAG2	272,414
Gallagher (Arthur J.) & Co	3.050%; 03/09/2052; $355,000; CUSIP: 04316JAB5	224,483
General Electric Co Frn	Variable; 08/15/2036; $964,000; CUSIP: 36962GX74	776,680
Global Payments Inc	5.300%; 08/15/2029; $520,000; CUSIP: 37940XAN2	502,721
GLP CAP LP / GLP FING II INC	5.250%; 06/01/2025; $300,000; CUSIP: 361841AJ8	294,904
GLP CAP LP / GLP FING II INC	5.300%; 01/15/2029; $210,000; CUSIP: 361841AL3	198,731
GLP CAP LP / GLP FING II INC	5.375%; 04/15/2026; $775,000; CUSIP: 361841AH2	760,327
GLP CAP LP / GLP FING II INC	4.000%; 01/15/2030; $506,000; CUSIP: 361841AP4	443,162
Goldman Sachs Group Inc	Variable; 03/09/2027; $985,000; CUSIP: 38141GYA6	863,754
Goldman Sachs Group Inc	Variable; 10/21/2027; $580,000; CUSIP: 38141GYM0	507,143
Goldman Sachs Group Inc	Variable; 12/09/2026; $315,000; CUSIP: 38141GXM1	277,681
Goldman Sachs Group Inc	Variable; 09/29/2025; $550,000; CUSIP: 38141GWQ3	529,996
Goldman Sachs Group Inc	Variable; 04/22/2032; $150,000; CUSIP: 38141GYB4	119,624
Goldman Sachs Group Inc	Variable; 10/21/2032; $285,000; CUSIP: 38141GYN8	225,027
Healthcare Trust of Amer Hldgs	2.000%; 03/15/2031; $716,000; CUSIP: 42225UAH7	542,036
Healthcare Trust of Amer Hldgs	2.050%; 03/15/2031; $22,000; CUSIP: 42225UAM6	16,082
Healthcare Trust of Amer Hldgs	3.500%; 08/01/2026; $190,000; CUSIP: 42225UAD6	176,844
Healthcare Trust of Amer Hldgs	3.625%; 01/15/2028; $650,000; CUSIP: 42225UAK0	576,317
Healthcare Trust of Amer Hldgs	3.875%; 05/01/2025; $325,000; CUSIP: 42225UAJ3	310,313
Healthpeak Properties	3.400%; 02/01/2025; $31,000; CUSIP: 40414LAM1	29,825
HSBC Holdings PLC	Variable; 09/22/2028; $1,050,000; CUSIP: 404280CL1	877,596
HSBC Holdings PLC	Variable; 08/17/2029; $515,000; CUSIP: 404280CV9	415,698
HSBC Holdings PLC	Variable; 05/24/2032; $705,000; CUSIP: 404280CT4	545,444
HSBC Holdings PLC	Variable; 11/22/2032; $175,000; CUSIP: 404280CY3	133,742
Hudson Pac Pptys LP	3.950%; 11/01/2027; $890,000; CUSIP: 44409MAA4	757,273
Hyatt Hotels Corp	1.800%; 10/01/2024; $375,000; CUSIP: 448579AN2	351,379

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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, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Illumina Inc	5.750%; 12/13/2027; $610,000; CUSIP: 452327AP4	$ 617,598
Indiana Michigan Power Co	4.550%; 03/15/2046; $400,000; CUSIP: 454889AQ9	334,306
Invitation Homes Oper Partnshp	2.000%; 08/15/2031; $55,000; CUSIP: 46188BAA0	40,645
Invitation Homes Oper Partnshp	4.150%; 04/15/2032; $260,000; CUSIP: 46188BAD4	227,470
JBS USA Lux Sa	5.750%; 04/01/2033; $600,000; CUSIP: 46590XAH9	572,268
Jersey Central Powr & Light Co	6.400%; 05/15/2036; $450,000; CUSIP: 476556CP8	444,703
JPMorgan Chase & Co	Variable; 11/19/2026; $570,000; CUSIP: 46647PBT2	502,761
JPMorgan Chase & Co	Variable; 04/22/2027; $1,740,000; CUSIP: 46647PCB0	1,528,873
JPMorgan Chase & Co	Variable; 02/04/2032; $725,000; CUSIP: 46647PBX3	554,570
JPMorgan Chase & Co	Variable; 11/08/2032; $335,000; CUSIP: 46647PCR5	264,794
JPMorgan Chase & Co	Variable; 04/22/2032; $165,000; CUSIP: 46647PCC8	132,172
JPMorgan Chase & Co	Variable; 02/24/2028; $150,000; CUSIP: 46647PCW4	135,690
JPMorgan Chase & Co	Variable; 09/22/2027; $270,000; CUSIP: 46647PCP9	233,756
Kilroy Realty LP	2.650%; 11/15/2033; $1,250,000; CUSIP: 49427RAR3	867,270
Kimco Realty Corp	3.250%; 08/15/2026; $500,000; CUSIP: 948741AM5	459,670
Kraft Heinz Foods Co	5.000%; 06/04/2042; $155,000; CUSIP: 50076QAE6	140,202
Kraft Heinz Foods Co	5.000%; 07/15/2035; $285,000; CUSIP: 50077LAL0	272,564
Life Storage LP	2.400%; 10/15/2031; $340,000; CUSIP: 53227JAD6	261,562
Lloyds Banking Group PLC	Variable; 05/11/2027; $560,000; CUSIP: 53944YAP8	484,706
Lloyds Banking Group PLC	Variable; 11/07/2028; $180,000; CUSIP: 539439AQ2	161,873
Magallanes Inc	4.279%; 03/15/2032; $150,000; CUSIP: 55903VAL7	123,565
Magallanes Inc	5.050%; 03/15/2042; $655,000; CUSIP: 55903VAN3	501,129
Magallanes Inc	5.141%; 03/15/2052; $991,000; CUSIP: 55903VAQ6	720,424
Morgan Stanley	Variable; 04/05/2024; $315,000; CUSIP: 61772BAA1	310,482
Morgan Stanley	Variable; 04/28/2032; $670,000; CUSIP: 6174468X0	505,533
Morgan Stanley	Variable; 01/21/2028; $1,430,000; CUSIP: 61747YEK7	1,270,631
Morgan Stanley	Variable; 09/16/2036; $205,000; CUSIP: 61747YEF8	148,652
Morgan Stanley	Variable; 10/20/2032; $70,000; CUSIP: 61747YEH4	54,779
Morgan Stanley	Variable; 01/21/2033; $245,000; CUSIP: 61747YEL5	198,200
Oracle Corp	3.600%; 04/01/2050; $350,000; CUSIP: 68389XBX2	235,643
Oracle Corp	3.950%; 03/25/2051; $780,000; CUSIP: 68389XCA1	555,703
Oracle Corp	6.900%; 11/09/2052; $260,000; CUSIP: 68389XCK9	278,154
Orix Corp	5.200%; 09/13/2032; $270,000; CUSIP: 686330AR2	263,162
Petroleos Mexicanos	6.750%; 09/21/2047; $280,000; CUSIP: 71654QCC4	178,326
Petroleos Mexicanos	6.950%; 01/28/2060; $960,000; CUSIP: 71654QDF6	607,440
Physicians Realty LP	2.625%; 11/01/2031; $170,000; CUSIP: 71951QAC6	132,692
Piedmont Natural Gas Co	5.050%; 05/15/2052; $260,000; CUSIP: 720186AP0	234,589
Plains All Am Pipeln/Paa Fin	3.550%; 12/15/2029; $390,000; CUSIP: 72650RBM3	338,156
Public Svc Co New Mexico	3.850%; 08/01/2025; $500,000; CUSIP: 744542AC5	476,321
Raymond James Financial Inc	4.950%; 07/15/2046; $525,000; CUSIP: 754730AF6	466,737
Reynolds American Inc	5.700%; 08/15/2035; $280,000; CUSIP: 761713BA3	252,745

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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, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Reynolds American Inc	5.850%; 08/15/2045; $210,000; CUSIP: 761713BB1	$ 178,877
Royal Bk Scotlnd Grp PLC	Variable; 03/22/2025; $975,000; CUSIP: 780097BK6	953,432
S&P Global Inc	4.750%; 08/01/2028; $350,000; CUSIP: 78409VAY0	345,913
Santander UK Grp Hldgs PLC	Variable; 03/15/2025; $1,830,000; CUSIP: 80281LAN5	1,709,797
Santander UK Grp Hldgs PLC	Variable; 06/14/2027; $225,000; CUSIP: 80281LAQ8	191,316
Spire Inc	4.700%; 08/15/2044; $325,000; CUSIP: 505597AD6	262,807
Take-Two Interactv Softwr Inc	4.000%; 04/14/2032; $315,000; CUSIP: 874054AH2	278,817
TC Pipelines MLP	4.375%; 03/13/2025; $310,000; CUSIP: 87233QAB4	303,271
T-Mobile USA Inc	2.550%; 02/15/2031; $1,074,000; CUSIP: 87264ACB9	877,372
T-Mobile USA Inc	3.875%; 04/15/2030; $946,000; CUSIP: 87264ABF1	856,901
T-Mobile USA Inc	3.375%; 04/15/2029; $250,000; CUSIP: 87264ABV6	220,165
Tucson Electric Power Co	3.250%; 05/15/2032; $655,000; CUSIP: 898813AU4	556,251
Verizon Communications Inc	4.500%; 08/10/2033; $290,000; CUSIP: 92343VEA8	271,349
Viacom CBS Inc	4.200%; 05/19/2032; $235,000; CUSIP: 92556HAD9	192,340
Vici Properties LP	5.125%; 05/15/2032; $955,000; CUSIP: 925650AD5	884,282
Vici Properties LP	5.625%; 05/15/2052; $10,000; CUSIP: 925650AE3	8,846
VMware Inc	1.000%; 08/15/2024; $645,000; CUSIP: 928563AH8	600,170
Vodafone Group PLC	4.875%; 06/19/2049; $793,000; CUSIP: 92857WBS8	662,621
Wells Fargo & Co	Variable; 03/02/2033; $205,000; CUSIP: 95000U2U6	172,692
Wells Fargo & Co	Variable; 03/24/2028; $405,000; CUSIP: 95000U2V4	375,030
Wells Fargo & Co	Variable; 02/11/2026; $425,000; CUSIP: 95000U2K8	396,199
Wells Fargo & Co	Variable; 10/30/2030; $505,000; CUSIP: 95000U2G7	428,949
Wells Fargo & Co	Variable; 05/22/2028; $1,835,000; CUSIP: 95000U2A0	1,703,788
Weyerhaeuser Co	3.375%; 03/09/2033; $330,000; CUSIP: 962166CA0	275,789
Xcel Energy Inc	4.600%; 06/01/2032; $110,000; CUSIP: 98388MAD9	105,050
	Subtotal corporate bonds	**66,518,633**
Common stocks:		
AAON Inc	66,540 shares; CUSIP: 000360206	5,011,793
Advanced Drainage Systems Inc	30,122 shares; CUSIP: 00790R104	2,469,100
Align Technology	11,696 shares; CUSIP: 016255101	2,466,686
Allstate Corporation	10,900 shares; CUSIP: 020002101	1,478,040
Altair Engineering Inc	57,000 shares; CUSIP: 021369103	2,591,790
Ameren Corp	17,000 shares; CUSIP: 023608102	1,511,640
American Homes 4 Rent	62,800 shares; CUSIP: 02665T306	1,892,792
Ansys Inc	11,006 shares; CUSIP: 03662Q105	2,658,940
Arista Networks	29,367 shares; CUSIP: 040413106	3,563,685
Axon Enterprise Inc	22,500 shares; CUSIP: 05464C101	3,733,425
Azenta Inc	70,425 shares; CUSIP: 114340102	4,100,144
Baker Hughes Co	41,000 shares; CUSIP: 05722G100	1,210,730
Balchem Corp	25,250 shares; CUSIP: 057665200	3,083,278

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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, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Blackline Inc	38,500 shares; CUSIP: 09239B109	$ 2,589,895
Boston Beer Company Cl A	5,265 shares; CUSIP: 100557107	1,730,882
Broadridge Financial Sol	26,287 shares; CUSIP: 11133T103	3,525,875
Cadence Design Systems Inc	24,668 shares; CUSIP: 127387108	3,962,668
Capital One Financial	14,700 shares; CUSIP: 14040H105	1,366,512
Carlisle Cos Inc	2,900 shares; CUSIP: 142339100	683,385
Casella Waste Sys Inc	66,590 shares; CUSIP: 147448104	5,281,253
Catalent Inc	41,139 shares; CUSIP: 148806102	1,851,666
CDW Corporation	21,490 shares; CUSIP: 12514G108	3,837,684
Centerpoint Energy Inc	48,900 shares; CUSIP: 15189T107	1,466,511
Chesapeake Energy Corp	11,300 shares; CUSIP: 165167735	1,066,381
Chipotle Mexican Grill Inc	1,901 shares; CUSIP: 169656105	2,637,618
Clearwater Analytics Holdings	84,800 shares; CUSIP: 185123106	1,590,000
CMS Energy Corp	23,900 shares; CUSIP: 125896100	1,513,587
Construction Partners Inc	121,815 shares; CUSIP: 21044C107	3,251,242
Cooper Companies Inc	4,300 shares; CUSIP: 216648402	1,421,881
Copart Inc	64,350 shares; CUSIP: 217204106	3,918,272
Costar Group Inc	40,801 shares; CUSIP: 22160N109	3,153,101
Definitive Healthcare Corp	79,175 shares; CUSIP: 24477E103	870,133
Descartes Sys Group Inc	71,150 shares; CUSIP: 002528834	4,955,598
Dexcom Inc	33,419 shares; CUSIP: 252131107	3,784,368
Diamondback Energy	21,950 shares; CUSIP: 25278X109	3,002,321
Douglas Dynamics Inc	66,050 shares; CUSIP: 25960R105	2,388,368
Doximity Inc	77,670 shares; CUSIP: 26622P107	2,606,605
Dr Horton Inc	31,219 shares; CUSIP: 23331A109	2,782,862
Eastman Chemical	11,000 shares; CUSIP: 277432100	895,840
Emerson Electric	7,800 shares; CUSIP: 291011104	749,268
Entergy Corp	13,100 shares; CUSIP: 29364G103	1,473,750
Epam Systems Inc	10,881 shares; CUSIP: 29414B104	3,566,139
Equifax Inc	4,000 shares; CUSIP: 294429105	777,440
Esco Technologies Inc	26,750 shares; CUSIP: 296315104	2,341,695
Euronet Worldwide Inc	26,242 shares; CUSIP: 298736109	2,471,808
Evoqua Water Technologies Co	54,465 shares; CUSIP: 30057T105	2,156,814
Exponent Inc	53,725 shares; CUSIP: 30214U102	5,323,610
Extra Space Storage Inc	9,700 shares; CUSIP: 30225T102	1,427,646
Fastenal Co	58,934 shares; CUSIP: 311900104	2,788,757
First Republic Bank	5,900 shares; CUSIP: 33616C100	719,151
Firstservice Corp	29,290 shares; CUSIP: 00BJQ0C55	3,589,490
Five Below Inc	18,399 shares; CUSIP: 33829M101	3,254,231
Floor & Decor Holdings Inc	38,130 shares; CUSIP: 339750101	2,654,992
Fortive Corp	14,200 shares; CUSIP: 34959J108	912,350

(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, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Fox Factory Holding Corp	37,745 shares; CUSIP: 35138V102	$ 3,443,166
Generac Holdings Inc	16,226 shares; CUSIP: 368736104	1,633,309
General Dynamics Corporation	3,800 shares; CUSIP: 369550108	942,818
Gentex Corp	42,400 shares; CUSIP: 371901109	1,156,248
Global Payments Inc	20,600 shares; CUSIP: 37940X102	2,045,992
Globant Sa	18,692 shares; CUSIP: 00BP40HF4	3,143,247
Graco Inc	42,453 shares; CUSIP: 384109104	2,855,389
Hartford Finl Svcs Group Inc	17,300 shares; CUSIP: 416515104	1,311,859
Healthcare Realty Trust Inc	85,500 shares; CUSIP: 42226K105	1,647,585
Heico Corp	26,156 shares; CUSIP: 422806109	4,018,608
Helios Technologies Inc	45,525 shares; CUSIP: 42328H109	2,478,381
Henry (Jack) & Associates Inc	18,404 shares; CUSIP: 426281101	3,231,006
Herc Holdings Inc	5,400 shares; CUSIP: 42704L104	710,478
Hess Corp	9,400 shares; CUSIP: 42809H107	1,333,108
Hillman Solutions Corp	185,440 shares; CUSIP: 431636109	1,337,022
Howmet Aerospace Inc	25,800 shares; CUSIP: 443201108	1,016,778
Hunt J B Transport Services Inc	11,093 shares; CUSIP: 445658107	1,934,175
Icon PLC	18,584 shares; CUSIP: 00B94G471	3,609,942
Idex Corporation	17,226 shares; CUSIP: 45167R104	3,933,213
Idexx Labs Inc	8,909 shares; CUSIP: 45168D104	3,634,516
Ingersoll Rand Inc	66,050 shares; CUSIP: 45687V106	3,451,113
Insulet Corp	14,825 shares; CUSIP: 45784P101	4,364,332
International Flavors & Fragra	9,600 shares; CUSIP: 459506101	1,006,464
John Bean Technologies Corp	21,700 shares; CUSIP: 477839104	1,981,861
Keysight Technologies Inc	24,101 shares; CUSIP: 49338L103	4,122,958
Kinsale Capital Group Inc	8,101 shares; CUSIP: 49714P108	2,118,574
Knight-Swift Transp Hldgs Inc	14,500 shares; CUSIP: 499049104	759,945
L3Harris Technologies Inc	4,700 shares; CUSIP: 502431109	978,587
Lamb Weston Holdings Inc	30,969 shares; CUSIP: 513272104	2,767,390
Lattice Semiconductor Corp	36,812 shares; CUSIP: 518415104	2,388,363
Lemaitre Vascular Inc	50,475 shares; CUSIP: 525558201	2,322,860
Lennar Corp Cl A	8,200 shares; CUSIP: 526057104	742,100
Martin Marietta Materials Inc	4,300 shares; CUSIP: 573284106	1,453,271
Marvell Technology Inc	18,800 shares; CUSIP: 573874104	696,352
Mercury Systems Inc	62,900 shares; CUSIP: 589378108	2,814,146
Merit Medical Systems Inc	46,700 shares; CUSIP: 589889104	3,297,954
Mesa Laboratories Inc	15,708 shares; CUSIP: 59064R109	2,610,827
Model N Inc	102,050 shares; CUSIP: 607525102	4,139,148
Monolithic Power Sys Inc	7,779 shares; CUSIP: 609839105	2,750,732
Motorola Solutions Inc	5,000 shares; CUSIP: 620076307	1,288,550
MSCI Inc	7,858 shares; CUSIP: 55354G100	3,655,306

(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, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
National Research Corp	22,225 shares; CUSIP: 637372202	$ 828,993
National Retail Properties Inc	31,800 shares; CUSIP: 637417106	1,455,168
NCR Corp	60,753 shares; CUSIP: 62886E108	1,422,228
Neogen Corp	135,225 shares; CUSIP: 640491106	2,059,477
Novanta Inc	32,350 shares; CUSIP: 67000B104	4,395,395
Omega Flex Inc	14,830 shares; CUSIP: 682095104	1,383,936
Omnicell Inc	37,875 shares; CUSIP: 68213N109	1,909,658
O'Reilly Automotive Inc	4,650 shares; CUSIP: 67103H107	3,924,740
Parker Hannifin Corp	2,500 shares; CUSIP: 701094104	727,500
Paycom Software Inc	9,012 shares; CUSIP: 70432V102	2,796,514
Paycor HCM Inc	107,670 shares; CUSIP: 70435P102	2,634,685
Perkinelmer Inc	7,200 shares; CUSIP: 714046109	1,009,584
Pinnacle Finl Partners Inc	44,609 shares; CUSIP: 72346Q104	3,274,301
PNC Financial Services	6,900 shares; CUSIP: 693475105	1,089,786
Pool Corp	11,940 shares; CUSIP: 73278L105	3,609,820
PPG Industries	8,100 shares; CUSIP: 693506107	1,018,494
PPL Corporation	51,900 shares; CUSIP: 69351T106	1,516,518
Pros Hldgs Inc	94,075 shares; CUSIP: 74346Y103	2,282,260
PTC Inc	19,203 shares; CUSIP: 69370C100	2,305,128
Q2 Holdings Inc	54,270 shares; CUSIP: 74736L109	1,458,235
Quanta Svcs Inc	5,200 shares; CUSIP: 74762E102	741,000
RBC Bearings Inc	29,597 shares; CUSIP: 75524B104	6,196,132
Repligen	31,569 shares; CUSIP: 759916109	5,344,947
Republic Services Inc	8,500 shares; CUSIP: 760759100	1,096,415
Resmed Inc	15,351 shares; CUSIP: 761152107	3,195,004
Rexford Industrial Realty	30,900 shares; CUSIP: 76169C100	1,688,376
Rockwell Automation Inc	2,900 shares; CUSIP: 773903109	746,953
Roper Technologies Inc	2,800 shares; CUSIP: 776696106	1,209,852
SBA Communications Corp	5,900 shares; CUSIP: 78410G104	1,653,829
Sherwin Williams Co	4,300 shares; CUSIP: 824348106	1,020,519
Simpson Manufacturing Co	33,350 shares; CUSIP: 829073105	2,956,811
Simulations Plus Inc	59,575 shares; CUSIP: 829214105	2,178,658
Siteone Landscape Supply Inc	25,100 shares; CUSIP: 82982L103	2,944,732
Solaredge Technologies Inc	8,129 shares; CUSIP: 83417M104	2,302,702
SPS Commerce Inc	39,325 shares; CUSIP: 78463M107	5,050,510
Stevanato Group S.P.A.	82,950 shares; CUSIP: 00BNM0752	1,490,612
Synopsys Inc	12,614 shares; CUSIP: 871607107	4,027,524
Target Corp	9,000 shares; CUSIP: 87612E106	1,341,360
Teleflex Inc	3,300 shares; CUSIP: 879369106	823,779
Toll Brothers Inc	22,500 shares; CUSIP: 889478103	1,123,200
Tractor Supply Co.	15,764 shares; CUSIP: 892356106	3,546,427

(Continued)

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Trane Technologies Plx	4,100 shares; CUSIP: 00BK9ZQ96	$ 689,169
Transcat Inc	19,715 shares; CUSIP: 893529107	1,397,202
Trex Co Inc	82,682 shares; CUSIP: 89531P105	3,499,929
Tyler Technologies Inc	9,338 shares; CUSIP: 902252105	3,010,665
Vericel Corp	69,035 shares; CUSIP: 92346J108	1,818,382
Vertex Inc - Class A	104,900 shares; CUSIP: 92538J106	1,522,099
Watsco Inc	9,485 shares; CUSIP: 942622200	2,365,559
WD 40 Co	8,375 shares; CUSIP: 929236107	1,350,134
Williams-Sonoma Inc	20,322 shares; CUSIP: 969904101	2,335,404
Willis Towers Watson PLC	5,000 shares; CUSIP: 00BDB6Q21	1,222,900
Workiva Inc	23,275 shares; CUSIP: 98139A105	1,954,393
Xcel Energy Inc	21,500 shares; CUSIP: 98389B100	1,507,365
Zimmer Biomet Hldgs Inc	14,600 shares; CUSIP: 98956P102	1,861,500
	Subtotal common stocks	**347,557,828**
Asset-backed securities:		
AIG Clo 2019-2 Ltd	Variable; 10/25/2033; $980,000; CUSIP: 00142MAE0	942,014
Ajax Mortgage Loan Trust 2019-F	2.860%; 07/25/2059; $1,289,017; CUSIP: 00969PAA1	1,213,843
AMMC Clo 19 Ltd	Variable; 10/16/2028; $216,091; CUSIP: 00176PAJ1	215,965
BDS 2019-FL4 Ltd	Variable; 08/15/2036; $21,079; CUSIP: 05492KAA7	20,982
CF Hippolyta Issuer LLC	2.280%; 07/15/2060; $835,638; CUSIP: 12530MAC9	729,871
CIFC 2021-7A	Variable; 01/23/2035; $825,000; CUSIP: 12567HAC6	803,776
ECMC Group Student Loan Trust	Variable; 11/25/2070; $841,317; CUSIP: 26833RAB4	801,123
Goldentree Loan Management US	Variable; 10/20/2034; $1,500,000; CUSIP: 38136NAQ9	1,460,150
LCM XIX Ltd Partnership	Variable; 07/15/2027; $118,578; CUSIP: 50188QAJ0	118,122
Navient Student Ln Tr 2015-2	Variable; 11/26/2040; $650,404; CUSIP: 63939GAC2	633,777
Navient Student Ln Tr 2021-2	1.680%; 02/25/2070; $1,405,987; CUSIP: 63942QAA9	1,220,531
NCHET 2005-2	Variable; 06/25/2035; $160,245; CUSIP: 64352VKV2	159,930
New Century Home Equity Ln Tr	Variable; 08/25/2034; $798,717; CUSIP: 64352VFW6	763,428
Option One Mtg Ln Tr	Variable; 01/25/2036; $1,246,815; CUSIP: 68389FKQ6	1,197,477
Palmer Square Clo Ltd	Variable; 04/20/2035; $850,000; CUSIP: 69689QAA3	827,547
RCTTE 1A	Variable; 04/20/2034; $1,400,000; CUSIP: 75620TAW8	1,355,967
Regata XII Funding Ltd	Variable; 10/15/2032; $950,000; CUSIP: 75888HAN1	910,031
SLM Student Ln Tr 2008	Variable; 10/25/2083; $720,000; CUSIP: 78445JAB3	669,241
SLM Student Ln Tr 2008	Variable; 07/25/2073; $740,000; CUSIP: 78444YAE5	698,853
SLM Student Ln Tr 2008	Variable; 01/25/2083; $230,000; CUSIP: 784442AD7	176,501
Small Bus Admin Gtd Dev Partn	3.800%; 08/01/2047; $670,000; CUSIP: 83162CQ48	631,494
United Airlines 2013-1 Class A	4.300%; 02/15/2027; $706,239; CUSIP: 909319AA3	656,951
US Awys 12-1 A	5.900%; 04/01/2026; $170,247; CUSIP: 90345WAA2	164,661
US Awys 12-1 A	4.625%; 12/03/2026; $322,022; CUSIP: 90345WAD6	293,317
	Subtotal asset-backed securities	**16,665,552**

(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, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Municipal bonds:		
New York St	1.952%; 03/15/2029; $320,000; CUSIP: 64990FD84	$ 266,765
New York St	3.110%; 02/15/2039; $95,000; CUSIP: 64990FRB2	74,729
New York St	5.628%; 03/15/2039; $480,000; CUSIP: 64990FMT8	492,310
NY NYC Trans	5.508%; 08/01/2037; $500,000; CUSIP: 64971M4P4	513,208
NYC NY	1.823%; 08/01/2030; $275,000; CUSIP: 64966QRP7	217,150
NYC TFA (Pit)	5.267%; 05/01/2027; $165,000; CUSIP: 64971MT44	166,464
NYS UDC	3.370%; 03/15/2030; $450,000; CUSIP: 6500355Z7	403,023
San Francisco W	2.825%; 11/01/2041; $640,000; CUSIP: 79771FAA5	477,263
Univ Cal Rev	3.931%; 05/15/2045; $540,000; CUSIP: 91412GXE0	471,903
	Subtotal municipal bonds	**3,082,815**
Guaranteed investment contracts:		
New York Life	NYL GA-29030	61,983,487
Synthetic investment contracts:		
Prudential	Pru Core Conserv Int BD FD	100,011,141
Pacific Life	Pacific Life G-27341.01.001:	
	MFB Coltv Daily 1-5 Yr Cr Bd ; 2.385%; CUSIP: 786993972	14,470,141
	NT Coltv Short Term; 0.869%; CUSIP: 66586W326	23,574,423
	MFB NT Coltv Asset-Backed; 0.597%; CUSIP: 003999AF6	14,937,007
	MFB NT Coltv Comm Mort Backed; 0.747%; CUSIP: 665999538	5,837,472
	MFB Coltv MB Sec Idx Fd-Non; 1.880%; CUSIP: 004992AA1	16,746,514
	NT Col 1-10 Yr Int Bd Idx Fd; 2.489%; CUSIP: 66586U726	17,738,286
Voya Ret. Ins. & Annuity Co.	Voya Ret. Ins. & Annuity Co. 60257:	
	MFB Coltv Daily 1-5 Yr Cr Bd; 2.385%; CUSIP: 786993972	36,756,322
	NT Collective Short Term; 0.869%; CUSIP: 66586W326	31,170,438
	MFB NT Coltv Asset-Backed; 0.597%; CUSIP: 003999AF6	17,049,072
	MFB NT Coltv Comm MB; 0.747%; CUSIP: 665999538	6,662,889
	MFB NT Coltv MB Sec Idx Fd; 1.880%; CUSIP: 004992AA1	14,866,718
Transamerica Premier Life	Transamerica Premier Life MDA01115TR:	
	1-3 Year Credit Bond Index Fund	17,525,222
	1-3 Year Government Bond Index Fund	23,936,006
	Asset-Backed Securities Index Fund	15,167,455
	Commercial Mortgage-Backed Securities Index Fund	5,918,749
	Intermediate Term Credit Bond Index Fund	15,146,493
	Mortgage-Backed Securities Index Fund	17,012,801
Nationwide	Nationwide STA THC IP 1016:	
	1-3 Year Credit Bond Index Fund	3,681,654
	1-3 Year Government Bond Index Fund	18,599,763

(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, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	Asset-Backed Securities Index Fund	$ 11,786,054
	Commercial Mortgage-Backed Securities Index Fund	4,599,236
	Intermediate Term Credit Bond Index Fund	21,716,525
	Mortgage-Backed Securities Index Fund	13,220,002
American General Life	American General Life 1635587:	
	American General Life Cash Account	1,749,728
	AEPTC 2019-1 A1	1,024,041
	AMXCA 2022-4 A	439,586
	AMXCA 2022-1 A	1,817,827
	BBCMS 2022-C18 A2	1,354,273
	BMWLT 2022-1 A3	899,889
	BMO 2022-C3 A2	815,600
	BANK 2018-BN13 A1	251,192
	BMARK 2019-B10 A2	1,463,108
	CD 2016-CD2 A3	1,078,452
	COMM 2013-CR12 A4	1,673,919
	CNH 2019-C A3	312,601
	CNH 2022-A A3	749,988
	CNH 2022-B A3	286,713
	CNH 2022-C A2	337,590
	COMET 2022-A1 A1	561,801
	DBJPM 2017-C6 A4	1,342,299
	DCENT 2022-A1 A1	1,227,175
	DCENT 2022-A3 A3	1,678,616
	FNR 2012-91 KA	140,311
	FNR 2015-29 PA	878,978
	FNR 2016-43 GV	1,215,016
	FNR 2017-11 KA	1,020,307
	FNR 2017-43 A	548,345
	FNR 2017-47 EA	1,094,299
	FNR 2021-45 EA	1,902,833
	FNR 2021-91 DA	1,625,552
	FNR 2022-13 MA	1,699,487
	FNR 2022-1 DA	864,499
	FHR 4427 MA	1,309,083
	FHR 4444 CH	40,262
	FHR 4486 JN	94,450
	FHR 4680 LA	454,573
	FHR 5081 NH	1,630,722
	FHR 5094 DA	1,089,488
	FHR 5156 HB	1,119,523

(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, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	FHR 5222 A	$ 1,559,997
	FHR 5263 EA	967,429
	FNR 2009-92 JB	156,342
	FHR 3747 HX	167,287
	FORDL 2022-A A3	1,374,451
	GN 784237	207,543
	GNR 2012-6 LH	425,980
	GNR 2013-144 EC	550,281
	GNR 2013-115 EG	287,282
	GNR 2014-2 EA	1,139,467
	GNR 2015-3 DA	705,327
	GNR 2020-78 HL	592,855
	GNR 2021-8 TP	982,669
	GNR 2022-100 KA	2,150,793
	GNR 2022-112 MA	1,613,891
	GNR 2022-180 DA	937,425
	JDOT 2022-A A3	1,488,259
	JDOT 2020-B A3	429,984
	JDOT 2021-A A3	875,977
	JDOT 2022-B A3	518,695
	MBART 2022-1 A3	663,588
	MBALT 2020-B A3	263,074
	NALT 2021-A A3	869,623
	NAROT 2022-B A3	375,896
	TAOT 2022-A A3	593,090
	T 0 3/8 08/15/24	6,537,794
	T 0 3/4 11/15/24	2,438,123
	WFRBS 2013-C18 A5	1,785,700
	WOART 2022-C A3	203,800
	WOART 2021-A A3	791,831
	Wrapper agreement	—
	Subtotal synthetic investment contracts	**535,576,962**
	Non-interest bearing cash	4,080,124
Various participants	Participant loans, interest rates from 4.25% to 9.50%; maturity dates from January 2023 to September 2048	112,342,207
	Total assets at fair value	**6,818,460,423**

(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, 2022

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	Adjustment from fair value to contract value	$ 52,423,589
	Total assets (Held at End of Year)	**$6,870,884,012**

(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.