

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 REGION IV A.A.A. 403(B) PLAN	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 01/01/1981
		2b	Employer Identification Number (EIN) 38-2332594
		2c	Plan Sponsor's telephone number 269-408-4323
		2d	Business code (see instructions) 813000
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) REGION IV AREA AGENCY ON AGING, INC 2900 LAKEVIEW AVE SAINT JOSEPH, MI 49085-2379		

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.	04/24/2024	CHRISTINE VANLANDINGHAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/24/2024	CHRISTINE VANLANDINGHAM
	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 ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name REGION IV AREA AGENCY ON AGING, INC c Plan Name TAX SHELTERED ANNUITY	4b EIN 38-2332594 4d PN 001
5 Total number of participants at the beginning of the plan year	5 122
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 74 6a(2) 84 6b 0 6c 47 6d 131 6e 0 6f 131 6g 123 6h 3
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: 2F 2G 2M b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 REGION IV A.A.A. 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 REGION IV AREA AGENCY ON AGING, INC	D Employer Identification Number (EIN) 38-2332594	

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)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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

(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

(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

(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

(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

(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

(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?
	RECORDKEEPER	2494	Yes ☒ No ☐	Yes ☒ No ☐	0	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
SEE ATTACHED		
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(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 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 <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>REGION IV A.A.A. 403(B) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>REGION IV AREA AGENCY ON AGING, INC</u>	D Employer Identification Number (EIN) <u>38-2332594</u>	

Part I	Asset and Liability Statement
--------	-------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	<u>0</u>	<u>16365</u>
(2) Participant contributions.....	1b(2)	<u>0</u>	<u>15070</u>
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	<u>7321739</u>	<u>5008946</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7321739	5040381

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7321739	5040381
---	-----------	---------	---------

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)	211925	
(B) Participants	2a(1)(B)	201622	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		413547
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	399833	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		399833
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1726973
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-913593
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1365271	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1365271
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	2494	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2494
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1367765
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-2281358
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: KRUGGEL, LAWTON & COMPANY, LLC

(2) EIN: 35-1307701

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

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a	X		116308

	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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n		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 <u>REGION IV A.A.A. 403(B) PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>REGION IV AREA AGENCY ON AGING, INC</u>	D Employer Identification Number (EIN) <u>38-2332594</u>

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): <u>04-6568107</u>		
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

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

Schedule R (Form 5500) 2022
v. 220413

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 _____



REGION IV A.A.A. 403(B) PLAN

ANNUAL REPORT
December 31, 2022



REGION IV A.A.A. 403(B) PLAN

St. Joseph, Michigan

ANNUAL REPORT

December 31, 2022

CONTENTS

	<u>PAGE</u>
INDEPENDENT AUDITOR'S REPORT	1 - 4
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7 - 12
SUPPLEMENTARY INFORMATION	
Schedule of Delinquent Participant Contributions	13
Schedule of Assets (Held at End of Year)	14 - 16



INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of
Region IV A.A.A. 403(B) Plan
St. Joseph, Michigan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements

We have performed an audit of the financial statements of Region IV A.A.A. 403(B) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2022 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2022 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2022 Financial Statements section

- the amounts and disclosures in the accompanying 2022 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2022 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 on the 2022 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2022 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2022 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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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—2022 Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2022, and Schedule of Delinquent Participant Contributions for the Plan year ended December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, 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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 schedules, other than the information in the supplemental schedules 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 schedules 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).

Other Matter – Correction of Operational Defects

As described in Note 8, the plan incurred an operational defect to the plan. Subsequent to year end, the plan submitted under the voluntary compliance program to correct the operational defect.

Other Matter - Accountant's Compilation Report on the 2021 Financial Statements

We have compiled the accompanying statement of net assets available for benefits of the Plan as of December 31, 2021. We have not audited or reviewed the Plan statement of net assets available for benefits and, accordingly, do not express an opinion or provide any assurance about whether the 2021 financial statements are in accordance with accounting principles generally accepted in the United States of America.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Respectfully submitted,

A handwritten signature in blue ink that reads "Kungel, Sater & Company, LLC".

Certified Public Accountants

Elkhart, Indiana
January 26, 2024

REGION IV A.A.A. 403(B) PLAN

St. Joseph, Michigan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2022 and 2021

	<u>2022</u>	(Unaudited) <u>2021</u>
ASSETS		
Investments, at fair value	5,008,946	7,321,739
Receivables		
Employer contributions	16,365	0
Participant contributions	15,070	0
Total receivables	31,435	0
NET ASSETS AVAILABLE FOR BENEFITS	5,040,381	7,321,739

Notes to the Financial Statements are an integral part of this statement

REGION IV A.A.A. 403(B) PLAN

St. Joseph, Michigan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2022

ADDITIONS TO NET ASSETS:

Investment loss	
Net depreciation in fair value of investments	(1,726,973)
Dividend and interest income	399,833
Total investment loss	(1,327,140)
Contributions	
Employer	211,925
Participants	201,622
Total contributions	413,547
TOTAL ADDITIONS	(913,593)

DEDUCTIONS FROM NET ASSETS:

Benefits paid to participants	1,365,271
Administrative expenses	2,494
TOTAL DEDUCTIONS	1,367,765

NET DECREASE	(2,281,358)
--------------	-------------

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year (Unaudited)	7,321,739
End of year	5,040,381

Notes to the Financial Statements are an integral part of this statement

REGION IV A.A.A. 403(B) PLAN

St. Joseph, Michigan

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Region IV A.A.A. 403(B) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan is a defined contribution plan covering substantially all employees of Region IV Area Agency on Aging (the "Company"). Employees who normally work less than 20 hours per week are excluded. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

CONTRIBUTIONS

Each year, participants may contribute a portion of their eligible compensation, as defined by the Plan, as pretax contributions. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute rollover amounts representing distributions from other qualified plans. The Company may make discretionary matching or non-elective contributions. Catch-up contributions are not eligible for matching contributions. For 2022, the Company elected not to make a match and elected to make a 2% discretionary non-elective contribution. Participants direct the investment of their contributions and Company contributions into various investment options offered by the Plan.

PARTICIPANT ACCOUNTS

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

VESTING

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. The vesting schedule provides for 100% vesting of employer contributions after 5 years of credited service.

NOTES RECEIVABLE FROM PARTICIPANTS

The Plan provides that participants may borrow from their fund accounts up to a maximum equal to the lesser of 50% of their vested account balance or \$50,000. The loans are secured by the vested balance in the participant's account and bear interest rates at prime rate plus 1%. Principal and interest is paid ratably through payroll deductions. These loans are subject to certain restrictions as defined by the Plan Document and applicable restrictions under the IRC.

REGION IV A.A.A. 403(B) PLAN

St. Joseph, Michigan

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

PAYMENT OF BENEFITS

Upon termination of service a participant, or their beneficiary, is entitled to receive the vested interest in his or her account. Participants may elect to receive a lump sum amount, installment payments and joint and survivor annuity payments. Withdrawals may also be made when a participant attains age 59 1/2 or for financial hardship.

FORFEITED ACCOUNTS

At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$63,887 and \$69,870, respectively. These accounts may be used to reduce future employer contributions or to pay plan administrative expenses. During 2022, \$0 in forfeitures were used to reduce employer contributions or pay plan administrative expenses.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared under the accrual method of accounting.

ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

INVESTMENT VALUATION AND INCOME RECOGNITION

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note 4 for discussion of fair value measurements.

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

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021. There were no notes receivable from participants at December 31, 2022 and 2021.

REGION IV A.A.A. 403(B) PLAN

St. Joseph, Michigan

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

OPERATING EXPENSES

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Expenses that are charged to participant accounts include loan fees, withdrawal fees and plan administrative fees. Certain investment related expenses are included in net depreciation in fair value of investments.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

NOTE 3 - CERTIFIED INVESTMENT INFORMATION

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2022, and investment income for the year ended December 31, 2022, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company ("Fidelity"), a qualified institution. The Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified information to the related information included in the financial statements and ERISA-required supplemental schedules.

NOTE 4 - FAIR VALUE MEASUREMENT

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 inputs to the valuation methodology include the following:

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

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

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

REGION IV A.A.A. 403(B) PLAN

St. Joseph, Michigan

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

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

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.

- *Mutual funds.* Valued at the published daily net asset value ("NAV") as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

The following tables set forth by level within the fair value hierarchy the Plan's assets at fair value as of December 31, 2022 and 2021.

Investment Assets at Fair Value as of December 31, 2022

	Level 1	Level 2	Level 3	Total
Mutual funds	5,008,946	0	0	5,008,946
Total assets in the fair value hierarchy	5,008,946	0	0	5,008,946
Total investment assets at fair value	5,008,946	0	0	5,008,946

Investment Assets at Fair Value as of December 31, 2021

	Level 1	Level 2	Level 3	Total
Mutual funds	7,321,739	0	0	7,321,739
Total assets in the fair value hierarchy	7,321,739	0	0	7,321,739
Total investment assets at fair value	7,321,739	0	0	7,321,739

NOTE 5 - RISKS AND UNCERTAINTIES

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

REGION IV A.A.A. 403(B) PLAN

St. Joseph, Michigan

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 6 - TRANSACTIONS WITH PARTIES-IN-INTEREST

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The Plan held mutual funds managed by Fidelity, which qualify as party-in-interest transactions. The Plan is not charged for administrative services performed on its behalf by employees of the Company. Some fees paid by the Plan for the investment management services are included in net depreciation in fair value of investments. During 2022, the Plan paid administrative fees to Fidelity which also qualify as party-in-interest transactions.

NOTE 7 - PLAN TERMINATION

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

NOTE 8 - TAX STATUS

The Plan has adopted a 403(b) plan document sponsored by Fidelity. The plan has been drafted to conform with the sample language provided by the Internal Revenue Service ("IRS") in revenue Procedure 2007-71. The plan document sponsor intends to apply for an opinion letter once a new document has been submitted to the IRS. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b).

The plan incurred operational defects related to outdated plan documents. The Company, subsequent to year end, is correcting the operational defects to the Plan by restating the plan documents and submitting under the voluntary compliance program. Management does not believe these operational defects will have a material impact to the Plan.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that no uncertain positions are taken or are expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

REGION IV A.A.A. 403(B) PLAN

St. Joseph, Michigan

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 9 - SUBSEQUENT EVENTS

The Company has evaluated subsequent events through the date the financial statements were available to be issued, other than the items discussed below, no events or transactions occurred through January 26, 2024 requiring recognition or disclosure in the financial statements.

Effective January 1, 2023, the Plan adopted a new plan document that amends and restates the Plan. Effective with the restatement, the Plan was amended to provide the only form of distribution is a lump sum payment, the definition of a year of service for vesting purposes is now 1,000 hours worked during the plan year, Roth contributions are now allowed and the plan sponsor will match on catch up contributions. Finally, participants become 100% vested upon death, disability or normal retirement.

REGION IV A.A.A. 403(B) PLAN

St. Joseph, Michigan

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2022

EIN : 38-2332594 PLAN NUMBER: 001

Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
	116,308 *	0	0	0

* Management is in the process of calculating and allocating lost income to affected participants

REGION IV A.A.A. 403(B) PLANSt. Joseph, Michigan

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2022

EIN : 38-2332594 PLAN NUMBER : 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment - Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Market Value
		<u>Mutual Funds:</u>		
*	Fidelity	Puritan Fund	#	61,300
*	Fidelity	Select Technical Hardware Fund	#	2,065
*	Fidelity	Magellan Fund	#	11,822
*	Fidelity	Contra Fund	#	235,870
*	Fidelity	Equity Fund	#	4,292
*	Fidelity	Growth Fund	#	176,262
*	Fidelity	Investment Growth Bond Fund	#	5,376
*	Fidelity	Growth & Income Fund	#	19,879
*	Fidelity	Capital & Income Fund	#	4,499
*	Fidelity	Value Fund	#	17,847
*	Fidelity	Mortgage Fund	#	2,602
*	Fidelity	Gold Fund	#	15,352
*	Fidelity	Biotech Fund	#	16,831
*	Fidelity	Retailing Fund	#	25,606
*	Fidelity	Government Cash Reserve Fund	#	195,844
*	Fidelity	Select Energy Fund	#	998
*	Fidelity	Select Healthcare Fund	#	38,259
*	Fidelity	Select Technology Fund	#	1,934
*	Fidelity	OTC Portfolio Fund	#	36,877
*	Fidelity	Overseas Fund	#	34,138
*	Fidelity	Financial Tech Fund	#	2,035
*	Fidelity	New Millen Fund	#	16,268
*	Fidelity	Europe Fund	#	55,971
*	Fidelity	Pacific Basin Fund	#	19,985
*	Fidelity	Real Estate Investment Fund	#	257
*	Fidelity	Balanced Fund	#	29,393
*	Fidelity	International Discovery Fund	#	2,403
*	Fidelity	Capital Appreciation Fund	#	21,946
*	Fidelity	Blue Chip Growth Fund	#	266,888
*	Fidelity	Disciplined Equity Fund	#	80,694
*	Fidelity	Low Priced Stock Fund	#	93,580
*	Fidelity	Worldwide Fund	#	1,102
*	Fidelity	All Cap Fund	#	291
*	Fidelity	Asset Management 70% Fund	#	724
*	Fidelity	Emerging Markets Fund	#	388
*	Fidelity	Growth Strategy Fund	#	15,273
*	Fidelity	Diversified International Fund	#	6,559
*	Fidelity	Focused Stock Fund	#	30,895
*	Fidelity	Mid Cap Stock Fund	#	9,295
*	Fidelity	Large Cap Stock Fund	#	14,336
*	Fidelity	Small Cap Stock Fund	#	25,551
*	Fidelity	Latin America Fund	#	397
*	Fidelity	Emerging Asia Fund	#	354

Attachment to Form 5500, Schedule H, Part IV, item 4(i)

REGION IV A.A.A. 403(B) PLAN

St. Joseph, Michigan

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2022

EIN : 38-2332594 PLAN NUMBER : 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment - Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Market Value
*	Fidelity	China Region Fund	#	12,883
*	Fidelity	Freedom Income Fund	#	41,765
*	Fidelity	Freedom 2020 Fund	#	127,542
*	Fidelity	Freedom 2030 Fund	#	540,579
*	Fidelity	Small Cap Discovery Fund	#	3,165
*	Fidelity	Short Term Bond Fund	#	6,305
*	Fidelity	High Income Fund	#	4,240
*	Fidelity	Government Money Market Fund	#	113,504
*	Fidelity	Select Automotive Fund	#	212
*	Fidelity	Select Health Care Service Fund	#	19,509
*	Fidelity	Select Transportation Fund	#	2,660
*	Fidelity	Select Conservative Discovery Fund	#	1,947
*	Fidelity	Freedom 2040 Fund	#	449,844
*	Fidelity	Mid Cap Value Fund	#	69
*	Fidelity	International Small Cap Value Fund	#	2,262
*	Fidelity	Total Bond Fund	#	27,778
*	Fidelity	Real Estate Fund	#	266
*	Fidelity	Select Wireless Fund	#	2,508
*	Fidelity	Blue Chip Value Fund	#	3,340
*	Fidelity	Freedom 2015 Fund	#	245,124
*	Fidelity	Freedom 2025 Fund	#	307,849
*	Fidelity	Freedom 2035 Fund	#	233,693
*	Fidelity	Strategy Dividend & Income Fund	#	5,930
*	Fidelity	International Real Estate Fund	#	1,016
*	Fidelity	Freedom 2045 Fund	#	371,035
*	Fidelity	Freedom 2050 Fund	#	459,917
*	Fidelity	Value Index Fund	#	12,546
*	Fidelity	Growth Index Fund	#	3,180
*	Fidelity	Asset Manager 30% Fund	#	105,252
*	Fidelity	Small Cap Index Fund	#	7,531
*	Fidelity	Mid Cap Index	#	3,179
*	Fidelity	Global Commodity Stock Fund	#	5,764
*	Fidelity	Corporate Bond Fund	#	3,425
*	Fidelity	Conservative Income Bond Fund	#	2,045
*	Fidelity	US Bond Index Fund	#	14,089
*	Fidelity	500 Index Fund	#	41,754
*	Fidelity	Freedom 2055 Fund	#	103,120
*	Fidelity	Emerging Markets Index Fund	#	7,786
*	Fidelity	Global US Index Fund	#	16,973
*	Fidelity	Mid Cap Index Fund	#	6,520
*	Fidelity	Real Estate Index Fund	#	249
*	Fidelity	Small Cap Index Fund	#	11,378
*	Fidelity	Total Market Index Fund	#	37,808
*	Fidelity	International Index Fund	#	2,436

REGION IV A.A.A. 403(B) PLANSt. Joseph, Michigan

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2022

EIN : 38-2332594 PLAN NUMBER : 001

	(b)	(c)	(d)	(e)
(a)	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment - Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Market Value
*	Fidelity	Emerging Markets Fund	#	2,295
*	Fidelity	Inflation Priced Bond Index Fund	#	4,100
*	Fidelity	Global Credit Fund	#	38
*	Fidelity	Freedom 2060 Fund	#	9,200
*	Fidelity	Freedom Index 2050 Fund	#	2,787
*	Fidelity	Strategic Income Fund	#	18,311
Total				5,008,946

* Denotes party-in-interest

All investments are participant directed, therefore, cost information is not required

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0004	FID PURITAN - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FPURX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.38%
0005	FID TREND - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FTRNX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.56%
0007	FID SEL TEC HARDWARE - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDCPX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.53%
0021	FID MAGELLAN - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FMAGX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.57%
0022	FID CONTRAFUND - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FCNTX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.69%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0023	FID EQUITY INC - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FEQIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.42%
0025	FID GROWTH COMPANY - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDGRX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.68%
0026	FID INVST GR BD - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FBNDX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.30%
0027	FID GROWTH & INC - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FGRIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.42%
0038	FID CAPITAL & INCOME - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FAGIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.55%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0039	FID VALUE - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDVLX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.65%
0040	FID MORTGAGE SEC - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FMSFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.30%
0041	FID SEL GOLD - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSAGX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%
0042	FID SEL BIOTECH - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FBIOX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%
0046	FID SEL RETAILING - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSRPX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0055	FID GOV CASH RESERVE - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDRXX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.15%
0060	FID SEL ENERGY - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSENX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.53%
0063	FID SEL HEALTHCARE - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSPHX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%
0064	FID SEL TECHNOLOGY - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSPTX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%
0093	FID OTC PORTFOLIO - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FOCPX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.68%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0094	FID OVERSEAS - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FOSFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.81%
0098	FID SEL FINTECH - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSVLX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%
0300	FID NEW MILLEN - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FMILX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.32%
0301	FID EUROPE - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FIEUX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.83%
0302	FID PACIFIC BASIN - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FPBFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.83%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0303	FID REAL ESTATE INVS - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FRESX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%
0304	FID BALANCED - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FBALX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.38%
0305	FID INTL DISCOVERY - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FIGRX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.83%
0307	FID CAPITAL APPREC - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDCAX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.70%
0312	FID BLUE CHIP GR - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FBGRX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.63%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0315	FID DISCIPLND EQTY - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDEQX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.62%
0316	FID LOW PRICED STK - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FLPSX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.69%
0318	FID WORLDWIDE - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FWWFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.81%
0320	FID STK SEL ALL CAP - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDSSX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%
0321	FID ASSET MGR 70% - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FASGX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.53%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0322	FID EMERGING MKTS - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FEMKX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.68%
0324	FID GROWTH STRAT - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDEGX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.45%
0325	FID DIVERSIFD INTL - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDIVX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.84%
0331	FID NEW MARKETS INC - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FNMIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.65%
0333	FID FOCUSED STOCK - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FTQGX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.68%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0337	FID MID CAP STOCK - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FMCSX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.60%
0338	FID LARGE CAP STOCK - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FLCSX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.29%
0340	FID SMALL CAP STOCK - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSLCX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.68%
0349	FID LATIN AMERICA - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FLATX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.68%
0351	FID EMERGING ASIA - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSEAX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.79%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0352	FID CHINA REGION - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FHKCX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.68%
0361	FID MEGA CAP STOCK - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FGRTX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.42%
0369	FID FREEDOM INCOME - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FFFAX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.47%
0372	FID FREEDOM 2020 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FFFDX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.58%
0373	FID FREEDOM 2030 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FFFEX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.66%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0384	FID SM CAP DISCOVERY - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSCRX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.43%
0450	FID SHORT TERM BOND - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSHBX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.30%
0455	FID HIGH INCOME - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	SPHIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.55%
0458	FID GOVT MMKT - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	SPAXX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.25%
0502	FID SEL AUTOMOTIVE - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSAVX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0505	FID SEL HTH CARE SVC - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSHCX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%
0512	FID SEL TRANSPORT - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSRFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.53%
0517	FID SEL CONS DISCR - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSCPX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%
0718	FID FREEDOM 2040 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FFFFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.75%
0762	FID MID CAP VALUE - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSMVX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.37%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0818	FID INTL SMALL CAP - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FISMX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.78%
0820	FID TOTAL BOND - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FTBFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.30%
0833	FID REAL ESTATE INC - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FRIFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%
0963	FID SEL WIRELESS - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FWRLX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%
1271	FID BLUE CHIP VALUE - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FBCVX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.41%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
1313	FID FREEDOM 2015 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FFVFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.53%
1314	FID FREEDOM 2025 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FFTWX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.62%
1315	FID FREEDOM 2035 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FFTHX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.70%
1329	FID STRAT DIV & INC - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSDIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.53%
1368	FID INTL REAL ESTATE - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FIREX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.67%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
1597	FID INTL VALUE - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FIVLX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.76%
1617	FID FREEDOM 2045 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FFFGX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.75%
1618	FID FREEDOM 2050 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FFFHX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.75%
1828	FID LC VAL ENH INDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FLVEX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.39%
1829	FID LC GRO ENH INDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FLGEX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.39%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
1957	FID ASSET MGR 30% - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FTANX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.40%
1979	FID INTL GROWTH - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FIGFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.79%
2011	FID SM CAP ENH INDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FCPEX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.55%
2012	FID MID CAP ENH INDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FMEIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.45%
2120	FID GLB COMDTY STK - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FFGCX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.67%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
2208	FID CORPORATE BOND - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FCBFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.35%
2267	FID CONSV INC BD - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FCONX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.30%
2326	FID US BOND IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FXNAX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.02%
2328	FID 500 INDEX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FXAIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.01%
2331	FID FREEDOM 2055 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDEEX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.75%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
2344	FID EMRG MKTS IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FPADX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.07%
2348	FID GLB EX US IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSGGX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.05%
2352	FID MID CAP IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSMDX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.02%
2355	FID REAL ESTATE IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSRNX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.07%
2358	FID SM CAP IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSSNX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.02%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
2361	FID TOTAL MKT IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSKAX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.01%
2363	FID INTL INDEX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSPSX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.03%
2374	FID EMERG MKTS DISC - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FEDDX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.83%
2418	FID INFL PR BD IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FIPDX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.05%
2423	FID GLOBAL CREDIT - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FGBFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.55%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
2708	FID FREEDOM 2060 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDKVB	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.75%
2741	FID GOVT MMRK PRM - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FZCXX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.25%
2774	FID FDM IDX 2050 IPR - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FFOPX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.08%
3082	FID STRATEGIC INCOME - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FADMX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.55%

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**

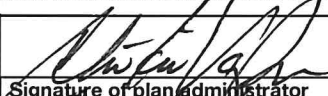
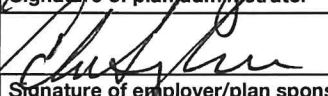
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- B** This return/report is: ☒ a single-employer plan ☐ a DFE (specify) _____
- ☐ the first return/report ☐ 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 REGION IV A.A.A. 403(B) PLAN	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 01/01/1981
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) REGION IV AREA AGENCY ON AGING, INC 2900 LAKEVIEW AVE SAINT JOSEPH MI 49085-2379	2b Employer Identification Number (EIN) 38-2332594 2c Plan Sponsor's telephone number 269-408-4323 2d Business code (see instructions) 813000

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		4-23-24	CHRISTINE VANLANDINGHAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		4-23-24	CHRISTINE VANLANDINGHAM
	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

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
--	--

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name REGION IV AREA AGENCY ON AGING, INC c Plan Name TAX SHELTERED ANNUITY	4b EIN 38-2332594 4d PN 001
--	--

5 Total number of participants at the beginning of the plan year	5	122
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)	74
a (2) Total number of active participants at the end of the plan year	6a(2)	84
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	47
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	131
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	131
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	123
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	3
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:
2F 2G 2M

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ **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) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information - Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 REGION IV A.A.A. 403(B) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 REGION IV AREA AGENCY ON AGING, INC	D Employer Identification Number (EIN) 38-2332594	

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) ... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY INVESTMENTS INSTITUTIONAL	04-2647786

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

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

(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

(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

(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

(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

(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 on page 1, 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?
64 65	RECORDKEEPER	2,494.	Yes ☒ No ☐	Yes ☒ No ☐	0.	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
SEE ATTACHED		
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(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 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 REGION IV A.A.A. 403(B) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 REGION IV AREA AGENCY ON AGING, INC	D Employer Identification Number (EIN) 38-2332594

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	16,365
(2) Participant contributions	1b(2)	0	15,070
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (incl. money market accounts & certificates of deposit) ...	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7,321,739	5,008,946
(14) Value of funds held in insurance co. general account (unallocated contracts) ...	1c(14)		
(15) Other	1c(15)		

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

Schedule H (Form 5500) 2022
v. 220413

		(a) Beginning of Year	(b) End of Year
1 d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	7,321,739 5,040,381
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7,321,739 5,040,381

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 211,925	
	(B) Participants	2a(1)(B) 201,622	
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	413,547
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C) 399,833	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	399,833
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	-1,726,973
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total	2d	-913,593

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1,365,271
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	1,365,271
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses: (1) Professional fees	2i(1)	
(2) Contract administrator fees	2i(2)	2,494
(3) Investment advisory and management fees	2i(3)	
(4) Other	2i(4)	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	2,494
j Total expenses. Add all expense amounts in column (b) and enter total	2j	1,367,765

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	-2,281,358
l Transfers of assets:		
(1) To this plan	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500.

Complete line 3d if an opinion is not attached.

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

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

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

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

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

(1) Name: KRUGGEL, LAWTON & COMPANY, LLC (2) EIN: 35-1307701

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

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5.

103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) ...

	Yes	No	Amount
4a	X		116,308

	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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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		X	
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year		☐ Yes ☒ No	
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 REGION IV A.A.A. 403(B) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 REGION IV AREA AGENCY ON AGING, INC	D Employer Identification Number (EIN) 38-2332594

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

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

Schedule R (Form 5500) 2022
v. 220413

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 instr. *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 _____

Service Provider Affidavit

I certify that I have been specifically authorized in writing by the plan administrator/employer, as applicable, to enter my EFAST2 PIN on this return/report in order to electronically submit this return/report. I further certify that: (1) I will retain a copy of the administrator's/employer's specific written authorization in my records; (2) I have attached to this electronic filing, in addition to any other required schedules or attachments, a true and correct PDF copy of the first two pages of the completed Form 5500 or Form 5500-SF return/report bearing the manual signature of the plan administrator/employer under penalty of perjury; (3) I advised the plan administrator/employer that by selecting this electronic signature option the PDF image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure; and (4) I will communicate to the plan administrator/employer any inquiries and information that I receive from EFAST2, DOL, IRS or PBGC regarding this annual return/report.

_____	_____	STEPHEN J. BEASY
Signature of service provider (optional)	Date	Enter name of individual signing as service provider

Summary Annual Report
for

REGION IV A.A.A. 403(B) PLAN

This is a summary of the annual report for the REGION IV A.A.A. 403(B) PLAN (Employer Identification No. 38-2332594, Plan No. 001) for the period January 1, 2022 to December 31, 2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

BASIC FINANCIAL STATEMENT

Benefits under the plan are provided by a trust (benefits are provided in whole from trust funds). Plan expenses were \$1,367,765. These expenses included \$2,494 in administrative expenses and \$1,365,271 in benefits paid to participants and beneficiaries. A total of 131 persons were participants in of beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$5,040,381 as of December 31, 2022 compared to \$7,321,739 as of January 1, 2022. During the plan year, the plan experienced a decrease in its net assets of \$2,281,358. This decrease includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. The plan had total income of \$-913,593, including employer contributions of \$211,925, employee contributions of \$201,622, dividends of \$399,833, and earning from investments of \$-1,726,973.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- 1) An accountant's report; and
- 2) Assets held for investment.

To obtain a copy of the full annual report, or any part thereof, write or call the office of

Region IV Area Agency on Aging, Inc
2900 Lakeview Ave
Saint Joseph, MI 49085-2379
269-408-4323

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200 Constitution Avenue, NW, Suite N-1513, Washington, D.C. 20210.

Electronic Filing PDF Attachment

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0004	FID PURITAN - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FPURX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.38%
0005	FID TREND - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FTRNX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.56%
0007	FID SEL TEC HARDWARE - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDCPX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.53%
0021	FID MAGELLAN - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FMAGX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.57%
0022	FID CONTRAFUND - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FCNTX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.69%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0023	FID EQUITY INC - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FEQIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.42%
0025	FID GROWTH COMPANY - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDGRX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.68%
0026	FID INVST GR BD - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FBNDX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.30%
0027	FID GROWTH & INC - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FGRIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.42%
0038	FID CAPITAL & INCOME - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FAGIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.55%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0039	FID VALUE - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDVLX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.65%
0040	FID MORTGAGE SEC - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FMSFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.30%
0041	FID SEL GOLD - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSAGX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%
0042	FID SEL BIOTECH - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FBIOX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%
0046	FID SEL RETAILING - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSRPX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0055	FID GOV CASH RESERVE - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDRXX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.15%
0060	FID SEL ENERGY - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSENX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.53%
0063	FID SEL HEALTHCARE - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSPHX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%
0064	FID SEL TECHNOLOGY - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSPTX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%
0093	FID OTC PORTFOLIO - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FOCPX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.68%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0094	FID OVERSEAS - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FOSFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.81%
0098	FID SEL FINTECH - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSVLX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%
0300	FID NEW MILLEN - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FMILX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.32%
0301	FID EUROPE - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FIEUX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.83%
0302	FID PACIFIC BASIN - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FPBFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.83%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0303	FID REAL ESTATE INVS - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FRESX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%
0304	FID BALANCED - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FBALX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.38%
0305	FID INTL DISCOVERY - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FIGRX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.83%
0307	FID CAPITAL APPREC - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDCAX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.70%
0312	FID BLUE CHIP GR - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FBGRX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.63%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0315	FID DISCIPLND EQTY - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDEQX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.62%
0316	FID LOW PRICED STK - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FLPSX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.69%
0318	FID WORLDWIDE - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FWWFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.81%
0320	FID STK SEL ALL CAP - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDSSX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%
0321	FID ASSET MGR 70% - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FASGX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.53%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0322	FID EMERGING MKTS - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FEMKX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.68%
0324	FID GROWTH STRAT - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDEGX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.45%
0325	FID DIVERSIFD INTL - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDIVX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.84%
0331	FID NEW MARKETS INC - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FNMIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.65%
0333	FID FOCUSED STOCK - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FTQGX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.68%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0337	FID MID CAP STOCK - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FMCSX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.60%
0338	FID LARGE CAP STOCK - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FLCSX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.29%
0340	FID SMALL CAP STOCK - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSLCX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.68%
0349	FID LATIN AMERICA - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FLATX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.68%
0351	FID EMERGING ASIA - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSEAX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.79%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0352	FID CHINA REGION - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FHKCX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.68%
0361	FID MEGA CAP STOCK - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FGRTX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.42%
0369	FID FREEDOM INCOME - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FFFAX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.47%
0372	FID FREEDOM 2020 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FFFDX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.58%
0373	FID FREEDOM 2030 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FFFEX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.66%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0384	FID SM CAP DISCOVERY - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSCRX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.43%
0450	FID SHORT TERM BOND - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSHBX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.30%
0455	FID HIGH INCOME - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	SPHIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.55%
0458	FID GOVT MMKT - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	SPAXX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.25%
0502	FID SEL AUTOMOTIVE - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSAVX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0505	FID SEL HTH CARE SVC - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSHCX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%
0512	FID SEL TRANSPORT - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSRFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.53%
0517	FID SEL CONS DISCR - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSCPX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%
0718	FID FREEDOM 2040 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FFFFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.75%
0762	FID MID CAP VALUE - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSMVX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.37%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0818	FID INTL SMALL CAP - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FISMXX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.78%
0820	FID TOTAL BOND - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FTBFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.30%
0833	FID REAL ESTATE INC - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FRIFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%
0963	FID SEL WIRELESS - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FWRLX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%
1271	FID BLUE CHIP VALUE - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FBCVX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.41%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
1313	FID FREEDOM 2015 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FFVFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.53%
1314	FID FREEDOM 2025 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FFTWX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.62%
1315	FID FREEDOM 2035 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FFTHX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.70%
1329	FID STRAT DIV & INC - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSDIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.53%
1368	FID INTL REAL ESTATE - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FIREX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.67%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
1597	FID INTL VALUE - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FIVLX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.76%
1617	FID FREEDOM 2045 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FFFGX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.75%
1618	FID FREEDOM 2050 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FFFHX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.75%
1828	FID LC VAL ENH INDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FLVEX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.39%
1829	FID LC GRO ENH INDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FLGEX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.39%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
1957	FID ASSET MGR 30% - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FTANX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.40%
1979	FID INTL GROWTH - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FIGFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.79%
2011	FID SM CAP ENH INDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FCPEX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.55%
2012	FID MID CAP ENH INDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FMEIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.45%
2120	FID GLB COMDTY STK - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FFGCX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.67%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
2208	FID CORPORATE BOND - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FCBFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.35%
2267	FID CONSV INC BD - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FCONX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.30%
2326	FID US BOND IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FXNAX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.02%
2328	FID 500 INDEX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FXAIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.01%
2331	FID FREEDOM 2055 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDEEX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.75%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
2344	FID EMRG MKTS IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FPADX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.07%
2348	FID GLB EX US IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSGGX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.05%
2352	FID MID CAP IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSMDX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.02%
2355	FID REAL ESTATE IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSRNX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.07%
2358	FID SM CAP IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSSNX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.02%

