

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 335
1c	Effective date of plan 06/01/1976
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TENET HEALTHCARE CORPORATION 14201 DALLAS PARKWAY DALLAS, TX 75254
2b	Employer Identification Number (EIN) 95-2557091
2c	Plan Sponsor's telephone number 469-893-6538
2d	Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2024	KELLY POOL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 145695
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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) 102842 6a(2) 107575 6b 1829 6c 39776 6d 149180 6e 550 6f 149730 6g(1) 110877 6g(2) 110599 6h 3878
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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
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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
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 7
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 335	
C Plan sponsor's name as shown on line 2a of Form 5500 TENET HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 95-2557091	

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

(a) Name of insurance carrier

NEW YORK LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	GA29030	18065	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	56954476

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	0
c Premiums due but unpaid at the end of the year.....	6c	0
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	0

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	0	
(4) Transferred from separate account.....	7c(4)	0	
(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account.....	7e(3)	0	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 335
C Plan sponsor's name as shown on line 2a of Form 5500 TENET HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 95-2557091

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

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	STATHCIP1016	18065	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	80220983
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	1936721
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	1936721
d	Total of balance and additions (add lines 7b and 7c(6))	7d	82157704
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	9709390
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	9709390
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	72448314

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 335
C Plan sponsor's name as shown on line 2a of Form 5500 TENET HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 95-2557091

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

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	062169	18065	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	0
c Premiums due but unpaid at the end of the year.....	6c	0
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	0

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	112078336
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
	7c(2)	0	
	7c(3)	2147517	
	7c(4)	0	
	7c(5)	0	

(6) Total additions	7c(6)	2147517
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d Total of balance and additions (add lines 7b and 7c(6))	7d	114225853
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	7e(1)	0	
	7e(2)	0	
	7e(3)	0	
	7e(4)	13474557	

▶ CASH

(5) Total deductions	7e(5)	13474557
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	100751296
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 335
C Plan sponsor's name as shown on line 2a of Form 5500 TENET HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 95-2557091

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

(a) Name of insurance carrier
PACIFIC LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-1079000	67466	G027341010001	18065	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	0
c Premiums due but unpaid at the end of the year.....	6c	0
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	0

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	101447628
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
	7c(2)	0	
	7c(3)	2393963	
	7c(4)	0	
	7c(5)	0	

(6) Total additions.....	7c(6)	2393963
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d Total of balance and additions (add lines 7b and 7c(6))	7d	103841591
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	12253713	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account.....	7e(3)	0	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions.....	7e(5)	12253713
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	91587878
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 335
C Plan sponsor's name as shown on line 2a of Form 5500 TENET HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 95-2557091

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

(a) Name of insurance carrier
TRANSAMERICA LIFE INS CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	MDA01115TR	18065	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	0
c Premiums due but unpaid at the end of the year.....	6c	0
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	0

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	103369055
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
	7c(2)	0	
	7c(3)	2283964	
	7c(4)	0	
	7c(5)	0	

(6) Total additions.....	7c(6)	2283964
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d Total of balance and additions (add lines 7b and 7c(6))	7d	105653019
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	12442858	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account.....	7e(3)	0	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions.....	7e(5)	12442858
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	93210161
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan	B Three-digit plan number (PN)	
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN	▶ 335	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
TENET HEALTHCARE CORPORATION	95-2557091	

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

(a) Name of insurance carrier

VOYA FINANCIAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708		060257	18065	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	0
c Premiums due but unpaid at the end of the year.....	6c	0
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	0

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	114204960
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
	7c(2)	0	
	7c(3)	2755696	
	7c(4)	0	
	7c(5)	0	

(6) Total additions	7c(6)	2755696
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d Total of balance and additions (add lines 7b and 7c(6))	7d	116960656
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	13694704	
	7e(2)	0	
	7e(3)	0	
	7e(4)	0	

(5) Total deductions	7e(5)	13694704
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	103265952
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 335
C Plan sponsor's name as shown on line 2a of Form 5500 TENET HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 95-2557091

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

(a) Name of insurance carrier
AMERICAN GENERAL LIFE INS CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
25-0598210		1635587	18065	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	0
c Premiums due but unpaid at the end of the year.....	6c	0
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	0

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	71092161
--	-----------	-----------------

c Additions: (1) Contributions deposited during the year	7c(1)	0	
	7c(2)	0	
	7c(3)	1631136	
	7c(4)	0	
	7c(5)	0	

(6) Total additions.....	7c(6)	1631136
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d Total of balance and additions (add lines 7b and 7c(6))	7d	72723297
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account.....	7e(3)	0	
(4) Other (specify below)	7e(4)	12970751	

▶ **BOOK VALUE ADJUSTMENTS**

(5) Total deductions.....	7e(5)	12970751
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	59752546
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 335
C Plan sponsor's name as shown on line 2a of Form 5500 TENET HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 95-2557091

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

X

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	3210196	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	1681646	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT ADVISOR	203708	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BR STRAT GLB BD INST - BNY MELLON 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO SELECT RISK GROWTH INV A 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO ENERGY CLASSA 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO COMSTOCK FUND CLASS Y 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO GOLD & SPEC MINERALS A 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMG YACHTMAN FOCUSED N 600 STEAMBOAT RD STE 300 GREENWICH, CT 06830	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMG YACHTMAN FUND I 600 STEAMBOAT RD STE 300 GREENWICH, CT 06830	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AQR LONG SHORT EQUITY FUND CL I 1 GREENWICH PLAZA GREENWICH, CT 06830	0.12%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CAMBIAR OPPORTUNITY INVESTOR CL 1 FREEDOM VALLEY DR OAKS, PA 19456	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AEGIS VALUE FUND INC 6862 ELM ST STE 830 MCLEAN, VA 22101	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ADV PREFERRED GOLD BULLION STRAT I 1445 RESEARCH BLVD STE 530 ROCKVILLE, MD 20850	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ADVISORS PRFD QUANFDMANAGED INCOME 1445 RESEARCH BLVD STE 530 ROCKVILLE, MD 20850	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
QUANTIFIED RISING DIV TACTICAL INV 1445 RESEARCH BLVD STE 530 ROCKVILLE, MD 20850	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
QUANTIFIED GOVT'T INC TACTICAL INV 1445 RESEARCH BLVD STE 530 ROCKVILLE, MD 20850	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
QUANTIFIED TACTICAL SECTOR FUND IN 1445 RESEARCH BLVD STE 530 ROCKVILLE, MD 20850	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ADVISORS PRFD QUANFDMARKET LEADERS 1445 RESEARCH BLVD STE 530 ROCKVILLE, MD 20850	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
QUANTIFIED COMMON GROUND FD INVST 1445 RESEARCH BLVD STE 530 ROCKVILLE, MD 20850	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
QUANTIFIED PATTERN RECOGNITION INV 1445 RESEARCH BLVD STE 530 ROCKVILLE, MD 20850	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
QUANTIFIED TACTICAL FIXED INC INVS 1445 RESEARCH BLVD STE 530 ROCKVILLE, MD 20850	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ADVISORS PRFD QUANFDALTER INVSTMNT 1445 RESEARCH BLVD STE 530 ROCKVILLE, MD 20850	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ADVISORS PREFERRED QUANTIFIED STF 1445 RESEARCH BLVD STE 530 ROCKVILLE, MD 20850	0.40%	

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

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

(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GQG PARTNERS EMRGING MARKETS EQUIT	1 FREEDOM VALLEY DR OAKS, PA 19456	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALGER SMALL CAP FOCUS CLASS A	600 PLAZA ONE 6TH FL JERSEY CITY, NJ 07311	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALGER HEALTH SCIENCES FD CL A	600 PLAZA ONE 6TH FL JERSEY CITY, NJ 07311	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AB LARGE CAP GROWTH CLASS A 8000 IH 10 W STE 1400 14TH FL SAN ANTONIO, TX 78230	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMANA MUTUAL FUND TRUST INCOME 1300 NORTH STATE ST BELLINGHAM, WA 98225	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMANA MUTUAL FUND TRUST GROWTH 1300 NORTH STATE ST BELLINGHAM, WA 98225	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMANA DEVELOPING WORLD FUND 1300 NORTH STATE ST BELLINGHAM, WA 98225	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMANA INCOME FUND INSTITUTIONAL 1300 NORTH STATE ST BELLINGHAM, WA 98225	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMANA GROWTH FUND INSTITUTIONAL 1300 NORTH STATE ST BELLINGHAM, WA 98225	0.10%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMANA PARTICIPATION FD INVESTOR CL 1300 NORTH STATE ST BELLINGHAM, WA 98225	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN BEACON LARGE CAP INVESTOR 220 E LAS COLINAS BLVD STE 1200 IRVING, TX 75039	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN BALANCED CLASS F1 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY SHTDUR STRAT INC 4400 MAIN ST 1ST FL KANSAS CITY, MO 64111	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY EQUITY INCOME INV 4400 MAIN ST 1ST FL KANSAS CITY, MO 64111	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY VALUE INV CL 4400 MAIN ST 1ST FL KANSAS CITY, MO 64111	0.35%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY MIDCAP VALUE INV 4400 MAIN ST 1ST FL KANSAS CITY, MO 64111	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY SMALL CAP VALUE I 4400 MAIN ST 1ST FL KANSAS CITY, MO 64111	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY ONECHOICE INRETIR 4400 MAIN ST 1ST FL KANSAS CITY, MO 64111	0.35%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CEN FOCUSED DYNAMIC GROWTH 4400 MAIN ST 1ST FL KANSAS CITY, MO 64111	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY FOCUSED GLOBAL GR I 4400 MAIN ST 1ST FL KANSAS CITY, MO 64111	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY EMERGING MKT CL 4400 MAIN ST 1ST FL KANSAS CITY, MO 64111	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS GRWTH& INC PORTFOLI	3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN 2040 TARGETDATE RETIEMNT	3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN STRATEGIC BOND FUND F1	3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS MULTISECTOR INCOME 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN HIGH INCOMECLASS F1 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN MUTUAL FUNDCLASS F1 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARCHER INCOME FUND 9000 KEYSTONE CROSSING 630 INDIANAPOLIS, IN 46240	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARCHER FOCUS FUND 9000 KEYSTONE CROSSING 630 INDIANAPOLIS, IN 46240	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARCHER BALANCED 9000 KEYSTONE CROSSING 630 INDIANAPOLIS, IN 46240	0.08%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARTISAN SMALL CAP FUND INVESTOR CL 875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202	0.39%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARTISAN DEVELOPING WORLD FD INVEST 875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202	0.39%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARTISAN GLOBAL OPPORTUNITIES INV 875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202	0.39%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTISAN INTL VALUE FUND INV CL	875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202	0.39%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AZZAD ETHICAL MID CAP FUND CL A	8000 TOWN CENTRE DR STE 400 BROADVIEW HEIGHTS, OH 44147-4031	0.40%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WISE CAPITAL FUND	8000 TOWN CENTRE DR STE 400 BROADVIEW HEIGHTS, OH 44147-4031	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BAIRD CORE PLUS BOND INSTITUTIONAL 777 E. WISCONSIN AVE 18TH FL MILWAUKEE, WI 53202	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON GROWTH 767 5TH AVE 49TH FL NEW YORK, NY 10153	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON OPPORTUNITY FUND 767 5TH AVE 49TH FL NEW YORK, NY 10153	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON PARTNERS FUND 767 5TH AVE 49TH FL NEW YORK, NY 10153	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON FOCUSED GROWTHFUND 767 5TH AVE 49TH FL NEW YORK, NY 10153	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON REAL ESTATE FUND RETAIL 767 5TH AVE 49TH FL NEW YORK, NY 10153	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON EMERGING MARKETS FUND RETAIL 767 5TH AVE 49TH FL NEW YORK, NY 10153	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BERKSHIRE FOCUS FUND 475 MILAN DR STE 103 SAN JOSE, CA 95134	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK MID CAP GROWTH EQUITY CL 40 EAST 52ND ST NEW YORK, NY 10022	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK TECHNOLOGY OPPORTUNITIES 40 EAST 52ND ST NEW YORK, NY 10022	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK MID CAP VALUE FUND CL A 40 EAST 52ND ST NEW YORK, NY 10022	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK MULTI ASSET INCOME PORT 40 EAST 52ND ST NEW YORK, NY 10022	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK LOW DURATION CL R 40 EAST 52ND ST NEW YORK, NY 10022	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK INFLATION PRO BOND PORT 40 EAST 52ND ST NEW YORK, NY 10022	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLUEROCK TOTAL INC REAL ESTATE CL 27777 FRANKLIN ROAD STE 900 SOUTHFIELD, MI 48034	0.50%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DESTINATIONS INTL EQUITY FD INSTL 1055 WESTLAKES DR STE 250 BERWYN, PA 19312	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DESTINATIONS EQUITY INCOME FD INST 1055 WESTLAKES DR STE 250 BERWYN, PA 19312	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BROWN ADVISORY SUSTAIN GROWTH INV 777 E. WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202	0.08%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BUFFALO INTERNATIONAL FUND 615 E. MICHIGAN ST MILWAUKEE, WI 53202	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BUFFALO GROWTH FUND 615 E. MICHIGAN ST MILWAUKEE, WI 53202	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CALAMOS GLOBAL GROWTH & INCOME A 2020 CALAMOS COURT NAPERVILLE, IL 60563	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CALAMOS MARKET NEUTRAL INCOME CL I 2020 CALAMOS COURT NAPERVILLE, IL 60563	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CAPITAL INCOME BUILDER CL 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CAPITAL WORLD GRTH & INC 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	\$18.00	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FULLER & THALER BEHVMID CAP VALUE 411 BOREL AVE STE 300 SAN MATEO, CA 94402	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CAUSEWAY INTERNATNALVALUE INVESTOR P. O. BOX 1100 OAKS, PA 19456	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CAUSEWAY INTERNATNALVALUE INSTL P. O. BOX 1100 OAKS, PA 19456	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA DIVIDEND INCOME CL A 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA SELIGMAN TECH AND INFO CL 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CS FLOATING RATE HIGH INCOME CL A ONE MADISON AVE 10TH FL NEW YORK, NY 10010	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA US MICRO CAP PRTF INSTL 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DIMENSIONAL EMERGING MKTS VAL PRTF 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA INTERNATIONAL SMALL COMPANY PO 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA EMERGING MARKETS PORTFOLIO 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA FIVE YEAR GLOBL FIXED INC PRTF 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DAVIS APPRECIATION AND INCOME CLAS 2949 E ELVIRA ROAD STE 101 TUCSON, AZ 85756	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DELAWARE MID CAP GROWTH EQUITY A 2005 MARKET ST PHILADELPHIA, PA 19103	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DELAWARE SMALL CAP VALUE INSTL CL 2005 MARKET ST PHILADELPHIA, PA 19103	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DWS SCIENCE AND TECHNOLOGY FUND A 280 PARK AVE 9TH FLR NEW YORK, NY 10026	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DFA INTERNATIONAL VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DOUBLELINE TOTAL RT BOND FD CL N	777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.40%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DOUBLELINE CORE FIXED INCOME CL I	777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.06%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DOUBLELINE CORE FIXED INCOME FD CL 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DOUBLELINE LOW DURATION CL N 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DRIEHAUS EMERGING MARKETS 25 EAST ERIE ST CHICAGO, IL 60611	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EATON VANCE GLOBAL INCOME BUILDER TWO INTERNATIONAL PLACE BOSTON, MA 02110	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN EUROPACIFICGROWTH CLASS F 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FMI LARGE CAP FUND 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.40%	

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FMI INTERNATIONAL 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FMI COMMON STOCK FUND 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FEDERATED HERMES CORP BOND FD CL A 4000 ERICSSON DR WARRENDALE, PA 15086-7515	0.40%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FEDERATED HERMES PRUDENT BEAR CL A 4000 ERICSSON DR WARRENDALE, PA 15086-7515	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FEDERATED HERMES MDT LARGE CAP GRO 4000 ERICSSON DR WARRENDALE, PA 15086-7515	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALPS GLOBAL OPPORTUNITY CL INV 1290 BROADWAY STE 1100 DENVER, CO 80203	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIRST EAGLE GOLD CLASS A 1345 AVE OF THE AMERICAS 48TH FLR NEW YORK, NY 10105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIRST EAGLE GLOBAL CLASS A 1345 AVE OF THE AMERICAS 48TH FLR NEW YORK, NY 10105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIRST EAGLE GLOBAL CLASS I 1345 AVE OF THE AMERICAS 48TH FLR NEW YORK, NY 10105	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIRSTHAND TECHNOLOGY OPPORTUNITIES 150 ALMADEN BLVD. STE 1250 SAN JOSE, CA 95113	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JP MORGAN MID CAP VALUE FUND CLASS 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DF DENT MIDCAP GROWTH FUND INVESTO 2 EAST READ ST 6TH FL BALTIMORE, MD 21202	0.12%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN FLOATING RTDAILY ACCESS C 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	\$16.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN SMALL CAP VALUE CLASS A 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	\$16.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDAMENTALINVESTORS CL 3500 WISEMAN BLVD F SAN ANTONIO, TX 78251-4321	0.37%	

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
POLEN GLOBAL GROWTH FUND RETAIL SH 1825 NW CORPORATE BLVD STE 300 BOCA RATON, FL 33431	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GLENMEDE TOTAL MARKET PORTFOLIO 1650 MARKET ST. STE 1200 PHILADELPHIA, PA 19103	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GLENMEDE LARGE CAP GROWTH 1650 MARKET ST. STE 1200 PHILADELPHIA, PA 19103	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GOLDMAN SACHS SATELLSTRATEGY PORT 71 S. WACKER DR 4TH FL CHICAGO, IL 60606	0.17%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GUGGENHEIM TOTAL RETURN BOND FD IN 9601 BLACKWELL RD STE 500 ROCKVILLE, MD 20850	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GUGGENHEIM TOTAL RETURN BOND CL P 9601 BLACKWELL RD STE 500 ROCKVILLE, MD 20850	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GUINNESS ATKINSON GLOBAL INNOVATOR	2220 E. ROUTE 66 STE 226 GLEN DORA, CA 91740	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARBOR CAP APP INV	111 S. WACKER DR 34TH FL CHICAGO, IL 60606	0.35%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARDING LOEVNER INTL EQUITY PORT I	PO BOX 4766 CHICAGO, IL 60680	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK FUND INVESTOR CLASS 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK INTL INVESTOR CL 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK INTL ADVISOR FUND 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK GLOBAL SELECT FD INVESTOR 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK GLOBAL FUND INVESTOR CLASS 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARTFORD CORE EQUITYCLASS A 100 MATSONFORD RD STE 300 RADNOR, PA 19087	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARTFORD BALANCED INCOME FUND CL Y 100 MATSONFORD RD STE 300 RADNOR, PA 19087	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HEARTLAND MID CAP VALUE INVESTOR 789 N. WATER ST MILWAUKEE, WI 53202	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HENNESSY CORNERSTONE LR GROWTH FD 7250 REDWOOD BLVD. STE 200 NOVATO, CA 94945	0.12%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HENNESSY FOCUS FUND INVESTOR CLASS 7250 REDWOOD BLVD. STE 200 NOVATO, CA 94945	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HOMESTEAD SMALL COMPANY STOCK FD 4301 WILSON BLVD ARLINGTON, VA 22203	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HUSSMAN STRATEGIC TOTAL RETURN 225 PICTORIA DR STE 450 CINCINNATI, OH 45246	\$12.00	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN INCOME FUND OF AMERICA CLA 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WCM FOCUSED INTL GROWTH FUND INSTL 2220 EAST ROUTE 66 STE 226 GLEN DORA, CA 91740	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON GLOBAL SELECT T 151 DETROIT ST. DENVER, CO 80206	0.35%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON GLOB TECH & INNOV 151 DETROIT ST. DENVER, CO 80206	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON ENTERPRISE T 151 DETROIT ST. DENVER, CO 80206	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON OVERSEAS T 151 DETROIT ST. DENVER, CO 80206	0.35%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON BALANCED T 151 DETROIT ST. DENVER, CO 80206	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON GLBLRESEARCH FD CL 151 DETROIT ST. DENVER, CO 80206	\$15.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JOHN HANCOCK DISCIPL VALUE INTL FD 601 CONGRESS ST. 9TH FL. BOSTON, MA 02210	0.10%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JOHN HANCOCK DISCIPLINED VALUE MI 601 CONGRESS ST. 9TH FL. BOSTON, MA 02210	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN US EQUITY FUND CLASS I 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN US LG CAP CORE PLUS CLASS 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN ADVANTAGE FD CLASS I 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN EQUITY INCOME FUND CL A 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LAZARD GLOBAL LISTEDINFRASTRUCTURE 30 ROCKEFELLER PLAZA 57TH FL. NEW YORK, NY 10112	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CLEARBRIDGE LARGE CAP GROWTH A 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LEUTHOLD GRIZZLY SHORT FUND 33 SOUTH SIXTH ST. STE 4600 MINNEAPOLIS, MN 55402	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LOOMIS SAYLES GROWTH CL A 399 BOYLSTON ST 8TH FL BOSTON, MA 02116	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LOOMIS SAYLES BOND RETAIL SHARES 399 BOYLSTON ST 8TH FL BOSTON, MA 02116	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LORD ABBETT BOND DEBENTURE CLASS A 90 HUDSON ST 10TH FL JERSEY CITY, NJ 07302	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS INTERNATIONAL DIVERSIFICATION 111 HUNTINGTON AVE BOSTON, MA 02199-7632	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS GLOBAL EQUITY CLASS A 111 HUNTINGTON AVE BOSTON, MA 02199-7632	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MAINSTAY MACKAY HIGHYIELD CORP BD 30 HUDSON ST 23RD FL ARLINGTON, NJ 07032	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MUHLINKAMP FUND 5000 STONEWOOD DR. WEXFORD, PA 15090	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MANNING & NAPIER EQUITY SERIES CL 290 WOODCLIFF DR. FAIRPORT, NY 14450	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MANNING & NAPIER OVERSEAS SERIES C 290 WOODCLIFF DR. FAIRPORT, NY 14450	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MATTHEWS PACIFIC TIGER FUND 4 EMBARCADERO CENTER STE 550 SAN FRANCISCO, CA 94111	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MATTHEWS ASIAN GROWTH & INCOME FUN 4 EMBARCADERO CENTER STE 550 SAN FRANCISCO, CA 94111	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MATTHEWS CHINA FUND 4 EMBARCADERO CENTER STE 550 SAN FRANCISCO, CA 94111	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MATTHEWS ASIAN INNOVATORS FD INVST 4 EMBARCADERO CENTER STE 550 SAN FRANCISCO, CA 94111	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
METROPOLITAN WEST TOT RETURN BOND 865 S FIGUEROA ST 1400 LOS ANGELES, CA 90071	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
METROPOLITAN WEST TOTAL RETURN CLA 865 S FIGUEROA ST 1400 LOS ANGELES, CA 90071	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
METROPOLITAN WEST HIGH YIELD BOND 865 S FIGUEROA ST 1400 LOS ANGELES, CA 90071	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY DISCOVERY PORT CL A 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY GROWTH PORTFOLIO A 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STA INST INC.INCEPTION PORT 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY GROWTH PORTFOLIO I 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY INSIGHT A 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY INSTLINTERNTL OPP C 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EVENTIDE GILEAD FUND CLASS N 80 ARKAY STE 110 HAUPPAUGE, NY 11788	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EVENTIDE BALANCED FUND CL N 80 ARKAY STE 110 HAUPPAUGE, NY 11788	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN MUTUAL GLOBL DISCOVERY Z 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	\$16.00	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NEEDHAM SMALL CAP GROWTH 445 PARK AVE 15TH FL NEW YORK, NY 10022	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ADVISORS CAPITAL TACTICAL FX INC I 100 SALEM ST SMITHFIELD, RI 02917	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ADVISORS CAPITAL SMALL MID CAP INV 100 SALEM ST SMITHFIELD, RI 02917	0.40%	

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ADVISORS CAPITAL US DIVIDEND FD IN 100 SALEM ST SMITHFIELD, RI 02917	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN NEW PERSPECTIVE CLASS F1 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NICHOLAS II INC CLASS N 411 E. WISCONSIN AVE MILWAUKEE, WI 53202	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NORTHERN SMALL CAP VALUE 801 SOUTH CANAL C5S CHICAGO, IL 60675	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FULCRUM DIVERS ABSOL RETURN FD INS 2020 E FINANCIAL WAY STE 100 GLEN DORA, CA 91741	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HCM INCOME PLUS FUNDINVESTOR 1145 HEMBREE ROAD ROSWELL, GA 30076	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ABSOLUTE CAPITAL DEFENDER FD INVES 101 PENNSYLVANIA BLVD PITTSBURGH, PA 15228	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ABSOLUTE CAPITAL ASSET ALLOCATOR I 101 PENNSYLVANIA BLVD PITTSBURGH, PA 15228	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HCM DIVIDEND SECTOR PLUS FUND INVE 1145 HEMBREE ROAD ROSWELL, GA 30076	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HCM TACTICAL GROWTH FUND INVESTOR 1145 HEMBREE ROAD ROSWELL, GA 30076	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
USA MUTUALS VICE FD INVESTOR 615 EAST MICHIGAN ST MILWAUKEE, WI 53202	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG MFS AGGRESSIVE GROWTH STRATEGY 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG JP MORGAN TACTICAGGRESSIVE STR 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG BNY MELLON DIVERSIFIER STRAT R 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG MEEDER TACTICAL STRATEGY FUND 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG JANUS HENDERSON BALANCED STRAT 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG FIDELITY INST AMCORE PLUS BD S 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG TACTICAL INCOME STRATEGY CL R 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PFG EQUITY INDEX FOCUSED STRATEGY 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PFG SECTOR EQUITY BUS CYCLE STRAT 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PFG BR TRGT ALLOCAT EQ STRATEGY FD 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG AMERICAN FUNDS GROWTH STRAT CL 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG AMERICAN FDS CONS INC STRAT CL 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NUVEEN FLOATING RATEINCOME A 333 WEST WACKER DR CHICAGO, IL 60606	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NUVEEN PREFERRED SECS AND INC CL A 333 WEST WACKER DR CHICAGO, IL 60606	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OBERWEIS SMALL CAP OPPORTUNITIES 3333 WARRENVILLE RD STE. 500 LISLE, IL 60532	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO LOW DURATION CLASS A 1633 BROADWAY NEW YORK, NY 10019	0.38%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO TOTAL RETURN CLASS A 1633 BROADWAY NEW YORK, NY 10019	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO INTL BD FD U SDOLLAR HEDGED 1633 BROADWAY NEW YORK, NY 10019	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PARNASSUS CORE EQUITY INVESTOR 1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO, CA 94105	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PERMANENT PORTFOLIO 600 MONTGOMERY ST STE 4100 SAN FRANCISCO, CA 94111-2702	0.38%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CONQUER RISK DEFENSIVE BULL I 777 BRICKELL AVE STE 500 MIAMI, FL 33131	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CONQUER RISK TACTICAL OPP FUND I 777 BRICKELL AVE STE 500 MIAMI, FL 33131	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CONQUER RISK TACTICAL ROTATION I 777 BRICKELL AVE STE 500 MIAMI, FL 33131	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CONQUER RISK MANAGEDVOLATILITY FUN 777 BRICKELL AVE STE 500 MIAMI, FL 33131	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO ALL ASSET FUNDCLASS A 1633 BROADWAY NEW YORK, NY 10019	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO INCOME FUND CL A 1633 BROADWAY NEW YORK, NY 10019	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO INFLATION RSPNS MULTI ASSET 1633 BROADWAY NEW YORK, NY 10019	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO STOCKSPUS SHORT FUND CL I3 1633 BROADWAY NEW YORK, NY 10019	0.10%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE COMM & TECHNOLOGY INV 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE HEALTH SCIENCES 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE GLOBAL TECHNOLOGY 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE RET 2040 FD 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE RETIREMENT 2045 FD 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRIMECAP ODYSSEY STO CK FUND 2020 E. FINANCIAL WAY STE 100 GLEN DORA, CA 91741	0.10%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL MID CAP INSTL 620 COOLIDGE DR STE 300 FOLSOM, CA 95630	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL MID CAP FUND CLASS A 620 COOLIDGE DR STE 300 FOLSOM, CA 95630	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AKRE FOCUS FUND RETAIL 777 E. WISCONSIN AVE. 4TH FL MILWAUKEE, WI 53202	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AKRE FOCUS FUND INSTL 777 E. WISCONSIN AVE. 4TH FL MILWAUKEE, WI 53202	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THE OSTERWEIS STRATEGIC INCOME FD 777 E. WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VILLERE BALANCED 601 POYDRAS ST STE 1808 NEW ORLEANS, LA 70130-6038	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BANKS ULTRA SECTOR PRO FUND INVEST 7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA, MD 20814	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BITCOIN STRATEGY FD INVESTOR 7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA, MD 20814	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PGIM FLOATING RATE INCOME CL Z 655 BROAD ST NEWARK, NJ 07102	0.10%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PGIM JENNISON MID CAP GROWTH CL C 655 BROAD ST NEWARK, NJ 07102	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PUTNAM GLOBAL TECHNOLOGY FUND CL A 1 POST OFFICE SQ MAILZONE G3C BOSTON, MA 02109	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BOSTON PARTNERS ALL CAP VALUE INVS 223 WILMINGTON W CHESTER PIKE 216 CHADDS FORD, PA 19317	0.40%	

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.

(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T ROWE PRICE FINANCIAL SERVICES	4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE U.S EQUITY RESEARCH F 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE BLUE CHIP GROWTH INC 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE GLOBAL STOCK 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE VALUE 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE SPECT MODERATE ALLOCA 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE SCIENCE& TECHNOLOGY 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE ULTRA SHORT TERM BD I 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE MID CAP VALUE 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE INTL EQUITY INDEX 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE INTRTD US SM CAP GR E 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RYDEX NASDAQ 100 2X STRATEGY CL H 9601 BLACKWELL RD STE 500 ROCKVILLE, MD 20850	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RYDEX S&P 500 2X STRATEGY CL H 9601 BLACKWELL RD STE 500 ROCKVILLE, MD 20850	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RYDEX NASDAQ 100 INV CLASS 9601 BLACKWELL RD STE 500 ROCKVILLE, MD 20850	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AVE MARIA GROWTH 801 W. ANN ARBOR TRAIL STE 244 PLYMOUTH, MI 48170	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEGALL BRYANT HAMILL PLUS BOND FD 370 17TH ST STE 5000 DENVER, CO 80202	0.30%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SHELTON NASDAQ 100 INDEX INVESTOR P.O. BOX 87 DENVER, CO 80201-0087	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SMEAD VALUE FUND INVESTOR CL SHARE 1290 BROADWAY STE 1100 DENVER, CO 80203	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SPROTT GOLD EQUITY FUND INVESTOR 200 BAY ST STE 2600 TORONTO, CA M5J 2J1 CA	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
STERLING CAPITAL TOTAL RETURN BOND 434 FAYETTEVILLE ST 5TH FL RALEIGH, NC 27601	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TCW EMERGING MARKETS INCOME CL N 865 S FIGUERA ST 22ND FL LOS ANGELES, CA 90071	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TCW TOTAL RETURN BOND CLASS N 865 S FIGUERA ST 22ND FL LOS ANGELES, CA 90071	0.35%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TCW CORE FIXED INCOME CLASS N 865 S FIGUERA ST 22ND FL LOS ANGELES, CA 90071	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TCW EMERGING MKTS INCOME CL I 865 S FIGUERA ST 22ND FL LOS ANGELES, CA 90071	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TCW TOTAL RETURN BOND CLASS I 865 S FIGUERA ST 22ND FL LOS ANGELES, CA 90071	0.10%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TIAA CREF REAL ESTATE SEC INSTL 730 THIRD AVE NEW YORK, NY 10017	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE REAL ASSET FUND INVES 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THE PRIVATE SHARES FUND CLASS I 2220 E. ROUTE 66 STE 226 GLEN DORA, CA 91740	0.20%	

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THRIVENT MID CAP STOCK FUND CL S 4321 N. BALLARD ROAD APPLETON, WI 54919-0001	0.15%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TOUCHSTONE SANDS CAP SEL GRWTH Z 303 BROADWAY STE 1100 CINCINNATI, OH 45202-4203	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRANSAMERICA CAPITAL GROWTH CL A 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PERFORMANCE TRUST TOTAL RETRN BND 500 WEST MADISON STE 470 CHICAGO, IL 60661	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RIVERPARK STRATEGIC INCOME FUND RE 615 E. MICHIGAN ST MILWAUKEE, WI 53202	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HOLBROOK INCOME FD A 2933 NE 16TH ST PORTLAND, OR 97212	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VICTORY NASDAQ 100 INDEX FUND CL A 4900 TIEDEMAN RD 4TH FL BROOKLYN, OH 44114	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VICTORY NASDAQ 100 INDEX FUND 4900 TIEDEMAN RD 4TH FL BROOKLYN, OH 44114	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THE APPLESEED FUND 161 NORTH CLARK ST. STE 2200 CHICAGO, IL 60601	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VALUE LINE ASSET ALLOCATION INVEST 7 TIMES SQUARE STE 1606 NEW YORK, NY 10036	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SUMMITRY EQUITY FUND 1850 GATEWAY DR. STE 100 FOSTER CITY, CA 94404	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VICTORY MARKET NEUTRAL INCOME FD I 4900 TIEDEMAN RD 4TH FL BROOKLYN, OH 44114	0.15%	

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VICTORY GLOBAL ENERGY TRANSITION A 4900 TIEDEMAN RD 4TH FL BROOKLYN, OH 44114	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VIRTUS KAR SMALL CAP GROWTH CL A 100 SUMMIT LAKE DR 201 GREENFIELD, MA 01301	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VIRTUS ZEVENBERGEN INNOVATIVE GR S 100 SUMMIT LAKE DR 201 GREENFIELD, MA 01301	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VIRTUS INCOME & GROWTH FUND A 100 SUMMIT LAKE DR 201 GREENFIELD, MA 01301	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WASATCH CORE GROWTH 505 WAKARA WAY STE 300 SALT LAKE CITY, UT 84108	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WASATCH HOISINGTON US TREASURY 505 WAKARA WAY STE 300 SALT LAKE CITY, UT 84108	0.25%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WASATCH INTERNATIONAL OPPORTUNITIES 505 WAKARA WAY STE 300 SALT LAKE CITY, UT 84108	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN WASHINGTON MUTUAL INVESTO 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALLSPRING INDEX FUND A 525 MARKET ST MAC A0103 122 SAN FRANCISCO, CA 94105	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
APPLIED FIN DIVIDENDFUND INVSTR CL 8730 STONY POINT PKWY STE 205 RICHMOND, VA 23235	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>335</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TENET HEALTHCARE CORPORATION</u>	D Employer Identification Number (EIN) <u>95-2557091</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COHEN & STEERS COLL INV TR</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>46-3411346-064</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM ITM INF-PR BD D</u>		
b Name of sponsor of entity listed in (a): <u>FIAM TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-104</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT INVESTMENTS</u>		
b Name of sponsor of entity listed in (a): <u>NEW YORK LIFE</u>		
c EIN-PN <u>13-5582869-209</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>56954476</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHRODER INTL SMALL CO</u>		
b Name of sponsor of entity listed in (a): <u>SCHRODER INVEST MANAGEMENT NORTH AMERICA</u>		
c EIN-PN <u>13-6877903-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T ROWE PRICE INTL BD TR</u>		
b Name of sponsor of entity listed in (a): <u>T ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>30-6304154-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>63022292</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE INTL SMALL-CAP EQ</u>		
b Name of sponsor of entity listed in (a): <u>T ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>36-7612285-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>133432658</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AS SPL MD CAP VAL E2</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>84-6615098-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>63116172</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: C&S US REALTY C		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 46-3411346-064	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116999630
a Name of MTIA, CCT, PSA, or 103-12 IE: SP 500 INDEX PL CL F		
b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS		
c EIN-PN 82-6293122-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2238179879
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM ITM INF-PR BD D		
b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY		
c EIN-PN 20-4659714-104	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95784374
a Name of MTIA, CCT, PSA, or 103-12 IE: FID GR CO POOL CL O		
b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY		
c EIN-PN 04-3022712-135	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1261018061
a Name of MTIA, CCT, PSA, or 103-12 IE: COL DIV INC INST MS		
b Name of sponsor of entity listed in (a): AMERIPRISE TRUST COMPANY		
c EIN-PN 41-0007957-218	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 214172598
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHRODER INTL ALPHA		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 46-4679164-072	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 129447517
a Name of MTIA, CCT, PSA, or 103-12 IE: MN CURRIE EMG MKT R3		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY		
c EIN-PN 82-4565709-376	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 284000788
a Name of MTIA, CCT, PSA, or 103-12 IE: SP EXT MKT IDX CL E		
b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST		
c EIN-PN 82-6293122-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 479657872
a Name of MTIA, CCT, PSA, or 103-12 IE: SP DEV INTL IDX CL E		
b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST		
c EIN-PN 82-6293122-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 557985941
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 335
C Plan sponsor's name as shown on line 2a of Form 5500 TENET HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 95-2557091

Part I	Asset and Liability Statement
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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	4094124	876197
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	156289365	119160388
(2) U.S. Government securities	1c(2)	138117006	169725930
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	40671844	39835311
(B) All other	1c(3)(B)	42893084	33687811
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	281870	189495
(B) Common	1c(4)(B)	402595376	376455298
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	112342207	117194904
(9) Value of interest in common/collective trusts	1c(9)	4529862406	5636817782
(10) Value of interest in pooled separate accounts	1c(10)	61983487	56954476
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	790669876	927416749
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	538659778	489067889

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	6818460423	7967382230
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6818460423	7967382230

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)	117958126	
(B) Participants	2a(1)(B)	431243356	
(C) Others (including rollovers)	2a(1)(C)	55903259	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		605104741
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2973829	
(B) U.S. Government securities	2b(1)(B)	4995043	
(C) Corporate debt instruments	2b(1)(C)	3586658	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	6707090	
(F) Other	2b(1)(F)	1806008	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		20068628
(2) Dividends: (A) Preferred stock	2b(2)(A)	15411	
(B) Common stock	2b(2)(B)	3309743	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	28840777	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		32165931
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1790741667	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1777913965	
(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)	0	
(B) Other	2b(5)(B)	68786067	
(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)		1174219730
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		59057333
c Other income	2c		28087890
d Total income. Add all income amounts in column (b) and enter total	2d		2000318022

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	839924230	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		839924230
f Corrective distributions (see instructions)	2f		524299
g Certain deemed distributions of participant loans (see instructions)	2g		1406629
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	25276	
(2) Contract administrator fees.....	2i(2)	13350	
(3) Recordkeeping fees.....	2i(3)	3172427	
(4) IQPA audit fees.....	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	6006364	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	688	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	322952	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		9541057
j Total expenses. Add all expense amounts in column (b) and enter total	2j		851396215

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1148921807
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) ☒ 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: **DELOITTE & TOUCHE**

(2) EIN: **13-3891517**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?	☒		94000
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.		☒	

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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	335
C Plan sponsor's name as shown on line 2a of Form 5500 TENET HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 95-2557091	

Part I	Distributions
--------	---------------

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

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

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

4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
----------	------------

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

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

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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. _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Tenet Healthcare Corporation 401(k) Retirement Savings Plan

Employer ID No: 95-2557091
Plan Number: 335

Financial Statements (Modified Cash Basis)
as of and for the Years Ended December 31, 2023 and 2022,
Supplemental Schedule as of December 31, 2023,
and Independent Auditor's Report

**TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN**

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

INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the financial statements of Tenet Healthcare Corporation 401(K) Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended and the related notes to the financial statements (modified cash basis) ("the financial statements").

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

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.
- The information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Basis of Accounting

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

Other Matter — Supplemental Schedule Required by ERISA

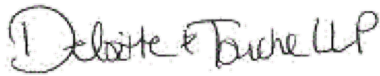
The supplemental schedule of assets (held at end of year) as of December 31, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its

form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

A handwritten signature in dark ink, appearing to read "Deloitte & Touche LLP", is written in a cursive, stylized script.

October 15, 2024

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ASSETS:		
Investments at fair value:		
Interest-bearing cash and cash equivalents	\$ 78,347,019	\$ 126,132,873
Mutual funds	845,559,486	724,666,197
Self-directed brokerage accounts	203,342,113	154,434,263
Collective trusts	5,636,817,782	4,529,862,406
U.S. government securities	95,009,056	69,551,440
Mortgage-backed securities	70,534,903	66,005,636
Corporate bonds	55,622,119	66,518,633
Common stocks	300,271,006	347,557,828
Asset-backed securities and municipal bonds	19,957,587	19,748,367
Total investments at fair value	7,305,461,071	6,104,477,643
Investments at contract value:		
Guaranteed investment contracts	61,103,247	67,570,912
Synthetic investment contracts	521,016,146	582,413,126
Total investments	7,887,580,464	6,754,461,681
Non-interest bearing cash	865,231	4,080,124
Notes receivable from participants	117,194,904	112,342,207
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 8,005,640,599</u>	<u>\$ 6,870,884,012</u>

See notes to financial statements.

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)
FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS ATTRIBUTED TO:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 1,315,931,226	\$ (1,743,493,868)
Interest	26,393,982	19,383,734
Dividends	32,165,931	30,125,050
Net investment income (loss)	1,374,491,139	(1,693,985,084)
Interest income on notes receivable from participants	6,707,063	5,651,103
Contributions:		
Employer	117,958,126	115,865,858
Participants	431,243,356	422,944,508
Participant Rollovers	55,903,259	46,068,542
Net additions (deductions)	1,986,302,943	(1,103,455,073)
OTHER DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	841,855,158	845,132,527
Administrative expenses	9,691,198	11,695,598
Total other deductions	851,546,356	856,828,125
NET INCREASE (DECREASE)	1,134,756,587	(1,960,283,198)
NET ASSETS AVAILABLE FOR BENEFITS — Beginning of year	6,870,884,012	8,831,167,210
NET ASSETS AVAILABLE FOR BENEFITS — End of year	<u>\$ 8,005,640,599</u>	<u>\$ 6,870,884,012</u>

See notes to financial statements.

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (MODIFIED CASH BASIS)
AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

1. DESCRIPTION OF PLAN

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

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

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

Eligibility and Contributions — Plan eligibility is based upon completion of 30 days of service with the Employer, as defined in the Plan document, and participation is elective. Participants may contribute up to 75% of their eligible compensation to the Plan as pretax and/or Roth after-tax savings. Instead of, or in addition to, pretax and/or Roth after-tax savings, participants may contribute up to 10% of their eligible compensation as after-tax savings. The total percentage of pretax, Roth after-tax and after-tax savings cannot exceed 85% of a participant’s eligible compensation. The total dollar amount a participant could contribute on a pretax and/or Roth after-tax basis was limited to \$22,500 and \$20,500, the maximum allowed by the Internal Revenue Service (“IRS”), during the years ended December 31, 2023 and 2022, respectively. In addition, participants age 50 years or over could make a catch-up contribution not to exceed \$7,500 and \$6,500 in total for the years ended December 31, 2023 and 2022, respectively. An eligible employee or participant may also make rollover contributions to the Plan.

The employer matching contribution under the Plan is a discretionary amount determined by the Retirement Plans Administration Committee (“RPAC”). For the years ended December 31, 2023 and 2022, the RPAC approved an employer match equal to 50% of pretax and/or Roth after-tax contributions up to a maximum of 6% of eligible compensation. For both years, the participant was required to work a minimum of 1,000 eligible hours of service per calendar year. Certain collective bargaining agreements may allow for a different employer match in accordance with their specific collective bargaining agreement. The Sponsor also makes a Retirement Medical Benefit Account (“RMBA”) contribution for a specific group of collective bargaining agreement employees specified in the Plan document. The RMBA contribution is equal to 1% or 2% of eligible compensation, depending on the collective bargaining agreement, and is subject to 1,500 eligible hours of service annually.

Employer matching contributions are calculated for employees participating in the Plan during the year and employed on the last day of the year and are funded during the following calendar year, unless collective bargaining agreements dictate funding during the year earned. The Plan document also provides exceptions to the end of the year employment requirement for matching contributions due to death, disability or the participant’s retirement on or after attaining the age of fifty-nine and one half.

The Plan contains provisions to allow the Employer to make discretionary match and/or profit sharing contributions. No additional discretionary matching or profit sharing contributions were made related to the Plan years ended December 31, 2023 and 2022.

Participant Accounts — Each participant’s account is credited with the participant’s contributions, the Employer’s contributions and Plan earnings or losses based on their investments. Participant accounts are also charged with withdrawals and an allocation of plan losses and administrative expenses. The benefit that a participant is entitled to is the amount that can be provided from the participant’s vested account. Any loans that existed in plans prior to merging into the Plan were in

accordance with their original plan's provisions. As a result of previous mergers, some loans held as of December 31, 2023 may have provisions that differ from those currently allowable under the Plan.

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

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

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

Participants also become fully vested in the Employer's contributions portion of their accounts upon total and permanent disability, attainment of age 59 and one half or death while an employee.

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

Forfeitures — Upon termination of employment due to involuntary or voluntary separation and upon withdrawal, the Plan document permits forfeited amounts contributed by the Employer to be applied against future Employer contributions or to pay Plan expenses. During the years ended December 31, 2023 and 2022, forfeitures of \$6,018,920 (for 2022 match processed in 2023) and \$6,500,000 (for 2021 match processed in 2022), respectively, were used to offset Employer contributions related to the 2022 and 2021 Plan years. During the years ended December 31, 2023 and 2022, forfeitures of \$807,675 and \$719,738, respectively, were used to pay Plan expenses. Forfeitures available for utilization totaled \$7,149,627 and \$6,018,416 at December 31, 2023 and 2022, respectively.

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

Investment Options — Each participant may direct his or her employee and employer contributions to be invested in one or more of the investment options available through the Plan. Participants may obtain schedules of specific funds available as investment options from participant information packets or the Sponsor's intranet website. Participants may change their investment elections for future contributions or existing account balances on a daily basis. The Plan also allows for participants to establish a BrokerageLink[®] account, which allows participants to invest in stocks or other individual securities and mutual funds that are not included in the Plan's investment options. Amounts invested through the BrokerageLink[®] option are presented as self-directed brokerage accounts in the statements of net assets available for benefits.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The Plan uses, and regulatory and taxing authorities permit, the modified cash basis method of accounting where additions to net assets available for benefits are recognized when cash is received and deductions are recognized when amounts are paid, except for the recognition of unrealized gains or losses on investments at the end of the Plan

year and interest and dividend income when earned. This method is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (“GAAP”). In general, statements prepared in accordance with GAAP would include, among other things, contributions receivable as assets and accrued administrative expenses as liabilities.

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

Investment Valuation and Income Recognition — The Plan’s investments are stated at fair value, except for fully benefit-responsive guaranteed investment contracts (“GICs”) and fully benefit-responsive synthetic guaranteed investment contracts (“synthetic GICs”), which are reported at contract value. The fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the amount Plan participants would receive if they were to initiate permitted transactions under the terms of the Plan (see Note 5). See Note 3 for discussion on fair value measurements.

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

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

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

Contributions — Contributions from the Employer and participants are recorded when remitted to the Plan’s trust. The Employer contributions of \$117,958,126 presented on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2023, includes the 2022 Plan year Employer contribution for the majority of the Plan’s participants and a portion of the 2023 Plan year Employer contribution for union employees of \$676,038. Similarly, the Employer contributions of \$115,865,858 presented on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2022, includes the 2021 Plan year Employer contribution for the majority of the Plan’s participants and a portion of the 2022 Plan year Employer contribution for union employees of \$775,039.

Employer contributions related to the 2023 Plan year of approximately \$120,370,000, net of forfeitures utilized of \$6,801,138, were deposited into the Plan during 2024.

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

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

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

3. FAIR VALUE MEASUREMENTS

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

Asset Valuation Techniques — Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

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

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

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

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

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

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

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

Fair Value Measurements — The following table sets forth, by level within the fair value hierarchy, a summary of the Plan’s investments measured at fair value on a recurring basis at December 31, 2023:

Fair Value Measurements at December 31, 2023, Using				
	Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Short-term investment fund	\$ 40,265,004	\$ —	\$ —	\$ 40,265,004
Money market funds	38,082,015	—	—	38,082,015
Mutual funds	845,559,486	—	—	845,559,486
Self-directed brokerage accounts	203,342,113	—	—	203,342,113
U.S. government securities	95,009,056	—	—	95,009,056
Common stocks	300,271,006	—	—	300,271,006
Mortgage-backed securities	—	70,534,903	—	70,534,903
Asset-backed securities	—	17,796,246	—	17,796,246
Corporate bonds	—	55,622,119	—	55,622,119
Municipal bonds	—	2,161,341	—	2,161,341
Total	<u>\$ 1,522,528,680</u>	<u>\$ 146,114,609</u>	<u>\$ —</u>	<u>\$ 1,668,643,289</u>
Collective trusts measured at NAV				5,636,817,782
Total investments at fair value				<u>\$ 7,305,461,071</u>

The following table sets forth, by level within the fair value hierarchy, a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2022:

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

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

4. NET ASSET VALUE PER SHARE

The following table summarizes the Plan's investments with a reported NAV as of December 31, 2023. The fair value of investments in the table below has been estimated using the NAV of the investments.

	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
At December 31, 2023					
Collective trusts:					
Foreign	\$ 883,888,408	\$ —	Daily	None	None ⁽¹⁾
Large cap blend	2,238,179,879	—	Daily	None	None
Large cap value	214,172,598	—	Daily	None	None
Large cap growth	1,261,018,061	—	Daily	None	None
Mid cap blend	479,657,872	—	Daily	None	None
Mid cap value	63,116,172	—	Daily	None	None
Emerging markets	284,000,788	—	Daily	None	None
Intermediate term	95,784,374	—	Daily	None	None
Real Estate	116,999,630	—	Daily	None	None
Total	<u>\$ 5,636,817,782</u>	<u>\$ —</u>			

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

The following table summarizes the Plan's investments with a reported NAV as of December 31, 2022. The fair value of investments in the table below has been estimated using the NAV of the investments.

	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
At December 31, 2022					
Collective trusts:					
Foreign	\$ 763,121,957	\$ —	Daily	None	None ⁽¹⁾
Large cap blend	1,834,703,717	—	Daily	None	None
Large cap value	195,880,631	—	Daily	None	None
Large cap growth	929,945,988	—	Daily	None	None
Mid cap blend	365,836,868	—	Daily	None	None
Emerging markets	245,177,854	—	Daily	None	None
Intermediate term	92,341,804	—	Daily	None	None
Real estate	102,853,587	—	Daily	None	None
Total	<u>\$ 4,529,862,406</u>	<u>\$ —</u>			

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

5. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

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

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

The fair value of the collective trust funds held within the synthetic GICs are reported at the NAV of the investment provided by the issuer of the fund as a practical expedient. There are no restrictions on redemptions or redemption frequency, and there were no unfunded commitments between the Plan and the collective trust funds as of December 31, 2023 and 2022.

The Plan also has a traditional GIC with an insurance company. The insurance company maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The GIC is included in the financial statements at contract value, which represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

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

There are certain events not initiated by Plan participants that limit the ability of the Plan to transact with the issuer of the GIC or synthetic GICs at their contract value. Specific coverage provided by each traditional GIC and synthetic GIC may be different for each issuer, and can be found in the individual traditional GIC or synthetic GIC contracts held by the Plan. Examples of such events include: the Plan's failure to qualify under the IRC as amended; full or partial termination of the Plan;

involuntary termination of employment as a result of a corporate merger, divestiture, spin off, or other significant business restructuring, which may include early retirement incentive programs or bankruptcy; changes to the administration of the Plan that decrease employee or employer contributions, the establishment of a competing plan by the Sponsor, the introduction of a competing investment option, or other Plan amendment that has not been approved by the Contract Issuers; dissemination of a participant communication that is designed to induce participants to transfer assets from the stable value option; or events resulting in a material adverse financial impact on the contract issuer, including changes in the IRC, laws or regulations. The Plan administrator does not believe that the occurrence of any of the aforementioned events, which would limit the Plan's ability to transact with the issuer of its GIC or synthetic GICs at their contract value with participants, is probable.

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

The average yield based on actual earnings of the Plan's investment contracts, computed by dividing the annualized one-day actual earnings of the contract on the last day of the Plan year by the fair value of the investments on the same date, was approximately 2.73% and 2.10% during the years ended December 31, 2023 and 2022, respectively. The average yield based on the interest rate credited to participants of the Plan's investment contracts, computed by dividing the annualized one-day actual earnings credited to participants on the last day of the Plan year by the fair value of the investments on the same date, was 2.67% and 2.05% during the years ended December 31, 2023 and 2022, respectively.

6. PLAN TERMINATION

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

7. TAX STATUS

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

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

8. CERTIFIED INVESTMENT INFORMATION

The following is a summary of the information regarding the Plan as of December 31, 2023 and 2022, and for the years then ended, included in the Plan's financial statements and supplemental schedule of assets held at end of year, that was prepared by or derived from information prepared by the Trustee, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee that such information is complete and accurate.

	2023	2022
Statements of net assets available for benefits:		
Investments at fair value:		
Interest-bearing cash and cash equivalents	\$ 78,347,019	\$ 126,132,873
Mutual funds	845,559,486	724,666,197
Self-directed brokerage accounts	203,342,113	154,434,263
Collective trusts	5,636,817,782	4,529,862,406
U.S. government securities	95,009,056	69,551,440
Mortgage-backed securities	70,534,903	66,005,636
Corporate bonds	55,622,119	66,518,633
Common stocks	300,271,006	347,557,828
Asset-backed securities and municipal bonds	19,957,587	19,748,367
Investments at contract value:		
Guaranteed investment contracts	61,103,247	67,570,912
Synthetic investment contracts	521,016,146	582,413,126
Non-interest bearing cash	865,231	4,080,124
Notes receivable from participants	117,194,904	112,342,207
Statements of changes in net assets available for benefits:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	1,315,931,226	(1,743,493,868)
Interest	26,393,982	19,383,734
Dividends	32,165,931	30,125,050
Interest income on notes receivable from participants	6,707,063	5,651,103

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

9. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

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

Administrative revenues arise when investment managers return a portion of the investment fees to the Trustee to offset administrative expenses. The Plan receives credits for this revenue sharing on a quarterly basis. These credits are held in an unallocated account from which future Plan expenses can be paid. The Plan held undistributed administrative revenues of \$1,198,964 and \$202,185 at December 31, 2023 and 2022, respectively. In addition, the Trustee pays a quarterly participant revenue credit related to certain funds that the participant is invested in. The participant revenue credit is allocated to participants investing in these funds on a pro-rata basis according to their average balance in such funds.

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

10. PLAN AMENDMENTS

The Plan was not amended during the years ended December 31, 2023 and 2022.

11. VOLUNTARY COMPLIANCE RESOLUTION

In 2021, the Sponsor determined that minimum required distributions to some participants or their beneficiaries were incorrectly processed. The Sponsor determined that the error resulted from a deficiency in Fidelity's recordkeeping system and impacted approximately 20 minimum required distributions between 2003 and 2019. In July 2021, the Plan elected to participate in a group Voluntary Correction Program ("VCP") filing previously submitted by Fidelity in June 2019 regarding this matter. In February 2022, the Sponsor received a VCP Compliance Statement (the "Compliance Statement") from the IRS which approved the proposed corrective actions described in the initial VCP filing. The Sponsor completed all required corrective actions to comply with the Compliance Statement during the year ended December 31, 2022.

12. SUBSEQUENT EVENTS

For the year ended December 31, 2023, subsequent events were evaluated through October 15, 2024, the date the financial statements were available to be issued. No events occurred that require additional disclosure or adjustments to the Plan's financial statements.

13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits per the financial statements at December 31, 2023 and 2022 to Form 5500:

	2023	2022
Net assets available for benefits per financial statements	\$ 8,005,640,599	\$ 6,870,884,012
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	(38,258,369)	(52,423,589)
Net assets available for benefits per Form 5500	<u>\$ 7,967,382,230</u>	<u>\$ 6,818,460,423</u>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements for the years ended December 31, 2023 and 2022 to net income reported on Form 5500:

	2023	2022
Net increase (decrease) in net assets available for benefits per financial statements	\$ 1,134,756,587	\$ (1,960,283,198)
Plus (less) change in adjustment from contract value to fair value for fully benefit-responsive investment contracts from prior year	14,165,220	(58,743,444)
Net income (loss) per Form 5500	<u>\$ 1,148,921,807</u>	<u>\$ (2,019,026,642)</u>

SUPPLEMENTAL SCHEDULE

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Interest-bearing cash and cash equivalents:		
* Fidelity	Fidelity Short-Term Investment Fund	\$ 40,265,004
* Fidelity	Money Market Treasury Only	33,310,638
Brown Brothers Harriman	BBH Short-Term Investment Fund	4,771,377
	Subtotal interest-bearing cash and cash equivalents	78,347,019
Mutual funds:		
BlackRock	Strategic Global Bond Fund, Inc., Inst. Shares; 14,278,689 shares	75,985,927
* Fidelity	Long-Term Treasury Bond Index Fund; 8,552,188 shares	86,633,671
* Fidelity	U.S. Bond Index Fund; 31,972,064 shares	333,478,333
PGIM	High Yield Fund, Class R6; 14,836,958 shares	70,327,181
Western Asset	Total Return Unconstrained Fund; 7,369,358 shares	67,061,161
* Fidelity	Worldwide Fund; 2,631,208 shares	81,855,902
American Century	Small Cap Value Fund, Class R6; 12,389,698 shares	130,217,311
	Subtotal mutual funds	845,559,486
Self-directed brokerage accounts:		
* Fidelity BrokerageLink	BrokerageLink - Mutual Funds	81,943,725
	BrokerageLink - Common Stock	76,097,831
	BrokerageLink - Preferred Stock	189,495
	BrokerageLink - Corporate & Government Bond	4,286,728
	BrokerageLink - Certificate of Deposit	6,688,077
	BrokerageLink - Interest-bearing cash	34,125,722
	BrokerageLink - Non-interest bearing cash	10,535
	Subtotal self-directed brokerage accounts	203,342,113
Collective trusts:		
* Fidelity	Growth Company Commingled Pool, Class 3; 24,348,678 shares	1,261,018,061
* Fidelity	FIAM Int. Infl. PR Bond Index CP, Class D; 662,858 shares	95,784,374
Spartan	Developed International Index Pool, Class E; 3,936,131 shares	557,985,941
Spartan	Extended Market Index Pool, Class E; 3,282,405 shares	479,657,872
Spartan	500 Index Pool, Class F; 10,144,494 shares	2,238,179,879
Schroder	International Alpha Trust, Class 1; 7,922,125 shares	129,447,517
Martin Currie	Emerging Markets CIT, Class R3; 23,052,012 shares	284,000,788
T. Rowe Price	International Bond Fund; 5,070,176 shares	63,022,292
T. Rowe Price	International Small-Cap Equity Trust, Class B; 6,191,771 shares	133,432,658
Columbia Threadneedle	Trust Dividend Income Fund MS; 17,230,297 shares	214,172,598
Cohen & Steers	US Realty Fund Class C; 5,835,393 shares	116,999,630
Allspring Funds Mgmt	Allspring Special Mid Cap Value Inst; 4,256,726 shares	63,116,172
	Subtotal collective trusts	5,636,817,782

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
U.S. government securities:		
United States Treasury	4.375%; 08/15/2043; CUSIP: 912810TU2	\$ 10,616,125
United States Treasury	4.750%; 11/15/2043; CUSIP: 912810TW8	7,975,199
United States Treasury	4.750%; 11/15/2053; CUSIP: 912810TV0	8,073,158
UST Bills	0.000%; 04/02/2024; CUSIP: 912797JL2	3,281,221
UST Bills	0.000%; 04/16/2024; CUSIP: 912797JN8	8,686,016
UST Bills	0.000%; 04/23/2024; CUSIP: 912797JP3	1,008,423
UST Bills	0.000%; 05/16/2024; CUSIP: 912797FH5	7,846,610
UST Notes	4.375%; 11/30/2028; CUSIP: 91282CJN2	10,254,633
UST Notes	4.375%; 12/15/2026; CUSIP: 91282CJP7	13,323,857
UST Notes	4.500%; 11/15/2033; CUSIP: 91282CJJ1	11,253,580
UST Notes	4.875%; 10/31/2028; CUSIP: 91282CJF9	12,178,343
UST Notes	4.875%; 11/30/2025; CUSIP: 91282CJL6	511,891
Subtotal U.S. government securities		95,009,056
Mortgage-backed securities:		
BAMLL Comm Mtg Sec Trust	Variable; 08/10/2038; \$650,000; CUSIP: 05491YAA8	600,045
BX Coml Mtg Tr	Variable; 03/11/2044; \$635,000; CUSIP: 12433XAG4	530,472
BX Tr 2019-Oc11	3.202%; 12/09/2041; \$285,000; CUSIP: 05606FAA1	251,890
CPT Mortgage Trust 2019	2.865%; 11/13/2039; \$545,000; CUSIP: 12654YAA7	459,644
CSMC 2018-Rpl9 Tr	3.850%; 09/25/2057; \$718,524; CUSIP: 12654PAE8	680,993
CSMC 2019-Rpl1 Tr	Variable; 07/25/2058; \$673,302; CUSIP: 12596MAB2	650,299
DC Office Trust 2019	2.965%; 09/15/2045; \$580,000; CUSIP: 23312BAA8	484,151
FHLM	3.000%; 04/15/2048; \$143,850; CUSIP: 3137FGVJ1	128,467
FHLM	3.990%; 08/25/2033; \$1,050,000; CUSIP: 3137FHQ71	1,009,131
FHLM	3.750%; 04/25/2033; \$1,095,000; CUSIP: 3137FG6T7	1,036,225
Federal Home Loan	5.300%; 05/22/2024; \$2,880,000; CUSIP: 3130AVT93	2,877,216
Federal Home Loan	5.370%; 05/21/2024; \$2,800,000; CUSIP: 3130AVSY9	2,797,483
FNMA	3.500%; 08/25/2042; \$1,716,424; CUSIP: 3136A7N65	1,602,728
FNMA	3.500%; 05/25/2046; \$47,766; CUSIP: 3136B2ZR6	46,954
FNMA	3.500%; 01/25/2047; \$93,032; CUSIP: 3136B2TU6	90,387
FNMA	3.000%; 06/25/2048; \$428,793; CUSIP: 3136B1Z72	382,456
FHLG	2.500%; 03/01/2031; \$816,693; CUSIP: 3128MMUQ4	772,676
FHLG	3.000%; 03/01/2031; \$85,568; CUSIP: 3128MMUS0	82,165
FHLG	3.000%; 06/01/2033; \$32,370; CUSIP: 3128MMXV0	31,013
FHLG	3.500%; 01/01/2034; \$218,648; CUSIP: 3128MFWR5	212,439
FHLG	3.500%; 11/01/2033; \$350,012; CUSIP: 3128MMYK3	339,417
FHLG	2.500%; 01/01/2052; \$590,965; CUSIP: 3132DWC27	503,584
FHLG	2.500%; 04/01/2052; \$659,830; CUSIP: 3132DWDJ9	562,060
FHLG	2.500%; 11/01/2051; \$1,500,541; CUSIP: 3132DWCP6	1,280,310
FHLG	3.000%; 02/01/2047; \$754,187; CUSIP: 3128MJZM5	683,163

(Continued)

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
FHLG	3.000%; 03/01/2047; \$1,376,082; CUSIP: 3128MJZQ6	\$ 1,246,493
FHLG	3.000%; 02/01/2050; \$412,253; CUSIP: 3133N3VW1	363,454
FHLG	3.000%; 08/01/2046; \$603,371; CUSIP: 3128MJYM6	546,928
FHLG	3.000%; 09/01/2046; \$186,539; CUSIP: 3128MJYT1	169,088
FHLG	3.000%; 10/01/2046; \$351,015; CUSIP: 3128MJYY0	318,178
FHLG	3.000%; 09/01/2046; \$624,287; CUSIP: 3131XU6Q5	565,216
FHLG	3.000%; 11/01/2046; \$306,524; CUSIP: 3128MJY61	277,850
FHLG	3.500%; 02/01/2047; \$168,407; CUSIP: 3128MJZN3	157,397
FHLG	3.500%; 02/01/2048; \$298,490; CUSIP: 3128MJ3J7	278,697
FHLG	3.500%; 01/01/2048; \$1,900,667; CUSIP: 3132XCR49	1,795,421
FHLG	3.500%; 01/01/2050; \$3,713; CUSIP: 3132DVKY0	3,466
FHLG	3.500%; 04/01/2045; \$744,269; CUSIP: 31335AAY4	704,219
FHLG	3.500%; 04/01/2047; \$66,665; CUSIP: 3128MJZX1	62,307
FHLG	3.500%; 05/01/2044; \$94,867; CUSIP: 3128MABS7	89,641
FHLG	3.500%; 05/01/2046; \$517,593; CUSIP: 3132AAYV0	486,104
FHLG	3.500%; 06/01/2046; \$89,593; CUSIP: 3128MJYH7	83,792
FHLG	3.500%; 06/01/2047; \$42,432; CUSIP: 3128MJZ86	39,645
FHLG	3.500%; 08/01/2046; \$535,442; CUSIP: 3132XCRV9	503,617
FHLG	3.500%; 08/01/2046; \$326,610; CUSIP: 3128MJYN4	305,463
FHLG	3.500%; 12/01/2044; \$323,334; CUSIP: 3131XQ3P9	303,865
FHLG	3.500%; 12/01/2047; \$94,299; CUSIP: 3128MJ3A6	88,076
FHLG	4.000%; 01/01/2045; \$242,248; CUSIP: 3128MAE62	234,892
FHLG	4.000%; 03/01/2048; \$125,700; CUSIP: 3132XCR80	121,530
FHLG	4.000%; 07/01/2048; \$1,076,206; CUSIP: 3132XCSB2	1,040,164
FHLG	4.000%; 12/01/2045; \$679,772; CUSIP: 31335ALZ9	658,069
FHLG	4.500%; 10/01/2048; \$236,121; CUSIP: 3128MJ5D8	233,172
FHLG	5.000%; 07/01/2048; \$76,810; CUSIP: 3128MJ4T4	77,382
FHLG	5.000%; 10/01/2048; \$159,642; CUSIP: 3128MJ5E6	160,631
FNMA	3.000%; 06/01/2032; \$147,317; CUSIP: 31418CLK8	141,306
FNMA	2.000%; 06/01/2041; \$1,060,596; CUSIP: 31418DZ62	911,812
FNMA	2.000%; 10/01/2040; \$14,210; CUSIP: 31418DTJ1	12,238
FNMA	3.000%; 10/01/2033; \$342,867; CUSIP: 31418AYD4	325,960
FNMA	2.000%; 01/01/2052; \$1,225,675; CUSIP: 3140QNCW0	1,002,408
FNMA	2.000%; 01/01/2052; \$1,785,899; CUSIP: 3140QNWH1	1,460,582
FNMA	2.000%; 02/01/2052; \$676,590; CUSIP: 3140MCAF7	553,344
FNMA	2.000%; 04/01/2051; \$1,662,530; CUSIP: 3140QKKC1	1,362,648
FNMA	2.000%; 04/01/2052; \$1,542,447; CUSIP: 3140XGX46	1,261,477
FNMA	2.000%; 05/01/2051; \$1,296,832; CUSIP: 31418DYG4	1,064,251
FNMA	2.000%; 12/01/2051; \$2,271,292; CUSIP: 31418D7E6	1,857,558
FNMA	2.455%; 04/01/2040; \$980,000; CUSIP: 3140HXWW6	731,753
FNMA	2.500%; 02/01/2052; \$1,815,807; CUSIP: 3140MGCW9	1,547,319

(Continued)

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
FNMA	2.500%; 02/01/2052; \$1,401,498; CUSIP: 31418EBS8	\$ 1,194,269
FNMA	2.500%; 05/01/2051; \$1,424,744; CUSIP: 3140QKVC9	1,223,652
FNMA	3.000%; 12/01/2051; \$1,310,325; CUSIP: 3140QMVY7	1,159,927
FNMA	3.500%; 01/01/2046; \$1,223,712; CUSIP: 3140J8FW8	1,150,030
FNMA	3.500%; 01/01/2047; \$312,824; CUSIP: 3138WJNN4	293,695
FNMA	3.500%; 01/01/2048; \$591,802; CUSIP: 31418CS47	551,915
FNMA	3.500%; 02/01/2048; \$380,069; CUSIP: 31418CUA0	354,453
FNMA	3.500%; 02/01/2047; \$59,678; CUSIP: 31418CGE8	55,712
FNMA	3.500%; 12/01/2047; \$456,899; CUSIP: 31418CR89	426,247
FNMA	3.500%; 01/01/2044; \$311,718; CUSIP: 3138ENZ93	292,484
FNMA	4.000%; 01/01/2049; \$294,529; CUSIP: 3140JLYN8	285,166
FNMA	4.000%; 04/01/2047; \$99,621; CUSIP: 31418CJE5	95,894
FNMA	4.000%; 06/01/2047; \$168,984; CUSIP: 31418CLH5	162,609
FNMA	4.000%; 06/01/2047; \$111,710; CUSIP: 3138WK4Q5	107,495
FNMA	4.000%; 07/01/2047; \$101,495; CUSIP: 3138WLCJ0	97,666
FNMA	4.000%; 07/01/2047; \$236,837; CUSIP: 31418CMG6	227,902
FNMA	4.000%; 08/01/2042; \$324,310; CUSIP: 31418AHY7	311,157
FNMA	4.500%; 08/01/2048; \$146,042; CUSIP: 3140Q9N25	144,051
FNMA	4.500%; 08/01/2046; \$1,544,027; CUSIP: 3140J56D6	1,536,973
FNMA Gtd Mtg Pass Thru CTF	3.250%; 02/25/2049; \$97,898; CUSIP: 3136B3A34	88,522
Freddie Mac Remics	4.000%; 06/15/2047; \$47,211; CUSIP: 3137FKHV1	46,552
Freddie Mac Stacr Remic Tr	Variable; 01/25/2042; \$640,993; CUSIP: 35564KPU7	638,891
GCAT 2021-NQM6 Trust	1.855%; 08/25/2066; \$853,471; CUSIP: 36167KAA6	741,085
GNII	3.000%; 10/20/2049; \$272,016; CUSIP: 36179U3S9	240,213
GNII	3.500%; 06/20/2049; \$82,724; CUSIP: 36179UT93	75,834
GNII	3.500%; 07/20/2049; \$37,505; CUSIP: 36179UVX7	34,381
GNII	2.500%; 09/20/2051; \$690,563; CUSIP: 36179WNE4	604,529
GNII	3.000%; 05/20/2047; \$121,997; CUSIP: 36179S5K9	112,080
GNII	3.000%; 05/20/2046; \$224,787; CUSIP: 36179SB71	207,146
GNII	3.000%; 11/20/2047; \$706,482; CUSIP: 36179TLR4	647,948
GNII	3.000%; 12/20/2046; \$446,921; CUSIP: 36179SSP3	410,591
GNII	3.500%; 01/20/2047; \$128,218; CUSIP: 36179SUV7	120,985
GNII	3.500%; 02/20/2047; \$171,448; CUSIP: 36179SWX1	161,777
GNII	3.500%; 03/20/2046; \$155,343; CUSIP: 36179R4E6	146,921
GNII	3.500%; 04/20/2046; \$77,194; CUSIP: 36179R7J2	73,009
GNII	3.500%; 05/20/2047; \$328,211; CUSIP: 36179S5L7	309,493
GNII	3.500%; 06/20/2047; \$83,379; CUSIP: 36179TAK1	78,624
GNII	3.500%; 07/20/2047; \$45,255; CUSIP: 36179TCX1	42,674
GNII	3.500%; 09/20/2047; \$87,528; CUSIP: 36179TG41	82,536
GNII	3.500%; 10/20/2047; \$220,929; CUSIP: 36179TJX4	208,190
GNII	3.500%; 11/20/2047; \$611,649; CUSIP: 36179TLS2	576,382

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
GNII	3.500%; 12/20/2046; \$287,179; CUSIP: 36179SSQ1	\$ 270,980
GNII	3.500%; 12/20/2047; \$473,396; CUSIP: 36179TNR2	446,102
GNII	4.000%; 03/20/2048; \$235,005; CUSIP: 36179TUB9	227,673
GNII	4.000%; 08/20/2047; \$78,390; CUSIP: 36179TE27	76,116
GNII	4.000%; 09/20/2048; \$115,274; CUSIP: 36179UCB6	111,462
GNII	4.000%; 09/20/2047; \$557,155; CUSIP: 36179TG58	540,991
GNII	4.000%; 11/20/2047; \$140,063; CUSIP: 36179TLT0	136,000
GNII	4.000%; 12/20/2047; \$4,095; CUSIP: 36179TNS0	3,971
GNII	4.500%; 08/20/2048; \$673,927; CUSIP: 36179T7L3	664,762
GNII	5.000%; 03/20/2047; \$56,064; CUSIP: 36179SYV3	57,036
GNII	5.000%; 05/20/2046; \$96,639; CUSIP: 36179SCB1	98,338
GNII	5.000%; 05/20/2047; \$120,660; CUSIP: 36179S5P8	122,712
GNII	5.000%; 07/20/2046; \$35,186; CUSIP: 36179SGP6	35,793
GNII	5.000%; 09/20/2045; \$172,764; CUSIP: 36179RNZ8	175,921
GNMA	3.500%; 09/20/2048; \$243,965; CUSIP: 38380Y2X2	224,417
GS Mtg Backed Secs Tr	3.750%; 10/25/2057; \$611,446; CUSIP: 36256BAC4	590,037
Hudson Yards	3.228%; 07/10/2039; \$580,000; CUSIP: 44421GAA1	513,654
Hudson Yards	Variable; 12/10/2041; \$580,000; CUSIP: 44421MAA8	502,225
Harborview Mtg. Loan Trust	Variable; 06/20/2035; \$1,042,966; CUSIP: 41161PSK0	956,923
Imm 05-2 1A1 Tsfr	Variable; 04/25/2035; \$480,933; CUSIP: 45254NMY0	458,390
JP Morgan Chase	3.397%; 06/05/2039; \$550,000; CUSIP: 46651EAA2	495,266
JPMMT	Variable; 04/25/2035; \$170,332; CUSIP: 466247NK5	162,808
MLCC 2004-A A1	Variable; 04/25/2029; \$115,112; CUSIP: 59020UAR6	106,382
MLMI 2005-A10 A	Variable; 02/25/2036; \$924,687; CUSIP: 59020UZ65	859,941
Mortgageit Tr	Variable; 12/25/2035; \$189,057; CUSIP: 61915RAU0	183,797
OBX 2021-J3 Trust	2.500%; 10/25/2051; \$1,454,489; CUSIP: 67448XAD8	1,264,173
Oceanview Mortgage Trust	2.500%; 07/25/2051; \$1,438,682; CUSIP: 67647WAE7	1,250,678
One Bryant Pk Tr	2.516%; 09/15/2054; \$740,000; CUSIP: 68236JAA9	627,274
SFAVE Coml Mtg Secs Tr	Variable; 01/05/2043; \$300,000; CUSIP: 78413MAA6	220,700
SFAVE Coml Mtg Secs Tr	Variable; 01/05/2043; \$35,000; CUSIP: 78413MAE8	26,185
Towd Pt Mtg Tr	Variable; 07/25/2057; \$156,840; CUSIP: 89169DAA9	153,596
WAMU 04-AR7 A6 Cstr	Variable; 07/25/2034; \$656,451; CUSIP: 92922FTB4	607,042
WAMU 05-AR13 A1A1	Variable; 10/25/2045; \$421,210; CUSIP: 92922F4M7	397,117
WAMU 05-AR19 A1A1	Variable; 12/25/2045; \$751,716; CUSIP: 92925CBA9	721,566
WAMU 2005-AR2 2A3	Variable; 01/25/2045; \$482,221; CUSIP: 92922FE95	462,578
WAMU 2005-AR9 A1A	Variable; 07/25/2045; \$231,685; CUSIP: 92922FU48	219,856
Subtotal mortgage-backed securities		70,534,903
Corporate bonds:		
AEP Texas Inc	6.650%; 02/15/2033; \$250,000; CUSIP: 0010EPAF5	271,209
Aercap Ireland Cap Ltd	3.300%; 01/30/2032; \$610,000; CUSIP: 00774MAX3	530,901

(Continued)

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Air Lease Corp	2.200%; 01/15/2027; \$155,000; CUSIP: 00914AAR3	\$ 141,933
Air Lease Corp	3.250%; 03/01/2025; \$65,000; CUSIP: 00912XBA1	63,295
Air Lease Corp	3.625%; 12/01/2027; \$320,000; CUSIP: 00912XAY0	302,607
American Assets Trust LP	3.375%; 02/01/2031; \$470,000; CUSIP: 02401LAA2	383,238
American Homes 4 Rent LP	3.625%; 04/15/2032; \$277,000; CUSIP: 02666TAE7	248,076
American Homes 4 Rent LP	4.300%; 04/15/2052; \$315,000; CUSIP: 02666TAF4	253,666
American Tower Corp	2.300%; 09/15/2031; \$243,000; CUSIP: 03027XBS8	200,919
American Tower Corp	2.700%; 04/15/2031; \$355,000; CUSIP: 03027XBM1	304,842
Amgen Inc	4.200%; 02/22/2052; \$120,000; CUSIP: 031162DF4	101,560
Aon Corp	2.800%; 05/15/2030; \$505,000; CUSIP: 037389BE2	447,758
Appalachian Power Co	4.500%; 03/01/2049; \$450,000; CUSIP: 037735CX3	378,954
Arizona Public Service Co	6.350%; 12/15/2032; \$435,000; CUSIP: 040555DE1	472,157
AT&T Inc	4.850%; 03/01/2039; \$210,000; CUSIP: 00206RHK1	200,937
Bank of America Corporation	Variable; 03/11/2027; \$895,000; CUSIP: 06051GJQ3	827,974
Bank of America Corporation	Variable; 07/21/2032; \$470,000; CUSIP: 06051GKA6	383,772
Bank of America Corporation	Variable; 02/04/2033; \$1,045,000; CUSIP: 06051GKK4	889,107
Barnabas Health Inc	4.000%; 07/01/2028; \$1,085,000; CUSIP: 06769QAA8	1,043,987
Bat Capital Corp	4.390%; 08/15/2037; \$220,000; CUSIP: 05526DBD6	184,213
Bat Capital Corp	4.540%; 08/15/2047; \$1,020,000; CUSIP: 05526DBF1	783,083
Berkshire Hathaway Fin Corp	3.850%; 03/15/2052; \$425,000; CUSIP: 084664DB4	355,113
Berry Global Inc	1.650%; 01/15/2027; \$850,000; CUSIP: 08576PAF8	765,277
Boeing Co	1.433%; 02/04/2024; \$370,000; CUSIP: 097023DE2	368,426
Boeing Co	4.875%; 05/01/2025; \$375,000; CUSIP: 097023CT0	373,121
Capital One Financial Corp	Variable; 03/01/2030; \$460,000; CUSIP: 14040HCN3	410,827
Centene Corp	2.625%; 08/01/2031; \$625,000; CUSIP: 15135BAZ4	520,292
Charter Comm Operating LLC	5.375%; 05/01/2047; \$440,000; CUSIP: 161175BL7	373,922
Charter Comm Operating LLC	5.375%; 04/01/2038; \$30,000; CUSIP: 161175BM5	27,053
Charter Comm Operating LLC	5.750%; 04/01/2048; \$446,000; CUSIP: 161175BN3	395,815
Charter Comm Operating LLC	4.800%; 03/01/2050; \$285,000; CUSIP: 161175BT0	220,611
Charter Comm Operating LLC	5.250%; 04/01/2053; \$435,000; CUSIP: 161175CK8	364,332
Citigroup Inc	Variable; 5/01/2025; \$145,000; CUSIP: 172967MX6	142,539
Citigroup Inc	Variable; 11/03/2032; \$60,000; CUSIP: 172967NE7	49,459
Citigroup Inc	Variable; 05/01/2032; \$450,000; CUSIP: 172967MY4	375,448
Citigroup Inc	Variable; 06/03/2031; \$100,000; CUSIP: 172967MS7	85,422
Citigroup Inc	Variable; 01/25/2033; \$555,000; CUSIP: 17327CAQ6	473,516
Commonspirit Health	2.782%; 10/01/2030; \$280,000; CUSIP: 20268JAF0	242,778
Commonwealth Edison Co	3.850%; 03/15/2052; \$230,000; CUSIP: 202795JV3	185,890
Credit Suisse	7.500%; 02/15/2028; \$790,000; CUSIP: 22550L2M2	865,213
Crown Castle Inc	2.100%; 04/01/2031; \$335,000; CUSIP: 22822VAW1	272,843
Crown Castle Inc	3.300%; 07/01/2030; \$350,000; CUSIP: 22822VAR2	313,791
CVS Health Corp	5.050%; 03/25/2048; \$365,000; CUSIP: 126650CZ1	341,387

(Continued)

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Delta Airlines Inc	2.000%; 12/10/2029; \$1,581,442; CUSIP: 247361ZV3	\$ 1,402,402
Doc Dr LLC	2.625%; 11/01/2031; \$170,000; CUSIP: 71951QAC6	139,863
Doc Dr LLC	3.950%; 01/15/2028; \$7,000; CUSIP: 71951QAB8	6,667
Duke Energy Carolinas LLC	3.750%; 06/01/2045; \$880,000; CUSIP: 26442CAP9	704,432
Duke Energy Carolinas LLC	5.350%; 01/15/2053; \$95,000; CUSIP: 26442CBK9	97,246
Duke Energy Florida LLC	5.875%; 11/15/2033; \$10,000; CUSIP: 26444HAQ4	10,779
Duke Energy Progress LLC	5.350%; 03/15/2053; \$255,000; CUSIP: 26442UAR5	258,311
Energy Transfer LP	4.900%; 03/15/2035; \$250,000; CUSIP: 29273RBE8	237,956
Energy Transfer LP	5.150%; 03/15/2045; \$230,000; CUSIP: 29273RBF5	210,882
Energy Transfer LP	6.125%; 12/15/2045; \$500,000; CUSIP: 29273RBJ7	503,599
Entergy Tex Inc	3.450%; 12/01/2027; \$900,000; CUSIP: 29365TAF1	842,555
Evergy Kansas Central	5.700%; 03/15/2053; \$490,000; CUSIP: 30036FAB7	511,440
Eversource Energy	5.950%; 02/01/2029; \$480,000; CUSIP: 30040WAW8	502,682
Extra Space Storage LP	2.200%; 10/15/2030; \$93,000; CUSIP: 30225VAP2	77,355
Extra Space Storage LP	2.400%; 10/15/2031; \$380,000; CUSIP: 30225VAQ0	313,487
Extra Space Storage LP	3.900%; 04/01/2029; \$265,000; CUSIP: 30225VAH0	250,599
Fiserv Inc	5.600%; 03/02/2033; \$395,000; CUSIP: 337738BE7	412,329
Fiserv Inc	5.625%; 08/21/2033; \$25,000; CUSIP: 337738BH0	26,189
Gallagher (Arthur J.) & Co	3.050%; 03/09/2052; \$355,000; CUSIP: 04316JAB5	236,758
General Electric Co	Variable; 08/15/2036; \$964,000; CUSIP: 36962GX74	872,738
Global Payments Inc	5.300%; 08/15/2029; \$520,000; CUSIP: 37940XAN2	523,398
Global Payments Inc	5.950%; 08/15/2052; \$30,000; CUSIP: 37940XAR3	30,569
GLP Cap LP	4.000%; 01/15/2030; \$506,000; CUSIP: 361841AP4	461,715
GLP Cap LP	4.000%; 01/15/2031; \$35,000; CUSIP: 361841AQ2	31,522
GLP Cap LP	5.300%; 01/15/2029; \$210,000; CUSIP: 361841AL3	208,786
GLP Cap LP	5.375%; 04/15/2026; \$40,000; CUSIP: 361841AH2	39,753
Goldman Sachs Group Inc	1.542%; 09/10/2027; \$315,000; CUSIP: 38141GYG3	285,710
Goldman Sachs Group Inc	2.615%; 04/22/2032; \$150,000; CUSIP: 38141GYB4	125,911
Goldman Sachs Group Inc	1.431%; 03/09/2027; \$985,000; CUSIP: 38141GYA6	908,256
Goldman Sachs Group Inc	1.948%; 10/21/2027; \$580,000; CUSIP: 38141GYM0	530,596
Healthcare Realty Hldgs LP	2.050%; 03/15/2031; \$22,000; CUSIP: 42225UAM6	17,027
Healthcare Realty Hldgs LP	3.500%; 08/01/2026; \$190,000; CUSIP: 42225UAD6	181,321
Healthcare Realty Hldgs LP	3.625%; 01/15/2028; \$650,000; CUSIP: 42225UAK0	599,064
Healthcare Realty Hldgs LP	3.875%; 05/01/2025; \$280,000; CUSIP: 42225UAJ3	271,633
Healthpeak Op LLC	3.400%; 02/01/2025; \$31,000; CUSIP: 40414LAM1	30,273
HSBC Holdings PLC	Variable; 09/22/2028; \$970,000; CUSIP: 404280CL1	863,547
HSBC Holdings PLC	Variable; 08/17/2029; \$515,000; CUSIP: 404280CV9	449,557
HSBC Holdings PLC	Variable; 05/24/2032; \$200,000; CUSIP: 404280CT4	166,962
Hudson Pac Pptys LP	3.950%; 11/01/2027; \$890,000; CUSIP: 44409MAA4	745,032
Hyatt Hotels Corp	1.800%; 10/01/2024; \$375,000; CUSIP: 448579AN2	363,840
Illumina Inc	5.750%; 12/13/2027; \$610,000; CUSIP: 452327AP4	626,196

(Continued)

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Indiana Michigan Power Co	4.550%; 03/15/2046; \$400,000; CUSIP: 454889AQ9	\$ 357,697
Int Flavs & Frag Inc	4.375%; 06/01/2047; \$165,000; CUSIP: 459506AE1	126,587
Int Flavs & Frag Inc	5.000%; 09/26/2048; \$710,000; CUSIP: 459506AL5	602,610
Invitation Homes Oper Part	2.000%; 08/15/2031; \$364,000; CUSIP: 46188BAA0	289,657
Invitation Homes Oper Part	4.150%; 04/15/2032; \$20,000; CUSIP: 46188BAD4	18,378
Invitation Homes Oper Part	5.500%; 08/15/2033; \$15,000; CUSIP: 46188BAF9	15,018
JBS USA Lux Sa	5.750%; 04/01/2033; \$540,000; CUSIP: 46590XAY2	534,917
JBS USA Lux Sa	6.750%; 03/15/2034; \$385,000; CUSIP: 47214BAA6	405,648
Jersey Cntrl Pwr & Light Co	6.400%; 05/15/2036; \$450,000; CUSIP: 476556CP8	482,503
JP Morgan Chase	Variable; 04/22/2027; \$1,740,000; CUSIP: 46647PCB0	1,605,714
JP Morgan Chase	Variable; 02/04/2032; \$275,000; CUSIP: 46647PBX3	223,546
JP Morgan Chase	Variable; 04/22/2032; \$155,000; CUSIP: 46647PCC8	131,105
JP Morgan Chase	Variable; 02/24/2028; \$150,000; CUSIP: 46647PCW4	141,126
JP Morgan Chase	Variable; 09/22/2027; \$125,000; CUSIP: 46647PCP9	113,251
Kilroy Realty LP	2.650%; 11/15/2033; \$505,000; CUSIP: 49427RAR3	382,912
Kimco Realty Op LLC	3.250%; 08/15/2026; \$500,000; CUSIP: 948741AM5	473,546
Lloyds Banking Group PLC	Variable; 05/11/2027; \$560,000; CUSIP: 53944YAP8	513,100
Lloyds Banking Group PLC	Variable; 11/07/2028; \$85,000; CUSIP: 539439AQ2	79,862
LXP Industrial Trust	2.375%; 10/01/2031; \$340,000; CUSIP: 529537AA0	272,981
Morgan Stanley	Variable; 04/28/2032; \$40,000; CUSIP: 6174468X0	32,165
Morgan Stanley	Variable; 01/21/2028; \$1,315,000; CUSIP: 61747YEK7	1,220,559
Morgan Stanley	Variable; 09/16/2036; \$205,000; CUSIP: 61747YEF8	162,480
NNN REIT Inc	5.600%; 10/15/2033; \$280,000; CUSIP: 637417AS5	289,044
Oracle Corp	3.600%; 04/01/2050; \$220,000; CUSIP: 68389XBX2	162,955
Oracle Corp	3.950%; 03/25/2051; \$792,000; CUSIP: 68389XCA1	620,188
Petroleos Mexicanos	6.625%; 06/15/2035; \$70,000; CUSIP: 706451BG5	53,244
Piedmont Natural Gas Co	5.050%; 05/15/2052; \$260,000; CUSIP: 720186AP0	241,218
Pilgrims Pride Corp New	3.500%; 03/01/2032; \$37,000; CUSIP: 72147KAH1	31,281
Pilgrims Pride Corp New	6.250%; 07/01/2033; \$495,000; CUSIP: 72147KAK4	509,317
PNC Financial Svcs Grp Inc	Variable; 10/20/2034; \$390,000; CUSIP: 693475BU8	432,954
PNC Financial Svcs Grp Inc	Variable; 01/24/2034; \$535,000; CUSIP: 693475BM6	523,477
Public Service Co of CO	5.250%; 04/01/2053; \$260,000; CUSIP: 744448CY5	258,801
Public Svc Co New Mexico	3.850%; 08/01/2025; \$500,000; CUSIP: 744542AC5	486,944
Rexford Industrial Realty LP	2.150%; 09/01/2031; \$35,000; CUSIP: 76169XAB0	28,014
Reynolds American Inc	5.700%; 08/15/2035; \$280,000; CUSIP: 761713BA3	276,322
Reynolds American Inc	5.850%; 08/15/2045; \$210,000; CUSIP: 761713BB1	196,572
Royal Bk Scotlnd Grp PLC	Variable; 03/22/2025; \$145,000; CUSIP: 780097BK6	144,486
Santander UK Grp Hldgs PLC	Variable; 03/15/2025; \$1,830,000; CUSIP: 80281LAN5	1,809,866
Santander UK Grp Hldgs PLC	Variable; 06/14/2027; \$225,000; CUSIP: 80281LAQ8	204,541
Southern Co Gas Cap	5.750%; 09/15/2033; \$135,000; CUSIP: 8426EPAG3	141,750
Spire Inc	4.700%; 08/15/2044; \$325,000; CUSIP: 505597AD6	270,558

(Continued)

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
T-Mobile USA Inc	3.375%; 04/15/2029; \$250,000; CUSIP: 87264ABV6	\$ 232,269
TC Pipelines MLP	4.375%; 03/13/2025; \$310,000; CUSIP: 87233QAB4	305,607
Time Warner Cable LLC	5.500%; 09/01/2041; \$179,000; CUSIP: 88732JBB3	154,850
Transcanada Pipelines Ltd	4.625%; 03/01/2034; \$25,000; CUSIP: 89352HAM1	23,668
UBS Group Ag	3.750%; 03/26/2025; \$945,000; CUSIP: 902613AX6	925,766
UBS Group Ag	4.550%; 04/17/2026; \$1,215,000; CUSIP: 902613BB3	1,199,124
US Bancorp Del	Variable; 02/01/2034; \$615,000; CUSIP: 91159HJL5	589,074
US Bancorp Del	Variable; 06/12/2034; \$275,000; CUSIP: 91159HJN1	283,669
VICI Properties LP	5.125%; 05/15/2032; \$973,000; CUSIP: 925650AD5	948,484
VMware Inc	1.000%; 08/15/2024; \$645,000; CUSIP: 928563AH8	626,443
Magallanes Inc	5.050%; 03/15/2042; \$655,000; CUSIP: 55903VBD4	577,435
Magallanes Inc	5.141%; 03/15/2052; \$991,000; CUSIP: 55903VBE2	850,631
Wells Fargo & Co	Variable; 10/30/2030; \$505,000; CUSIP: 95000U2G7	448,926
Wells Fargo & Co	Variable; 03/02/2033; \$205,000; CUSIP: 95000U2U6	179,050
Wells Fargo & Co	Variable; 03/24/2028; \$15,000; CUSIP: 95000U2V4	14,310
Wells Fargo & Co	Variable; 05/22/2028; \$1,835,000; CUSIP: 95000U2A0	1,747,958
Wells Fargo & Co	Variable; 07/25/2033; \$145,000; CUSIP: 95000U3B7	141,255
Wells Fargo & Co	Variable; 04/24/2034; \$90,000; CUSIP: 95000U3D3	90,391
Willis North America Inc	5.350%; 05/15/2033; \$290,000; CUSIP: 970648AM3	292,880
XCEL Energy Inc	4.600%; 06/01/2032; \$110,000; CUSIP: 98388MAD9	107,235
Subtotal corporate bonds		55,622,119
Common stocks:		
Align Technology Inc	9,595 shares; CUSIP: 016255101	2,629,030
Aaon Inc	93,572 shares; CUSIP: 000360206	6,912,164
Altair Engineering Inc Cl A	61,700 shares; CUSIP: 021369103	5,192,055
Ansys Inc	8,233 shares; CUSIP: 03662Q105	2,987,591
Aptiv PLC	17,967 shares; CUSIP: 00B783TY6	1,611,999
Axon Enterprise Inc	11,675 shares; CUSIP: 05464C101	3,016,003
Azenta Inc	35,675 shares; CUSIP: 114340102	2,323,870
Balchem Corp	27,025 shares; CUSIP: 057665200	4,019,969
Bentley Sys Inc Cl B	37,895 shares; CUSIP: 08265T208	1,977,361
Bio Techne Corp	19,647 shares; CUSIP: 09073M104	1,515,963
BJs Whsl Club Hldgs Inc	21,164 shares; CUSIP: 05550J101	1,410,792
Blackline Inc	39,700 shares; CUSIP: 09239B109	2,478,868
Boston Beer Company Cl A	5,888 shares; CUSIP: 100557107	2,034,834
Broadridge Financial Sol	16,120 shares; CUSIP: 11133T103	3,316,690
Casella Waste Sys Inc Cl A	71,190 shares; CUSIP: 147448104	6,083,897
CDW Corporation	16,076 shares; CUSIP: 12514G108	3,654,396
Churchill Downs Inc	14,719 shares; CUSIP: 171484108	1,986,035
Cintas Corp	3,940 shares; CUSIP: 172908105	2,374,480

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TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
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FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Clearwater Analytics Hldgs	154,535 shares; CUSIP: 185123106	\$ 3,095,336
Construction Partners Inc	103,815 shares; CUSIP: 21044C107	4,518,029
Copart Inc	82,556 shares; CUSIP: 217204106	4,045,244
Costar Group Inc	33,212 shares; CUSIP: 22160N109	2,902,397
CSW Industrials Inc	9,175 shares; CUSIP: 126402106	1,902,987
Definitive Healthcare Corp	124,700 shares; CUSIP: 24477E103	1,239,518
Descartes Sys Group Inc	92,654 shares; CUSIP: 002528834	7,788,495
Dexcom Inc	36,484 shares; CUSIP: 252131107	4,527,300
CMS Energy Corp	20,047 shares; CUSIP: 25278X109	3,108,889
Digi International Inc	99,825 shares; CUSIP: 253798102	2,595,450
Dollar Tree Inc	19,301 shares; CUSIP: 256746108	2,741,707
Douglas Dynamics Inc	59,750 shares; CUSIP: 25960R105	1,773,380
Dr Horton Inc	21,787 shares; CUSIP: 23331A109	3,311,188
Dynatrace Inc	51,109 shares; CUSIP: 268150109	2,795,151
Epam Systems Inc	8,140 shares; CUSIP: 29414B104	2,420,348
Equifax Inc	11,919 shares; CUSIP: 294429105	2,947,450
Esco Technologies Inc	28,875 shares; CUSIP: 296315104	3,379,241
Exponent Inc	59,175 shares; CUSIP: 30214U102	5,209,767
Fastenal Co	44,098 shares; CUSIP: 311900104	2,856,227
Federal Signal Corp	41,350 shares; CUSIP: 313855108	3,173,199
Ferguson PLC	12,155 shares; CUSIP: 00BKB0C57	2,346,766
Firstservice Corp	31,315 shares; CUSIP: 00BJQ0C55	5,075,848
Five Below Inc	10,026 shares; CUSIP: 33829M101	2,137,142
Floor & Decor Holdings Inc	26,496 shares; CUSIP: 339750101	2,955,894
Fox Factory Holding Corp	31,875 shares; CUSIP: 35138V102	2,150,925
Globant Sa	17,360 shares; CUSIP: 00BP40HF4	4,131,333
Graco Inc	31,758 shares; CUSIP: 384109104	2,755,324
GXO Logistics Inc	37,191 shares; CUSIP: 36262G101	2,274,602
Heico Corp	19,770 shares; CUSIP: 422806109	3,536,260
Helios Technologies Inc	55,475 shares; CUSIP: 42328H109	2,515,791
Henry (Jack) & Assoc Inc	13,926 shares; CUSIP: 426281101	2,275,648
Hillman Solutions Corp	205,965 shares; CUSIP: 431636109	1,896,938
Hunt JB Transport Svcs Inc	12,443 shares; CUSIP: 445658107	2,485,365
Icon PLC	13,902 shares; CUSIP: 00B94G471	3,935,239
Ilex Corporation	12,886 shares; CUSIP: 45167R104	2,797,679
Idexx Labs Inc	8,213 shares; CUSIP: 45168D104	4,558,626
Ingersoll Rand Inc	30,525 shares; CUSIP: 45687V106	2,360,804
Insulet Corp	13,158 shares; CUSIP: 45784P101	2,855,023
John Bean Technologies Corp	22,625 shares; CUSIP: 477839104	2,250,056
Kinsale Capital Group Inc	6,685 shares; CUSIP: 49714P108	2,238,873
Lamb Weston Holdings Inc	23,163 shares; CUSIP: 513272104	2,503,689

(Continued)

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
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Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Lattice Semiconductor Corp	31,308 shares; CUSIP: 518415104	\$ 2,159,939
Lemaitre Vascular Inc	54,425 shares; CUSIP: 525558201	3,089,163
Marketaxess Hldgs Inc	7,299 shares; CUSIP: 57060D108	2,137,512
Mercury Systems Inc	57,200 shares; CUSIP: 589378108	2,091,804
Merit Medical Systems Inc	51,000 shares; CUSIP: 589889104	3,873,960
Mesa Laboratories Inc	16,308 shares; CUSIP: 59064R109	1,708,589
Model N Inc	106,550 shares; CUSIP: 607525102	2,869,392
Monolithic Power Sys Inc	4,503 shares; CUSIP: 609839105	2,840,402
MSCI Inc	5,104 shares; CUSIP: 55354G100	2,887,078
National Research Corp	22,300 shares; CUSIP: 637372202	882,188
Neogen Corp	168,850 shares; CUSIP: 640491106	3,395,574
Novanta Inc	30,975 shares; CUSIP: 67000B104	5,216,500
Omega Flex Inc	8,532 shares; CUSIP: 682095104	601,591
Paycom Software Inc	8,630 shares; CUSIP: 70432V102	1,783,994
Paycor Hcm Inc	114,470 shares; CUSIP: 70435P102	2,471,407
Pool Corp	8,932 shares; CUSIP: 73278L105	3,561,278
Pros Hldgs Inc	89,450 shares; CUSIP: 74346Y103	3,469,766
PTC Inc	22,784 shares; CUSIP: 69370C100	3,986,289
Q2 Holdings Inc	50,520 shares; CUSIP: 74736L109	2,193,073
RBC Bearings Inc	27,064 shares; CUSIP: 75524B104	7,710,263
Repligen	32,241 shares; CUSIP: 759916109	5,796,932
Knight-Swift Transp Hldgs	15,961 shares; CUSIP: 761152107	2,745,611
Simpson Manufacturing Co	34,625 shares; CUSIP: 829073105	6,855,058
Simulations Plus Inc	62,600 shares; CUSIP: 829214105	2,801,350
Siteone Landscape Supply	27,175 shares; CUSIP: 82982L103	4,415,938
SPS Commerce Inc	32,725 shares; CUSIP: 78463M107	6,343,414
Stevanato Group SPA	111,555 shares; CUSIP: 00BNM0752	3,044,336
Transcat Inc	21,190 shares; CUSIP: 893529107	2,316,703
Trex Co Inc	81,364 shares; CUSIP: 89531P105	6,736,126
Tyler Technologies Inc	6,986 shares; CUSIP: 902252105	2,920,986
Veeva Sys Inc Cl A	15,930 shares; CUSIP: 922475108	3,066,844
Vericel Corp	63,735 shares; CUSIP: 92346J108	2,269,603
Vertex Inc Cl A	77,275 shares; CUSIP: 92538J106	2,081,789
Watsco Inc	8,371 shares; CUSIP: 942622200	3,586,722
WD 40 Co	8,950 shares; CUSIP: 929236107	2,139,677
Workiva Inc	22,900 shares; CUSIP: 98139A105	2,325,030
Subtotal common stocks		300,271,006
Asset-backed securities:		
AIG Clo 2019-2 Ltd	Variable; 10/25/2033; \$980,000; CUSIP: 00142MAE0	972,296
Ajax Mortgage Loan Trust	2.860%; 07/25/2059; \$1,062,843; CUSIP: 00969PAA1	1,012,801

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TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN
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Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Bayview MSR Opp Master	Variable; 10/25/2051; \$1,550,734; CUSIP: 07336GAH7	\$ 1,345,586
Bayview MSR Opp Master	2.500%; 10/25/2051; \$1,231,781; CUSIP: 07335UAE4	1,062,638
CF Hippolyta Issuer LLC	2.280%; 07/15/2060; \$827,496; CUSIP: 12530MAC9	757,315
CIFC 2021-7A A1	Variable; 01/23/2035; \$825,000; CUSIP: 12567HAC6	824,969
CIM Tr 2020-INV1	2.500%; 04/25/2050; \$1,327,827; CUSIP: 12560AAB0	1,090,064
ECMC Group Student Ln Tr	Variable; 11/25/2070; \$683,699; CUSIP: 26833RAB4	668,036
Goldentree Loan Management	Variable; 10/20/2034; \$1,500,000; CUSIP: 38136NAQ9	1,499,963
Navient Student Ln Tr	1.680%; 02/25/2070; \$1,180,114; CUSIP: 63942QAA9	1,046,769
New Century Hm Eqty Ln Tr	Variable; 08/25/2034; \$734,497; CUSIP: 64352VFW6	708,644
Option One Mtg Ln Tr	Variable; 01/25/2036; \$661,177; CUSIP: 68389FKQ6	645,502
Palmer Square Clo Ltd	Variable; 04/20/2035; \$850,000; CUSIP: 69689QAA3	847,849
RCTTE 1A	Variable; 04/20/2034; \$1,400,000; CUSIP: 75620TAW8	1,395,716
Regata XII Funding Ltd	Variable; 10/15/2032; \$950,000; CUSIP: 75888HAN1	942,852
SLM Student Ln Tr	Variable; 07/25/2073; \$740,000; CUSIP: 78444YAE5	726,794
SLM Student Ln Tr	Variable; 01/25/2083; \$230,000; CUSIP: 78444AD7	213,411
Small Bus Admin Gtd	3.800%; 08/01/2047; \$648,445; CUSIP: 83162CQ48	608,403
United Airlines	5.800%; 07/15/2037; \$510,000; CUSIP: 90932LAJ6	517,184
United Airlines	4.300%; 02/15/2027; \$647,858; CUSIP: 909319AA3	627,784
US Airways	4.625%; 12/03/2026; \$289,740; CUSIP: 90345WAD6	281,670
Subtotal asset-backed securities		17,796,246
Municipal bonds:		
New York St	1.952%; 03/15/2029; \$320,000; CUSIP: 64990FD84	282,104
New York St	5.628%; 03/15/2039; \$245,000; CUSIP: 64990FMT8	253,683
NY NYC Trans	5.503%; 08/01/2037; \$500,000; CUSIP: 64971M4P4	515,246
NYC TFA (Pit)	5.267%; 05/01/2027; \$165,000; CUSIP: 64971MT44	168,054
NYS UDC	3.370%; 03/15/2030; \$450,000; CUSIP: 650035Z7	420,976
Wisconsin Pwr & Lt Co	4.950%; 04/01/2033; \$520,000; CUSIP: 976826BR7	521,278
Subtotal municipal bonds		2,161,341
Guaranteed investment contracts:		
New York Life	NYL GA-29030	56,954,476
Synthetic investment contracts:		
Prudential	Pru Core Conserv Int BD FD	91,289,446
Pacific Life	Pacific Life G-27341.01.001:	
	MFB Coltv Daily 1-5 Yr Cr Bd ; 2.385%; CUSIP: 786993972	6,862,104
	MFB Coltv 1-10 Yr Int Gvt Bd Idx; 0.00%; CUSIP: 004000964	6,859,084
	NT Coltv Short Term; 0.869%; CUSIP: 66586W326	13,077,333
	MFB NT Coltv Asset-Backed; 0.597%; CUSIP: 003999AF6	13,715,812
	MFB NT Coltv Comm Mort Backed; 0.747%; CUSIP: 665999538	5,359,719

(Continued)

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Voya Ret. Ins. & Annuity Co.	MFB Coltv MB Sec Idx Fd-Non; 1.880%; CUSIP: 004992AA1	\$ 17,144,370
	NT Col 1-10 Yr Int Bd Idx Fd; 2.489%; CUSIP: 66586U726	22,714,582
	NT Coltv Short Term Invt Fd; 0.00%; CUSIP: 66586U452	2,182
	Voya Ret. Ins. & Annuity Co. 60257:	
	MFB Coltv Daily 1-5 Yr Cr Bd; 2.385%; CUSIP: 786993972	30,388,345
	NT Collective Short Term; 0.869%; CUSIP: 66586W326	24,754,049
	MFB NT Coltv Asset-Backed; 0.597%; CUSIP: 003999AF6	15,680,358
	MFB NT Coltv Comm MB; 0.747%; CUSIP: 665999538	6,127,417
	MFB NT Coltv MB Sec Idx Fd; 1.880%; CUSIP: 004992AA1	17,640,006
	NT Coll 1-10 Yr Cr Bnd Indx Fnd; 0.000%; CUSIP: 66586U726	3,429,963
Transamerica Premier Life	NT Collective Short Term Invt Fd; 0.000%; CUSIP: 66586U452	1,775
	Transamerica Premier Life MDA01115TR:	
	1-3 Year Credit Bond Index Fund	14,335,040
	1-3 Year Government Bond Index Fund	16,724,579
	Intermediate Government Bond Index Fund	3,466,219
	Asset-Backed Securities Index Fund	13,894,981
	Commercial Mortgage-Backed Securities Index Fund	5,432,438
	Intermediate Term Credit Bond Index Fund	15,653,514
	Mortgage-Backed Securities Index Fund	17,383,259
Nationwide	Nationwide STA THC IP 1016:	
	1-3 Year Credit Bond Index Fund	3,042,248
	1-3 Year Government Bond Index Fund	10,306,661
	Intermediate Government Bond Index Fund	5,399,428
	Asset-Backed Securities Index Fund	10,807,802
	Commercial Mortgage-Backed Securities Index Fund	4,225,430
	Intermediate Term Credit Bond Index Fund	20,292,910
	Mortgage-Backed Securities Index Fund	13,520,866
American General Life	American General Life 1635587:	
	American General Life Cash Account	2,942,174
	AEPTC 2019-1 A1	614,454
	AMXCA 2022-4 A	437,481
	AMXCA 2022-1 A	1,864,049
	BBCMS 2022-C18 A2	1,358,460
	BMWLT 2022-1 A3	240,475
	BMO 2022-C3 A2	824,988
	BANK 2023-BNK45 A2	615,504
	BMARK 2019-B10 A2	1,061,526
	CD 2016-CD2 A3	1,092,666
	COMM 2013-CR12 A4	342,220
	CNH 2022-A A3	760,836

(Continued)

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	CNH 2022-B A3	\$ 291,451
	CNH 2022-C A2	176,877
	CNH 2023-A A3	715,671
	COMET 2022-A1 A1	570,913
	DBJPM 2017-C6 A4	1,377,976
	DCENT 2022-A1 A1	1,258,055
	DCENT 2022-A3 A3	1,693,893
	FNR 2015-29 PA	718,018
	FNR 2016-43 GV	1,225,375
	FNR 2017-11 KA	830,460
	FNR 2017-43 A	395,066
	FNR 2017-47 EA	921,301
	FNR 2021-45 EA	1,657,925
	FNR 2021-91 DA	1,423,837
	FNR 2022-13 MA	1,497,446
	FNR 2022-1 DA	787,402
	FHR 4427 MA	1,033,619
	FHR 4486 JN	25,555
	FHR 4680 LA	205,307
	FHR 5081 NH	1,442,249
	FHR 5009 GD	1,483,389
	FHR 5094 DA	909,951
	FHR 5156 HB	978,355
	FHR 5222 A	1,207,995
	FHR 5263 EA	848,267
	FHR 5319 A	1,404,212
	FNR 2009-92 JB	31,749
	FORDO 2023-A A3	241,638
	FORDL 2022-A A3	779,677
	GN 784237	66,189
	GNR 2012-6 LH	294,569
	GNR 2013-144 EC	431,317
	GNR 2013-115 EG	72,597
	GNR 2014-2 EA	765,609
	GNR 2015-3 DA	535,026
	GNR 2020-78 HL	388,480
	GNR 2021-8 TP	873,634
	GNR 2022-100 KA	1,373,406
	GNR 2022-112 MA	1,137,165
	GNR 2022-180 DA	804,685
	JDOT 2022-A A3	1,281,909

(Continued)

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	JDOT 2021-A A3	\$ 291,075
	JDOT 2022-B A3	522,324
	JDOT 2023-A A3	652,777
	MBART 2022-1 A3	658,451
	NAROT 2022-B A3	375,965
	TAOT 2023-B A3	444,324
	TAOT 2022-A A3	500,994
	T 0 3/8 08/15/24	4,577,697
	T 0 3/4 11/15/24	2,519,296
	WOART 2022-C A3	205,591
	WOART 2021-A A3	313,086
	Wrapper agreement	—
	Subtotal synthetic investment contracts	486,906,548
	Non-interest bearing cash	865,231
Various participants	Participant loans, interest rates from 4.25% to 10.25%; maturity dates from January 2024 to September 2048	117,194,904
	Total assets at fair value	7,967,382,230
	Adjustment from fair value to contract value	\$ 38,258,369
	Total assets (Held at End of Year)	\$8,005,640,599

(Concluded)

* Party-in-interest

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

See accompanying Independent Auditor's Report.

Tenet Healthcare Corporation 401(k) Retirement Savings Plan

Employer ID No: 95-2557091
Plan Number: 335

Financial Statements (Modified Cash Basis)
as of and for the Years Ended December 31, 2023 and 2022,
Supplemental Schedule as of December 31, 2023,
and Independent Auditor's Report

**TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN**

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

INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the financial statements of Tenet Healthcare Corporation 401(K) Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended and the related notes to the financial statements (modified cash basis) ("the financial statements").

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

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.
- The information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Basis of Accounting

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

Other Matter — Supplemental Schedule Required by ERISA

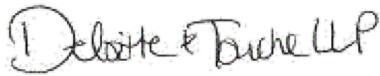
The supplemental schedule of assets (held at end of year) as of December 31, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its

form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

A handwritten signature in dark ink, appearing to read "Deloitte & Touche LLP". The signature is written in a cursive, flowing style.

October 15, 2024

**TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023 AND 2022**

	<u>2023</u>	<u>2022</u>
ASSETS:		
Investments at fair value:		
Interest-bearing cash and cash equivalents	\$ 78,347,019	\$ 126,132,873
Mutual funds	845,559,486	724,666,197
Self-directed brokerage accounts	203,342,113	154,434,263
Collective trusts	5,636,817,782	4,529,862,406
U.S. government securities	95,009,056	69,551,440
Mortgage-backed securities	70,534,903	66,005,636
Corporate bonds	55,622,119	66,518,633
Common stocks	300,271,006	347,557,828
Asset-backed securities and municipal bonds	19,957,587	19,748,367
Total investments at fair value	7,305,461,071	6,104,477,643
Investments at contract value:		
Guaranteed investment contracts	61,103,247	67,570,912
Synthetic investment contracts	521,016,146	582,413,126
Total investments	7,887,580,464	6,754,461,681
Non-interest bearing cash	865,231	4,080,124
Notes receivable from participants	117,194,904	112,342,207
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 8,005,640,599</u>	<u>\$ 6,870,884,012</u>

See notes to financial statements.

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)
FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS ATTRIBUTED TO:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 1,315,931,226	\$ (1,743,493,868)
Interest	26,393,982	19,383,734
Dividends	32,165,931	30,125,050
Net investment income (loss)	1,374,491,139	(1,693,985,084)
Interest income on notes receivable from participants	6,707,063	5,651,103
Contributions:		
Employer	117,958,126	115,865,858
Participants	431,243,356	422,944,508
Participant Rollovers	55,903,259	46,068,542
Net additions (deductions)	1,986,302,943	(1,103,455,073)
OTHER DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	841,855,158	845,132,527
Administrative expenses	9,691,198	11,695,598
Total other deductions	851,546,356	856,828,125
NET INCREASE (DECREASE)	1,134,756,587	(1,960,283,198)
NET ASSETS AVAILABLE FOR BENEFITS — Beginning of year	6,870,884,012	8,831,167,210
NET ASSETS AVAILABLE FOR BENEFITS — End of year	<u>\$ 8,005,640,599</u>	<u>\$ 6,870,884,012</u>

See notes to financial statements.

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (MODIFIED CASH BASIS)
AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

1. DESCRIPTION OF PLAN

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

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

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

Eligibility and Contributions — Plan eligibility is based upon completion of 30 days of service with the Employer, as defined in the Plan document, and participation is elective. Participants may contribute up to 75% of their eligible compensation to the Plan as pretax and/or Roth after-tax savings. Instead of, or in addition to, pretax and/or Roth after-tax savings, participants may contribute up to 10% of their eligible compensation as after-tax savings. The total percentage of pretax, Roth after-tax and after-tax savings cannot exceed 85% of a participant’s eligible compensation. The total dollar amount a participant could contribute on a pretax and/or Roth after-tax basis was limited to \$22,500 and \$20,500, the maximum allowed by the Internal Revenue Service (“IRS”), during the years ended December 31, 2023 and 2022, respectively. In addition, participants age 50 years or over could make a catch-up contribution not to exceed \$7,500 and \$6,500 in total for the years ended December 31, 2023 and 2022, respectively. An eligible employee or participant may also make rollover contributions to the Plan.

The employer matching contribution under the Plan is a discretionary amount determined by the Retirement Plans Administration Committee (“RPAC”). For the years ended December 31, 2023 and 2022, the RPAC approved an employer match equal to 50% of pretax and/or Roth after-tax contributions up to a maximum of 6% of eligible compensation. For both years, the participant was required to work a minimum of 1,000 eligible hours of service per calendar year. Certain collective bargaining agreements may allow for a different employer match in accordance with their specific collective bargaining agreement. The Sponsor also makes a Retirement Medical Benefit Account (“RMBA”) contribution for a specific group of collective bargaining agreement employees specified in the Plan document. The RMBA contribution is equal to 1% or 2% of eligible compensation, depending on the collective bargaining agreement, and is subject to 1,500 eligible hours of service annually.

Employer matching contributions are calculated for employees participating in the Plan during the year and employed on the last day of the year and are funded during the following calendar year, unless collective bargaining agreements dictate funding during the year earned. The Plan document also provides exceptions to the end of the year employment requirement for matching contributions due to death, disability or the participant’s retirement on or after attaining the age of fifty-nine and one half.

The Plan contains provisions to allow the Employer to make discretionary match and/or profit sharing contributions. No additional discretionary matching or profit sharing contributions were made related to the Plan years ended December 31, 2023 and 2022.

Participant Accounts — Each participant’s account is credited with the participant’s contributions, the Employer’s contributions and Plan earnings or losses based on their investments. Participant accounts are also charged with withdrawals and an allocation of plan losses and administrative expenses. The benefit that a participant is entitled to is the amount that can be provided from the participant’s vested account. Any loans that existed in plans prior to merging into the Plan were in

accordance with their original plan's provisions. As a result of previous mergers, some loans held as of December 31, 2023 may have provisions that differ from those currently allowable under the Plan.

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

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

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

Participants also become fully vested in the Employer's contributions portion of their accounts upon total and permanent disability, attainment of age 59 and one half or death while an employee.

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

Forfeitures — Upon termination of employment due to involuntary or voluntary separation and upon withdrawal, the Plan document permits forfeited amounts contributed by the Employer to be applied against future Employer contributions or to pay Plan expenses. During the years ended December 31, 2023 and 2022, forfeitures of \$6,018,920 (for 2022 match processed in 2023) and \$6,500,000 (for 2021 match processed in 2022), respectively, were used to offset Employer contributions related to the 2022 and 2021 Plan years. During the years ended December 31, 2023 and 2022, forfeitures of \$807,675 and \$719,738, respectively, were used to pay Plan expenses. Forfeitures available for utilization totaled \$7,149,627 and \$6,018,416 at December 31, 2023 and 2022, respectively.

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

Investment Options — Each participant may direct his or her employee and employer contributions to be invested in one or more of the investment options available through the Plan. Participants may obtain schedules of specific funds available as investment options from participant information packets or the Sponsor's intranet website. Participants may change their investment elections for future contributions or existing account balances on a daily basis. The Plan also allows for participants to establish a BrokerageLink[®] account, which allows participants to invest in stocks or other individual securities and mutual funds that are not included in the Plan's investment options. Amounts invested through the BrokerageLink[®] option are presented as self-directed brokerage accounts in the statements of net assets available for benefits.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The Plan uses, and regulatory and taxing authorities permit, the modified cash basis method of accounting where additions to net assets available for benefits are recognized when cash is received and deductions are recognized when amounts are paid, except for the recognition of unrealized gains or losses on investments at the end of the Plan

year and interest and dividend income when earned. This method is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (“GAAP”). In general, statements prepared in accordance with GAAP would include, among other things, contributions receivable as assets and accrued administrative expenses as liabilities.

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

Investment Valuation and Income Recognition — The Plan’s investments are stated at fair value, except for fully benefit-responsive guaranteed investment contracts (“GICs”) and fully benefit-responsive synthetic guaranteed investment contracts (“synthetic GICs”), which are reported at contract value. The fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the amount Plan participants would receive if they were to initiate permitted transactions under the terms of the Plan (see Note 5). See Note 3 for discussion on fair value measurements.

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

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

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

Contributions — Contributions from the Employer and participants are recorded when remitted to the Plan’s trust. The Employer contributions of \$117,958,126 presented on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2023, includes the 2022 Plan year Employer contribution for the majority of the Plan’s participants and a portion of the 2023 Plan year Employer contribution for union employees of \$676,038. Similarly, the Employer contributions of \$115,865,858 presented on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2022, includes the 2021 Plan year Employer contribution for the majority of the Plan’s participants and a portion of the 2022 Plan year Employer contribution for union employees of \$775,039.

Employer contributions related to the 2023 Plan year of approximately \$120,370,000, net of forfeitures utilized of \$6,801,138, were deposited into the Plan during 2024.

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

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

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

3. FAIR VALUE MEASUREMENTS

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

Asset Valuation Techniques — Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

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

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

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

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

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

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

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

Fair Value Measurements — The following table sets forth, by level within the fair value hierarchy, a summary of the Plan’s investments measured at fair value on a recurring basis at December 31, 2023:

	Fair Value Measurements at December 31, 2023, Using			
	Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Short-term investment fund	\$ 40,265,004	\$ —	\$ —	\$ 40,265,004
Money market funds	38,082,015	—	—	38,082,015
Mutual funds	845,559,486	—	—	845,559,486
Self-directed brokerage accounts	203,342,113	—	—	203,342,113
U.S. government securities	95,009,056	—	—	95,009,056
Common stocks	300,271,006	—	—	300,271,006
Mortgage-backed securities	—	70,534,903	—	70,534,903
Asset-backed securities	—	17,796,246	—	17,796,246
Corporate bonds	—	55,622,119	—	55,622,119
Municipal bonds	—	2,161,341	—	2,161,341
Total	<u>\$ 1,522,528,680</u>	<u>\$ 146,114,609</u>	<u>\$ —</u>	<u>\$ 1,668,643,289</u>
Collective trusts measured at NAV				5,636,817,782
Total investments at fair value				<u>\$ 7,305,461,071</u>

The following table sets forth, by level within the fair value hierarchy, a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2022:

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

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

4. NET ASSET VALUE PER SHARE

The following table summarizes the Plan's investments with a reported NAV as of December 31, 2023. The fair value of investments in the table below has been estimated using the NAV of the investments.

	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
At December 31, 2023					
Collective trusts:					
Foreign	\$ 883,888,408	\$ —	Daily	None	None ⁽¹⁾
Large cap blend	2,238,179,879	—	Daily	None	None
Large cap value	214,172,598	—	Daily	None	None
Large cap growth	1,261,018,061	—	Daily	None	None
Mid cap blend	479,657,872	—	Daily	None	None
Mid cap value	63,116,172	—	Daily	None	None
Emerging markets	284,000,788	—	Daily	None	None
Intermediate term	95,784,374	—	Daily	None	None
Real Estate	116,999,630	—	Daily	None	None
Total	<u>\$ 5,636,817,782</u>	<u>\$ —</u>			

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

The following table summarizes the Plan's investments with a reported NAV as of December 31, 2022. The fair value of investments in the table below has been estimated using the NAV of the investments.

	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
At December 31, 2022					
Collective trusts:					
Foreign	\$ 763,121,957	\$ —	Daily	None	None ⁽¹⁾
Large cap blend	1,834,703,717	—	Daily	None	None
Large cap value	195,880,631	—	Daily	None	None
Large cap growth	929,945,988	—	Daily	None	None
Mid cap blend	365,836,868	—	Daily	None	None
Emerging markets	245,177,854	—	Daily	None	None
Intermediate term	92,341,804	—	Daily	None	None
Real estate	102,853,587	—	Daily	None	None
Total	<u>\$ 4,529,862,406</u>	<u>\$ —</u>			

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

5. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

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

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

The fair value of the collective trust funds held within the synthetic GICs are reported at the NAV of the investment provided by the issuer of the fund as a practical expedient. There are no restrictions on redemptions or redemption frequency, and there were no unfunded commitments between the Plan and the collective trust funds as of December 31, 2023 and 2022.

The Plan also has a traditional GIC with an insurance company. The insurance company maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The GIC is included in the financial statements at contract value, which represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

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

There are certain events not initiated by Plan participants that limit the ability of the Plan to transact with the issuer of the GIC or synthetic GICs at their contract value. Specific coverage provided by each traditional GIC and synthetic GIC may be different for each issuer, and can be found in the individual traditional GIC or synthetic GIC contracts held by the Plan. Examples of such events include: the Plan's failure to qualify under the IRC as amended; full or partial termination of the Plan;

involuntary termination of employment as a result of a corporate merger, divestiture, spin off, or other significant business restructuring, which may include early retirement incentive programs or bankruptcy; changes to the administration of the Plan that decrease employee or employer contributions, the establishment of a competing plan by the Sponsor, the introduction of a competing investment option, or other Plan amendment that has not been approved by the Contract Issuers; dissemination of a participant communication that is designed to induce participants to transfer assets from the stable value option; or events resulting in a material adverse financial impact on the contract issuer, including changes in the IRC, laws or regulations. The Plan administrator does not believe that the occurrence of any of the aforementioned events, which would limit the Plan's ability to transact with the issuer of its GIC or synthetic GICs at their contract value with participants, is probable.

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

The average yield based on actual earnings of the Plan's investment contracts, computed by dividing the annualized one-day actual earnings of the contract on the last day of the Plan year by the fair value of the investments on the same date, was approximately 2.73% and 2.10% during the years ended December 31, 2023 and 2022, respectively. The average yield based on the interest rate credited to participants of the Plan's investment contracts, computed by dividing the annualized one-day actual earnings credited to participants on the last day of the Plan year by the fair value of the investments on the same date, was 2.67% and 2.05% during the years ended December 31, 2023 and 2022, respectively.

6. PLAN TERMINATION

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

7. TAX STATUS

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

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

8. CERTIFIED INVESTMENT INFORMATION

The following is a summary of the information regarding the Plan as of December 31, 2023 and 2022, and for the years then ended, included in the Plan's financial statements and supplemental schedule of assets held at end of year, that was prepared by or derived from information prepared by the Trustee, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee that such information is complete and accurate.

	2023	2022
Statements of net assets available for benefits:		
Investments at fair value:		
Interest-bearing cash and cash equivalents	\$ 78,347,019	\$ 126,132,873
Mutual funds	845,559,486	724,666,197
Self-directed brokerage accounts	203,342,113	154,434,263
Collective trusts	5,636,817,782	4,529,862,406
U.S. government securities	95,009,056	69,551,440
Mortgage-backed securities	70,534,903	66,005,636
Corporate bonds	55,622,119	66,518,633
Common stocks	300,271,006	347,557,828
Asset-backed securities and municipal bonds	19,957,587	19,748,367
Investments at contract value:		
Guaranteed investment contracts	61,103,247	67,570,912
Synthetic investment contracts	521,016,146	582,413,126
Non-interest bearing cash	865,231	4,080,124
Notes receivable from participants	117,194,904	112,342,207
Statements of changes in net assets available for benefits:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	1,315,931,226	(1,743,493,868)
Interest	26,393,982	19,383,734
Dividends	32,165,931	30,125,050
Interest income on notes receivable from participants	6,707,063	5,651,103

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

9. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

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

Administrative revenues arise when investment managers return a portion of the investment fees to the Trustee to offset administrative expenses. The Plan receives credits for this revenue sharing on a quarterly basis. These credits are held in an unallocated account from which future Plan expenses can be paid. The Plan held undistributed administrative revenues of \$1,198,964 and \$202,185 at December 31, 2023 and 2022, respectively. In addition, the Trustee pays a quarterly participant revenue credit related to certain funds that the participant is invested in. The participant revenue credit is allocated to participants investing in these funds on a pro-rata basis according to their average balance in such funds.

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

10. PLAN AMENDMENTS

The Plan was not amended during the years ended December 31, 2023 and 2022.

11. VOLUNTARY COMPLIANCE RESOLUTION

In 2021, the Sponsor determined that minimum required distributions to some participants or their beneficiaries were incorrectly processed. The Sponsor determined that the error resulted from a deficiency in Fidelity's recordkeeping system and impacted approximately 20 minimum required distributions between 2003 and 2019. In July 2021, the Plan elected to participate in a group Voluntary Correction Program ("VCP") filing previously submitted by Fidelity in June 2019 regarding this matter. In February 2022, the Sponsor received a VCP Compliance Statement (the "Compliance Statement") from the IRS which approved the proposed corrective actions described in the initial VCP filing. The Sponsor completed all required corrective actions to comply with the Compliance Statement during the year ended December 31, 2022.

12. SUBSEQUENT EVENTS

For the year ended December 31, 2023, subsequent events were evaluated through October 15, 2024, the date the financial statements were available to be issued. No events occurred that require additional disclosure or adjustments to the Plan's financial statements.

13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits per the financial statements at December 31, 2023 and 2022 to Form 5500:

	2023	2022
Net assets available for benefits per financial statements	\$ 8,005,640,599	\$ 6,870,884,012
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	(38,258,369)	(52,423,589)
Net assets available for benefits per Form 5500	<u>\$ 7,967,382,230</u>	<u>\$ 6,818,460,423</u>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements for the years ended December 31, 2023 and 2022 to net income reported on Form 5500:

	2023	2022
Net increase (decrease) in net assets available for benefits per financial statements	\$ 1,134,756,587	\$ (1,960,283,198)
Plus (less) change in adjustment from contract value to fair value for fully benefit-responsive investment contracts from prior year	14,165,220	(58,743,444)
Net income (loss) per Form 5500	<u>\$ 1,148,921,807</u>	<u>\$ (2,019,026,642)</u>

SUPPLEMENTAL SCHEDULE

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Interest-bearing cash and cash equivalents:		
* Fidelity	Fidelity Short-Term Investment Fund	\$ 40,265,004
* Fidelity	Money Market Treasury Only	33,310,638
Brown Brothers Harriman	BBH Short-Term Investment Fund	4,771,377
	Subtotal interest-bearing cash and cash equivalents	78,347,019
Mutual funds:		
BlackRock	Strategic Global Bond Fund, Inc., Inst. Shares; 14,278,689 shares	75,985,927
* Fidelity	Long-Term Treasury Bond Index Fund; 8,552,188 shares	86,633,671
* Fidelity	U.S. Bond Index Fund; 31,972,064 shares	333,478,333
PGIM	High Yield Fund, Class R6; 14,836,958 shares	70,327,181
Western Asset	Total Return Unconstrained Fund; 7,369,358 shares	67,061,161
* Fidelity	Worldwide Fund; 2,631,208 shares	81,855,902
American Century	Small Cap Value Fund, Class R6; 12,389,698 shares	130,217,311
	Subtotal mutual funds	845,559,486
Self-directed brokerage accounts:		
* Fidelity BrokerageLink	BrokerageLink - Mutual Funds	81,943,725
	BrokerageLink - Common Stock	76,097,831
	BrokerageLink - Preferred Stock	189,495
	BrokerageLink - Corporate & Government Bond	4,286,728
	BrokerageLink - Certificate of Deposit	6,688,077
	BrokerageLink - Interest-bearing cash	34,125,722
	BrokerageLink - Non-interest bearing cash	10,535
	Subtotal self-directed brokerage accounts	203,342,113
Collective trusts:		
* Fidelity	Growth Company Commingled Pool, Class 3; 24,348,678 shares	1,261,018,061
* Fidelity	FIAM Int. Infl. PR Bond Index CP, Class D; 662,858 shares	95,784,374
Spartan	Developed International Index Pool, Class E; 3,936,131 shares	557,985,941
Spartan	Extended Market Index Pool, Class E; 3,282,405 shares	479,657,872
Spartan	500 Index Pool, Class F; 10,144,494 shares	2,238,179,879
Schroder	International Alpha Trust, Class 1; 7,922,125 shares	129,447,517
Martin Currie	Emerging Markets CIT, Class R3; 23,052,012 shares	284,000,788
T. Rowe Price	International Bond Fund; 5,070,176 shares	63,022,292
T. Rowe Price	International Small-Cap Equity Trust, Class B; 6,191,771 shares	133,432,658
Columbia Threadneedle	Trust Dividend Income Fund MS; 17,230,297 shares	214,172,598
Cohen & Steers	US Realty Fund Class C; 5,835,393 shares	116,999,630
Allspring Funds Mgmt	Allspring Special Mid Cap Value Inst; 4,256,726 shares	63,116,172
	Subtotal collective trusts	5,636,817,782

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
U.S. government securities:		
United States Treasury	4.375%; 08/15/2043; CUSIP: 912810TU2	\$ 10,616,125
United States Treasury	4.750%; 11/15/2043; CUSIP: 912810TW8	7,975,199
United States Treasury	4.750%; 11/15/2053; CUSIP: 912810TV0	8,073,158
UST Bills	0.000%; 04/02/2024; CUSIP: 912797JL2	3,281,221
UST Bills	0.000%; 04/16/2024; CUSIP: 912797JN8	8,686,016
UST Bills	0.000%; 04/23/2024; CUSIP: 912797JP3	1,008,423
UST Bills	0.000%; 05/16/2024; CUSIP: 912797FH5	7,846,610
UST Notes	4.375%; 11/30/2028; CUSIP: 91282CJN2	10,254,633
UST Notes	4.375%; 12/15/2026; CUSIP: 91282CJP7	13,323,857
UST Notes	4.500%; 11/15/2033; CUSIP: 91282CJJ1	11,253,580
UST Notes	4.875%; 10/31/2028; CUSIP: 91282CJF9	12,178,343
UST Notes	4.875%; 11/30/2025; CUSIP: 91282CJL6	511,891
Subtotal U.S. government securities		95,009,056
Mortgage-backed securities:		
BAMLL Comm Mtg Sec Trust	Variable; 08/10/2038; \$650,000; CUSIP: 05491YAA8	600,045
BX Coml Mtg Tr	Variable; 03/11/2044; \$635,000; CUSIP: 12433XAG4	530,472
BX Tr 2019-Oc11	3.202%; 12/09/2041; \$285,000; CUSIP: 05606FAA1	251,890
CPT Mortgage Trust 2019	2.865%; 11/13/2039; \$545,000; CUSIP: 12654YAA7	459,644
CSMC 2018-Rpl9 Tr	3.850%; 09/25/2057; \$718,524; CUSIP: 12654PAE8	680,993
CSMC 2019-Rpl1 Tr	Variable; 07/25/2058; \$673,302; CUSIP: 12596MAB2	650,299
DC Office Trust 2019	2.965%; 09/15/2045; \$580,000; CUSIP: 23312BAA8	484,151
FHLM	3.000%; 04/15/2048; \$143,850; CUSIP: 3137FGVJ1	128,467
FHLM	3.990%; 08/25/2033; \$1,050,000; CUSIP: 3137FHQ71	1,009,131
FHLM	3.750%; 04/25/2033; \$1,095,000; CUSIP: 3137FG6T7	1,036,225
Federal Home Loan	5.300%; 05/22/2024; \$2,880,000; CUSIP: 3130AVT93	2,877,216
Federal Home Loan	5.370%; 05/21/2024; \$2,800,000; CUSIP: 3130AVSY9	2,797,483
FNMA	3.500%; 08/25/2042; \$1,716,424; CUSIP: 3136A7N65	1,602,728
FNMA	3.500%; 05/25/2046; \$47,766; CUSIP: 3136B2ZR6	46,954
FNMA	3.500%; 01/25/2047; \$93,032; CUSIP: 3136B2TU6	90,387
FNMA	3.000%; 06/25/2048; \$428,793; CUSIP: 3136B1Z72	382,456
FHLG	2.500%; 03/01/2031; \$816,693; CUSIP: 3128MMUQ4	772,676
FHLG	3.000%; 03/01/2031; \$85,568; CUSIP: 3128MMUS0	82,165
FHLG	3.000%; 06/01/2033; \$32,370; CUSIP: 3128MMXV0	31,013
FHLG	3.500%; 01/01/2034; \$218,648; CUSIP: 3128MFWR5	212,439
FHLG	3.500%; 11/01/2033; \$350,012; CUSIP: 3128MMYK3	339,417
FHLG	2.500%; 01/01/2052; \$590,965; CUSIP: 3132DWC27	503,584
FHLG	2.500%; 04/01/2052; \$659,830; CUSIP: 3132DWDJ9	562,060
FHLG	2.500%; 11/01/2051; \$1,500,541; CUSIP: 3132DWCP6	1,280,310
FHLG	3.000%; 02/01/2047; \$754,187; CUSIP: 3128MJZM5	683,163

(Continued)

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
FHLG	3.000%; 03/01/2047; \$1,376,082; CUSIP: 3128MJZQ6	\$ 1,246,493
FHLG	3.000%; 02/01/2050; \$412,253; CUSIP: 3133N3VW1	363,454
FHLG	3.000%; 08/01/2046; \$603,371; CUSIP: 3128MJYM6	546,928
FHLG	3.000%; 09/01/2046; \$186,539; CUSIP: 3128MJYT1	169,088
FHLG	3.000%; 10/01/2046; \$351,015; CUSIP: 3128MJYY0	318,178
FHLG	3.000%; 09/01/2046; \$624,287; CUSIP: 3131XU6Q5	565,216
FHLG	3.000%; 11/01/2046; \$306,524; CUSIP: 3128MJY61	277,850
FHLG	3.500%; 02/01/2047; \$168,407; CUSIP: 3128MJZN3	157,397
FHLG	3.500%; 02/01/2048; \$298,490; CUSIP: 3128MJ3J7	278,697
FHLG	3.500%; 01/01/2048; \$1,900,667; CUSIP: 3132XCR49	1,795,421
FHLG	3.500%; 01/01/2050; \$3,713; CUSIP: 3132DVKY0	3,466
FHLG	3.500%; 04/01/2045; \$744,269; CUSIP: 31335AAY4	704,219
FHLG	3.500%; 04/01/2047; \$66,665; CUSIP: 3128MJZX1	62,307
FHLG	3.500%; 05/01/2044; \$94,867; CUSIP: 3128MABS7	89,641
FHLG	3.500%; 05/01/2046; \$517,593; CUSIP: 3132AAYV0	486,104
FHLG	3.500%; 06/01/2046; \$89,593; CUSIP: 3128MJYH7	83,792
FHLG	3.500%; 06/01/2047; \$42,432; CUSIP: 3128MJZ86	39,645
FHLG	3.500%; 08/01/2046; \$535,442; CUSIP: 3132XCRV9	503,617
FHLG	3.500%; 08/01/2046; \$326,610; CUSIP: 3128MJYN4	305,463
FHLG	3.500%; 12/01/2044; \$323,334; CUSIP: 3131XQ3P9	303,865
FHLG	3.500%; 12/01/2047; \$94,299; CUSIP: 3128MJ3A6	88,076
FHLG	4.000%; 01/01/2045; \$242,248; CUSIP: 3128MAE62	234,892
FHLG	4.000%; 03/01/2048; \$125,700; CUSIP: 3132XCR80	121,530
FHLG	4.000%; 07/01/2048; \$1,076,206; CUSIP: 3132XCSB2	1,040,164
FHLG	4.000%; 12/01/2045; \$679,772; CUSIP: 31335ALZ9	658,069
FHLG	4.500%; 10/01/2048; \$236,121; CUSIP: 3128MJ5D8	233,172
FHLG	5.000%; 07/01/2048; \$76,810; CUSIP: 3128MJ4T4	77,382
FHLG	5.000%; 10/01/2048; \$159,642; CUSIP: 3128MJ5E6	160,631
FNMA	3.000%; 06/01/2032; \$147,317; CUSIP: 31418CLK8	141,306
FNMA	2.000%; 06/01/2041; \$1,060,596; CUSIP: 31418DZ62	911,812
FNMA	2.000%; 10/01/2040; \$14,210; CUSIP: 31418DTJ1	12,238
FNMA	3.000%; 10/01/2033; \$342,867; CUSIP: 31418AYD4	325,960
FNMA	2.000%; 01/01/2052; \$1,225,675; CUSIP: 3140QNCW0	1,002,408
FNMA	2.000%; 01/01/2052; \$1,785,899; CUSIP: 3140QNWH1	1,460,582
FNMA	2.000%; 02/01/2052; \$676,590; CUSIP: 3140MCAF7	553,344
FNMA	2.000%; 04/01/2051; \$1,662,530; CUSIP: 3140QKKC1	1,362,648
FNMA	2.000%; 04/01/2052; \$1,542,447; CUSIP: 3140XGX46	1,261,477
FNMA	2.000%; 05/01/2051; \$1,296,832; CUSIP: 31418DYG4	1,064,251
FNMA	2.000%; 12/01/2051; \$2,271,292; CUSIP: 31418D7E6	1,857,558
FNMA	2.455%; 04/01/2040; \$980,000; CUSIP: 3140HXWW6	731,753
FNMA	2.500%; 02/01/2052; \$1,815,807; CUSIP: 3140MGCW9	1,547,319

(Continued)

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
FNMA	2.500%; 02/01/2052; \$1,401,498; CUSIP: 31418EBS8	\$ 1,194,269
FNMA	2.500%; 05/01/2051; \$1,424,744; CUSIP: 3140QKVC9	1,223,652
FNMA	3.000%; 12/01/2051; \$1,310,325; CUSIP: 3140QMVY7	1,159,927
FNMA	3.500%; 01/01/2046; \$1,223,712; CUSIP: 3140J8FW8	1,150,030
FNMA	3.500%; 01/01/2047; \$312,824; CUSIP: 3138WJNN4	293,695
FNMA	3.500%; 01/01/2048; \$591,802; CUSIP: 31418CS47	551,915
FNMA	3.500%; 02/01/2048; \$380,069; CUSIP: 31418CUA0	354,453
FNMA	3.500%; 02/01/2047; \$59,678; CUSIP: 31418CGE8	55,712
FNMA	3.500%; 12/01/2047; \$456,899; CUSIP: 31418CR89	426,247
FNMA	3.500%; 01/01/2044; \$311,718; CUSIP: 3138ENZ93	292,484
FNMA	4.000%; 01/01/2049; \$294,529; CUSIP: 3140JLYN8	285,166
FNMA	4.000%; 04/01/2047; \$99,621; CUSIP: 31418CJE5	95,894
FNMA	4.000%; 06/01/2047; \$168,984; CUSIP: 31418CLH5	162,609
FNMA	4.000%; 06/01/2047; \$111,710; CUSIP: 3138WK4Q5	107,495
FNMA	4.000%; 07/01/2047; \$101,495; CUSIP: 3138WLCJ0	97,666
FNMA	4.000%; 07/01/2047; \$236,837; CUSIP: 31418CMG6	227,902
FNMA	4.000%; 08/01/2042; \$324,310; CUSIP: 31418AHY7	311,157
FNMA	4.500%; 08/01/2048; \$146,042; CUSIP: 3140Q9N25	144,051
FNMA	4.500%; 08/01/2046; \$1,544,027; CUSIP: 3140J56D6	1,536,973
FNMA Gtd Mtg Pass Thru CTF	3.250%; 02/25/2049; \$97,898; CUSIP: 3136B3A34	88,522
Freddie Mac Remics	4.000%; 06/15/2047; \$47,211; CUSIP: 3137FKHV1	46,552
Freddie Mac Stacr Remic Tr	Variable; 01/25/2042; \$640,993; CUSIP: 35564KPU7	638,891
GCAT 2021-NQM6 Trust	1.855%; 08/25/2066; \$853,471; CUSIP: 36167KAA6	741,085
GNII	3.000%; 10/20/2049; \$272,016; CUSIP: 36179U3S9	240,213
GNII	3.500%; 06/20/2049; \$82,724; CUSIP: 36179UT93	75,834
GNII	3.500%; 07/20/2049; \$37,505; CUSIP: 36179UVX7	34,381
GNII	2.500%; 09/20/2051; \$690,563; CUSIP: 36179WNE4	604,529
GNII	3.000%; 05/20/2047; \$121,997; CUSIP: 36179S5K9	112,080
GNII	3.000%; 05/20/2046; \$224,787; CUSIP: 36179SB71	207,146
GNII	3.000%; 11/20/2047; \$706,482; CUSIP: 36179TLR4	647,948
GNII	3.000%; 12/20/2046; \$446,921; CUSIP: 36179SSP3	410,591
GNII	3.500%; 01/20/2047; \$128,218; CUSIP: 36179SUV7	120,985
GNII	3.500%; 02/20/2047; \$171,448; CUSIP: 36179SWX1	161,777
GNII	3.500%; 03/20/2046; \$155,343; CUSIP: 36179R4E6	146,921
GNII	3.500%; 04/20/2046; \$77,194; CUSIP: 36179R7J2	73,009
GNII	3.500%; 05/20/2047; \$328,211; CUSIP: 36179S5L7	309,493
GNII	3.500%; 06/20/2047; \$83,379; CUSIP: 36179TAK1	78,624
GNII	3.500%; 07/20/2047; \$45,255; CUSIP: 36179TCX1	42,674
GNII	3.500%; 09/20/2047; \$87,528; CUSIP: 36179TG41	82,536
GNII	3.500%; 10/20/2047; \$220,929; CUSIP: 36179TJX4	208,190
GNII	3.500%; 11/20/2047; \$611,649; CUSIP: 36179TLS2	576,382

(Continued)

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
GNII	3.500%; 12/20/2046; \$287,179; CUSIP: 36179SSQ1	\$ 270,980
GNII	3.500%; 12/20/2047; \$473,396; CUSIP: 36179TNR2	446,102
GNII	4.000%; 03/20/2048; \$235,005; CUSIP: 36179TUB9	227,673
GNII	4.000%; 08/20/2047; \$78,390; CUSIP: 36179TE27	76,116
GNII	4.000%; 09/20/2048; \$115,274; CUSIP: 36179UCB6	111,462
GNII	4.000%; 09/20/2047; \$557,155; CUSIP: 36179TG58	540,991
GNII	4.000%; 11/20/2047; \$140,063; CUSIP: 36179TLT0	136,000
GNII	4.000%; 12/20/2047; \$4,095; CUSIP: 36179TNS0	3,971
GNII	4.500%; 08/20/2048; \$673,927; CUSIP: 36179T7L3	664,762
GNII	5.000%; 03/20/2047; \$56,064; CUSIP: 36179SYV3	57,036
GNII	5.000%; 05/20/2046; \$96,639; CUSIP: 36179SCB1	98,338
GNII	5.000%; 05/20/2047; \$120,660; CUSIP: 36179S5P8	122,712
GNII	5.000%; 07/20/2046; \$35,186; CUSIP: 36179SGP6	35,793
GNII	5.000%; 09/20/2045; \$172,764; CUSIP: 36179RNZ8	175,921
GNMA	3.500%; 09/20/2048; \$243,965; CUSIP: 38380Y2X2	224,417
GS Mtg Backed Secs Tr	3.750%; 10/25/2057; \$611,446; CUSIP: 36256BAC4	590,037
Hudson Yards	3.228%; 07/10/2039; \$580,000; CUSIP: 44421GAA1	513,654
Hudson Yards	Variable; 12/10/2041; \$580,000; CUSIP: 44421MAA8	502,225
Harborview Mtg. Loan Trust	Variable; 06/20/2035; \$1,042,966; CUSIP: 41161PSK0	956,923
Imm 05-2 1A1 Tsfr	Variable; 04/25/2035; \$480,933; CUSIP: 45254NMY0	458,390
JP Morgan Chase	3.397%; 06/05/2039; \$550,000; CUSIP: 46651EAA2	495,266
JPMMT	Variable; 04/25/2035; \$170,332; CUSIP: 466247NK5	162,808
MLCC 2004-A A1	Variable; 04/25/2029; \$115,112; CUSIP: 59020UAR6	106,382
MLMI 2005-A10 A	Variable; 02/25/2036; \$924,687; CUSIP: 59020UZ65	859,941
Mortgageit Tr	Variable; 12/25/2035; \$189,057; CUSIP: 61915RAU0	183,797
OBX 2021-J3 Trust	2.500%; 10/25/2051; \$1,454,489; CUSIP: 67448XAD8	1,264,173
Oceanview Mortgage Trust	2.500%; 07/25/2051; \$1,438,682; CUSIP: 67647WAE7	1,250,678
One Bryant Pk Tr	2.516%; 09/15/2054; \$740,000; CUSIP: 68236JAA9	627,274
SFAVE Coml Mtg Secs Tr	Variable; 01/05/2043; \$300,000; CUSIP: 78413MAA6	220,700
SFAVE Coml Mtg Secs Tr	Variable; 01/05/2043; \$35,000; CUSIP: 78413MAE8	26,185
Towd Pt Mtg Tr	Variable; 07/25/2057; \$156,840; CUSIP: 89169DAA9	153,596
WAMU 04-AR7 A6 Cstr	Variable; 07/25/2034; \$656,451; CUSIP: 92922FTB4	607,042
WAMU 05-AR13 A1A1	Variable; 10/25/2045; \$421,210; CUSIP: 92922F4M7	397,117
WAMU 05-AR19 A1A1	Variable; 12/25/2045; \$751,716; CUSIP: 92925CBA9	721,566
WAMU 2005-AR2 2A3	Variable; 01/25/2045; \$482,221; CUSIP: 92922FE95	462,578
WAMU 2005-AR9 A1A	Variable; 07/25/2045; \$231,685; CUSIP: 92922FU48	219,856
Subtotal mortgage-backed securities		70,534,903
Corporate bonds:		
AEP Texas Inc	6.650%; 02/15/2033; \$250,000; CUSIP: 0010EPAF5	271,209
Aercap Ireland Cap Ltd	3.300%; 01/30/2032; \$610,000; CUSIP: 00774MAX3	530,901

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Air Lease Corp	2.200%; 01/15/2027; \$155,000; CUSIP: 00914AAR3	\$ 141,933
Air Lease Corp	3.250%; 03/01/2025; \$65,000; CUSIP: 00912XBA1	63,295
Air Lease Corp	3.625%; 12/01/2027; \$320,000; CUSIP: 00912XAY0	302,607
American Assets Trust LP	3.375%; 02/01/2031; \$470,000; CUSIP: 02401LAA2	383,238
American Homes 4 Rent LP	3.625%; 04/15/2032; \$277,000; CUSIP: 02666TAE7	248,076
American Homes 4 Rent LP	4.300%; 04/15/2052; \$315,000; CUSIP: 02666TAF4	253,666
American Tower Corp	2.300%; 09/15/2031; \$243,000; CUSIP: 03027XBS8	200,919
American Tower Corp	2.700%; 04/15/2031; \$355,000; CUSIP: 03027XBM1	304,842
Amgen Inc	4.200%; 02/22/2052; \$120,000; CUSIP: 031162DF4	101,560
Aon Corp	2.800%; 05/15/2030; \$505,000; CUSIP: 037389BE2	447,758
Appalachian Power Co	4.500%; 03/01/2049; \$450,000; CUSIP: 037735CX3	378,954
Arizona Public Service Co	6.350%; 12/15/2032; \$435,000; CUSIP: 040555DE1	472,157
AT&T Inc	4.850%; 03/01/2039; \$210,000; CUSIP: 00206RHK1	200,937
Bank of America Corporation	Variable; 03/11/2027; \$895,000; CUSIP: 06051GJQ3	827,974
Bank of America Corporation	Variable; 07/21/2032; \$470,000; CUSIP: 06051GKA6	383,772
Bank of America Corporation	Variable; 02/04/2033; \$1,045,000; CUSIP: 06051GKK4	889,107
Barnabas Health Inc	4.000%; 07/01/2028; \$1,085,000; CUSIP: 06769QAA8	1,043,987
Bat Capital Corp	4.390%; 08/15/2037; \$220,000; CUSIP: 05526DBD6	184,213
Bat Capital Corp	4.540%; 08/15/2047; \$1,020,000; CUSIP: 05526DBF1	783,083
Berkshire Hathaway Fin Corp	3.850%; 03/15/2052; \$425,000; CUSIP: 084664DB4	355,113
Berry Global Inc	1.650%; 01/15/2027; \$850,000; CUSIP: 08576PAF8	765,277
Boeing Co	1.433%; 02/04/2024; \$370,000; CUSIP: 097023DE2	368,426
Boeing Co	4.875%; 05/01/2025; \$375,000; CUSIP: 097023CT0	373,121
Capital One Financial Corp	Variable; 03/01/2030; \$460,000; CUSIP: 14040HCN3	410,827
Centene Corp	2.625%; 08/01/2031; \$625,000; CUSIP: 15135BAZ4	520,292
Charter Comm Operating LLC	5.375%; 05/01/2047; \$440,000; CUSIP: 161175BL7	373,922
Charter Comm Operating LLC	5.375%; 04/01/2038; \$30,000; CUSIP: 161175BM5	27,053
Charter Comm Operating LLC	5.750%; 04/01/2048; \$446,000; CUSIP: 161175BN3	395,815
Charter Comm Operating LLC	4.800%; 03/01/2050; \$285,000; CUSIP: 161175BT0	220,611
Charter Comm Operating LLC	5.250%; 04/01/2053; \$435,000; CUSIP: 161175CK8	364,332
Citigroup Inc	Variable; 5/01/2025; \$145,000; CUSIP: 172967MX6	142,539
Citigroup Inc	Variable; 11/03/2032; \$60,000; CUSIP: 172967NE7	49,459
Citigroup Inc	Variable; 05/01/2032; \$450,000; CUSIP: 172967MY4	375,448
Citigroup Inc	Variable; 06/03/2031; \$100,000; CUSIP: 172967MS7	85,422
Citigroup Inc	Variable; 01/25/2033; \$555,000; CUSIP: 17327CAQ6	473,516
Commonspirit Health	2.782%; 10/01/2030; \$280,000; CUSIP: 20268JAF0	242,778
Commonwealth Edison Co	3.850%; 03/15/2052; \$230,000; CUSIP: 202795JV3	185,890
Credit Suisse	7.500%; 02/15/2028; \$790,000; CUSIP: 22550L2M2	865,213
Crown Castle Inc	2.100%; 04/01/2031; \$335,000; CUSIP: 22822VAW1	272,843
Crown Castle Inc	3.300%; 07/01/2030; \$350,000; CUSIP: 22822VAR2	313,791
CVS Health Corp	5.050%; 03/25/2048; \$365,000; CUSIP: 126650CZ1	341,387

(Continued)

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Delta Airlines Inc	2.000%; 12/10/2029; \$1,581,442; CUSIP: 247361ZV3	\$ 1,402,402
Doc Dr LLC	2.625%; 11/01/2031; \$170,000; CUSIP: 71951QAC6	139,863
Doc Dr LLC	3.950%; 01/15/2028; \$7,000; CUSIP: 71951QAB8	6,667
Duke Energy Carolinas LLC	3.750%; 06/01/2045; \$880,000; CUSIP: 26442CAP9	704,432
Duke Energy Carolinas LLC	5.350%; 01/15/2053; \$95,000; CUSIP: 26442CBK9	97,246
Duke Energy Florida LLC	5.875%; 11/15/2033; \$10,000; CUSIP: 26444HAQ4	10,779
Duke Energy Progress LLC	5.350%; 03/15/2053; \$255,000; CUSIP: 26442UAR5	258,311
Energy Transfer LP	4.900%; 03/15/2035; \$250,000; CUSIP: 29273RBE8	237,956
Energy Transfer LP	5.150%; 03/15/2045; \$230,000; CUSIP: 29273RBF5	210,882
Energy Transfer LP	6.125%; 12/15/2045; \$500,000; CUSIP: 29273RBJ7	503,599
Entergy Tex Inc	3.450%; 12/01/2027; \$900,000; CUSIP: 29365TAF1	842,555
Evergy Kansas Central	5.700%; 03/15/2053; \$490,000; CUSIP: 30036FAB7	511,440
Eversource Energy	5.950%; 02/01/2029; \$480,000; CUSIP: 30040WAW8	502,682
Extra Space Storage LP	2.200%; 10/15/2030; \$93,000; CUSIP: 30225VAP2	77,355
Extra Space Storage LP	2.400%; 10/15/2031; \$380,000; CUSIP: 30225VAQ0	313,487
Extra Space Storage LP	3.900%; 04/01/2029; \$265,000; CUSIP: 30225VAH0	250,599
Fiserv Inc	5.600%; 03/02/2033; \$395,000; CUSIP: 337738BE7	412,329
Fiserv Inc	5.625%; 08/21/2033; \$25,000; CUSIP: 337738BH0	26,189
Gallagher (Arthur J.) & Co	3.050%; 03/09/2052; \$355,000; CUSIP: 04316JAB5	236,758
General Electric Co	Variable; 08/15/2036; \$964,000; CUSIP: 36962GX74	872,738
Global Payments Inc	5.300%; 08/15/2029; \$520,000; CUSIP: 37940XAN2	523,398
Global Payments Inc	5.950%; 08/15/2052; \$30,000; CUSIP: 37940XAR3	30,569
GLP Cap LP	4.000%; 01/15/2030; \$506,000; CUSIP: 361841AP4	461,715
GLP Cap LP	4.000%; 01/15/2031; \$35,000; CUSIP: 361841AQ2	31,522
GLP Cap LP	5.300%; 01/15/2029; \$210,000; CUSIP: 361841AL3	208,786
GLP Cap LP	5.375%; 04/15/2026; \$40,000; CUSIP: 361841AH2	39,753
Goldman Sachs Group Inc	1.542%; 09/10/2027; \$315,000; CUSIP: 38141GYG3	285,710
Goldman Sachs Group Inc	2.615%; 04/22/2032; \$150,000; CUSIP: 38141GYB4	125,911
Goldman Sachs Group Inc	1.431%; 03/09/2027; \$985,000; CUSIP: 38141GYA6	908,256
Goldman Sachs Group Inc	1.948%; 10/21/2027; \$580,000; CUSIP: 38141GYM0	530,596
Healthcare Realty Hldgs LP	2.050%; 03/15/2031; \$22,000; CUSIP: 42225UAM6	17,027
Healthcare Realty Hldgs LP	3.500%; 08/01/2026; \$190,000; CUSIP: 42225UAD6	181,321
Healthcare Realty Hldgs LP	3.625%; 01/15/2028; \$650,000; CUSIP: 42225UAK0	599,064
Healthcare Realty Hldgs LP	3.875%; 05/01/2025; \$280,000; CUSIP: 42225UAJ3	271,633
Healthpeak Op LLC	3.400%; 02/01/2025; \$31,000; CUSIP: 40414LAM1	30,273
HSBC Holdings PLC	Variable; 09/22/2028; \$970,000; CUSIP: 404280CL1	863,547
HSBC Holdings PLC	Variable; 08/17/2029; \$515,000; CUSIP: 404280CV9	449,557
HSBC Holdings PLC	Variable; 05/24/2032; \$200,000; CUSIP: 404280CT4	166,962
Hudson Pac Pptys LP	3.950%; 11/01/2027; \$890,000; CUSIP: 44409MAA4	745,032
Hyatt Hotels Corp	1.800%; 10/01/2024; \$375,000; CUSIP: 448579AN2	363,840
Illumina Inc	5.750%; 12/13/2027; \$610,000; CUSIP: 452327AP4	626,196

(Continued)

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Indiana Michigan Power Co	4.550%; 03/15/2046; \$400,000; CUSIP: 454889AQ9	\$ 357,697
Int Flavs & Frag Inc	4.375%; 06/01/2047; \$165,000; CUSIP: 459506AE1	126,587
Int Flavs & Frag Inc	5.000%; 09/26/2048; \$710,000; CUSIP: 459506AL5	602,610
Invitation Homes Oper Part	2.000%; 08/15/2031; \$364,000; CUSIP: 46188BAA0	289,657
Invitation Homes Oper Part	4.150%; 04/15/2032; \$20,000; CUSIP: 46188BAD4	18,378
Invitation Homes Oper Part	5.500%; 08/15/2033; \$15,000; CUSIP: 46188BAF9	15,018
JBS USA Lux Sa	5.750%; 04/01/2033; \$540,000; CUSIP: 46590XAY2	534,917
JBS USA Lux Sa	6.750%; 03/15/2034; \$385,000; CUSIP: 47214BAA6	405,648
Jersey Cntrl Pwr & Light Co	6.400%; 05/15/2036; \$450,000; CUSIP: 476556CP8	482,503
JP Morgan Chase	Variable; 04/22/2027; \$1,740,000; CUSIP: 46647PCB0	1,605,714
JP Morgan Chase	Variable; 02/04/2032; \$275,000; CUSIP: 46647PBX3	223,546
JP Morgan Chase	Variable; 04/22/2032; \$155,000; CUSIP: 46647PCC8	131,105
JP Morgan Chase	Variable; 02/24/2028; \$150,000; CUSIP: 46647PCW4	141,126
JP Morgan Chase	Variable; 09/22/2027; \$125,000; CUSIP: 46647PCP9	113,251
Kilroy Realty LP	2.650%; 11/15/2033; \$505,000; CUSIP: 49427RAR3	382,912
Kimco Realty Op LLC	3.250%; 08/15/2026; \$500,000; CUSIP: 948741AM5	473,546
Lloyds Banking Group PLC	Variable; 05/11/2027; \$560,000; CUSIP: 53944YAP8	513,100
Lloyds Banking Group PLC	Variable; 11/07/2028; \$85,000; CUSIP: 539439AQ2	79,862
LXP Industrial Trust	2.375%; 10/01/2031; \$340,000; CUSIP: 529537AA0	272,981
Morgan Stanley	Variable; 04/28/2032; \$40,000; CUSIP: 6174468X0	32,165
Morgan Stanley	Variable; 01/21/2028; \$1,315,000; CUSIP: 61747YEK7	1,220,559
Morgan Stanley	Variable; 09/16/2036; \$205,000; CUSIP: 61747YEF8	162,480
NNN REIT Inc	5.600%; 10/15/2033; \$280,000; CUSIP: 637417AS5	289,044
Oracle Corp	3.600%; 04/01/2050; \$220,000; CUSIP: 68389XBX2	162,955
Oracle Corp	3.950%; 03/25/2051; \$792,000; CUSIP: 68389XCA1	620,188
Petroleos Mexicanos	6.625%; 06/15/2035; \$70,000; CUSIP: 706451BG5	53,244
Piedmont Natural Gas Co	5.050%; 05/15/2052; \$260,000; CUSIP: 720186AP0	241,218
Pilgrims Pride Corp New	3.500%; 03/01/2032; \$37,000; CUSIP: 72147KAH1	31,281
Pilgrims Pride Corp New	6.250%; 07/01/2033; \$495,000; CUSIP: 72147KAK4	509,317
PNC Financial Svcs Grp Inc	Variable; 10/20/2034; \$390,000; CUSIP: 693475BU8	432,954
PNC Financial Svcs Grp Inc	Variable; 01/24/2034; \$535,000; CUSIP: 693475BM6	523,477
Public Service Co of CO	5.250%; 04/01/2053; \$260,000; CUSIP: 744448CY5	258,801
Public Svc Co New Mexico	3.850%; 08/01/2025; \$500,000; CUSIP: 744542AC5	486,944
Rexford Industrial Realty LP	2.150%; 09/01/2031; \$35,000; CUSIP: 76169XAB0	28,014
Reynolds American Inc	5.700%; 08/15/2035; \$280,000; CUSIP: 761713BA3	276,322
Reynolds American Inc	5.850%; 08/15/2045; \$210,000; CUSIP: 761713BB1	196,572
Royal Bk Scotlnd Grp PLC	Variable; 03/22/2025; \$145,000; CUSIP: 780097BK6	144,486
Santander UK Grp Hldgs PLC	Variable; 03/15/2025; \$1,830,000; CUSIP: 80281LAN5	1,809,866
Santander UK Grp Hldgs PLC	Variable; 06/14/2027; \$225,000; CUSIP: 80281LAQ8	204,541
Southern Co Gas Cap	5.750%; 09/15/2033; \$135,000; CUSIP: 8426EPAG3	141,750
Spire Inc	4.700%; 08/15/2044; \$325,000; CUSIP: 505597AD6	270,558

(Continued)

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
T-Mobile USA Inc	3.375%; 04/15/2029; \$250,000; CUSIP: 87264ABV6	\$ 232,269
TC Pipelines MLP	4.375%; 03/13/2025; \$310,000; CUSIP: 87233QAB4	305,607
Time Warner Cable LLC	5.500%; 09/01/2041; \$179,000; CUSIP: 88732JBB3	154,850
Transcanada Pipelines Ltd	4.625%; 03/01/2034; \$25,000; CUSIP: 89352HAM1	23,668
UBS Group Ag	3.750%; 03/26/2025; \$945,000; CUSIP: 902613AX6	925,766
UBS Group Ag	4.550%; 04/17/2026; \$1,215,000; CUSIP: 902613BB3	1,199,124
US Bancorp Del	Variable; 02/01/2034; \$615,000; CUSIP: 91159HJL5	589,074
US Bancorp Del	Variable; 06/12/2034; \$275,000; CUSIP: 91159HJN1	283,669
VICI Properties LP	5.125%; 05/15/2032; \$973,000; CUSIP: 925650AD5	948,484
VMware Inc	1.000%; 08/15/2024; \$645,000; CUSIP: 928563AH8	626,443
Magallanes Inc	5.050%; 03/15/2042; \$655,000; CUSIP: 55903VBD4	577,435
Magallanes Inc	5.141%; 03/15/2052; \$991,000; CUSIP: 55903VBE2	850,631
Wells Fargo & Co	Variable; 10/30/2030; \$505,000; CUSIP: 95000U2G7	448,926
Wells Fargo & Co	Variable; 03/02/2033; \$205,000; CUSIP: 95000U2U6	179,050
Wells Fargo & Co	Variable; 03/24/2028; \$15,000; CUSIP: 95000U2V4	14,310
Wells Fargo & Co	Variable; 05/22/2028; \$1,835,000; CUSIP: 95000U2A0	1,747,958
Wells Fargo & Co	Variable; 07/25/2033; \$145,000; CUSIP: 95000U3B7	141,255
Wells Fargo & Co	Variable; 04/24/2034; \$90,000; CUSIP: 95000U3D3	90,391
Willis North America Inc	5.350%; 05/15/2033; \$290,000; CUSIP: 970648AM3	292,880
XCEL Energy Inc	4.600%; 06/01/2032; \$110,000; CUSIP: 98388MAD9	107,235
Subtotal corporate bonds		55,622,119
Common stocks:		
Align Technology Inc	9,595 shares; CUSIP: 016255101	2,629,030
Aaon Inc	93,572 shares; CUSIP: 000360206	6,912,164
Altair Engineering Inc Cl A	61,700 shares; CUSIP: 021369103	5,192,055
Ansys Inc	8,233 shares; CUSIP: 03662Q105	2,987,591
Aptiv PLC	17,967 shares; CUSIP: 00B783TY6	1,611,999
Axon Enterprise Inc	11,675 shares; CUSIP: 05464C101	3,016,003
Azenta Inc	35,675 shares; CUSIP: 114340102	2,323,870
Balchem Corp	27,025 shares; CUSIP: 057665200	4,019,969
Bentley Sys Inc Cl B	37,895 shares; CUSIP: 08265T208	1,977,361
Bio Techne Corp	19,647 shares; CUSIP: 09073M104	1,515,963
BJs Whsl Club Hldgs Inc	21,164 shares; CUSIP: 05550J101	1,410,792
Blackline Inc	39,700 shares; CUSIP: 09239B109	2,478,868
Boston Beer Company Cl A	5,888 shares; CUSIP: 100557107	2,034,834
Broadridge Financial Sol	16,120 shares; CUSIP: 11133T103	3,316,690
Casella Waste Sys Inc Cl A	71,190 shares; CUSIP: 147448104	6,083,897
CDW Corporation	16,076 shares; CUSIP: 12514G108	3,654,396
Churchill Downs Inc	14,719 shares; CUSIP: 171484108	1,986,035
Cintas Corp	3,940 shares; CUSIP: 172908105	2,374,480

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Clearwater Analytics Hldgs	154,535 shares; CUSIP: 185123106	\$ 3,095,336
Construction Partners Inc	103,815 shares; CUSIP: 21044C107	4,518,029
Copart Inc	82,556 shares; CUSIP: 217204106	4,045,244
Costar Group Inc	33,212 shares; CUSIP: 22160N109	2,902,397
CSW Industrials Inc	9,175 shares; CUSIP: 126402106	1,902,987
Definitive Healthcare Corp	124,700 shares; CUSIP: 24477E103	1,239,518
Descartes Sys Group Inc	92,654 shares; CUSIP: 002528834	7,788,495
Dexcom Inc	36,484 shares; CUSIP: 252131107	4,527,300
CMS Energy Corp	20,047 shares; CUSIP: 25278X109	3,108,889
Digi International Inc	99,825 shares; CUSIP: 253798102	2,595,450
Dollar Tree Inc	19,301 shares; CUSIP: 256746108	2,741,707
Douglas Dynamics Inc	59,750 shares; CUSIP: 25960R105	1,773,380
Dr Horton Inc	21,787 shares; CUSIP: 23331A109	3,311,188
Dynatrace Inc	51,109 shares; CUSIP: 268150109	2,795,151
Epam Systems Inc	8,140 shares; CUSIP: 29414B104	2,420,348
Equifax Inc	11,919 shares; CUSIP: 294429105	2,947,450
Esco Technologies Inc	28,875 shares; CUSIP: 296315104	3,379,241
Exponent Inc	59,175 shares; CUSIP: 30214U102	5,209,767
Fastenal Co	44,098 shares; CUSIP: 311900104	2,856,227
Federal Signal Corp	41,350 shares; CUSIP: 313855108	3,173,199
Ferguson PLC	12,155 shares; CUSIP: 00BKB0C57	2,346,766
Firstservice Corp	31,315 shares; CUSIP: 00BJQ0C55	5,075,848
Five Below Inc	10,026 shares; CUSIP: 33829M101	2,137,142
Floor & Decor Holdings Inc	26,496 shares; CUSIP: 339750101	2,955,894
Fox Factory Holding Corp	31,875 shares; CUSIP: 35138V102	2,150,925
Globant Sa	17,360 shares; CUSIP: 00BP40HF4	4,131,333
Graco Inc	31,758 shares; CUSIP: 384109104	2,755,324
GXO Logistics Inc	37,191 shares; CUSIP: 36262G101	2,274,602
Heico Corp	19,770 shares; CUSIP: 422806109	3,536,260
Helios Technologies Inc	55,475 shares; CUSIP: 42328H109	2,515,791
Henry (Jack) & Assoc Inc	13,926 shares; CUSIP: 426281101	2,275,648
Hillman Solutions Corp	205,965 shares; CUSIP: 431636109	1,896,938
Hunt JB Transport Svcs Inc	12,443 shares; CUSIP: 445658107	2,485,365
Icon PLC	13,902 shares; CUSIP: 00B94G471	3,935,239
Ilex Corporation	12,886 shares; CUSIP: 45167R104	2,797,679
Idexx Labs Inc	8,213 shares; CUSIP: 45168D104	4,558,626
Ingersoll Rand Inc	30,525 shares; CUSIP: 45687V106	2,360,804
Insulet Corp	13,158 shares; CUSIP: 45784P101	2,855,023
John Bean Technologies Corp	22,625 shares; CUSIP: 477839104	2,250,056
Kinsale Capital Group Inc	6,685 shares; CUSIP: 49714P108	2,238,873
Lamb Weston Holdings Inc	23,163 shares; CUSIP: 513272104	2,503,689

(Continued)

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Lattice Semiconductor Corp	31,308 shares; CUSIP: 518415104	\$ 2,159,939
Lemaitre Vascular Inc	54,425 shares; CUSIP: 525558201	3,089,163
Marketaxess Hldgs Inc	7,299 shares; CUSIP: 57060D108	2,137,512
Mercury Systems Inc	57,200 shares; CUSIP: 589378108	2,091,804
Merit Medical Systems Inc	51,000 shares; CUSIP: 589889104	3,873,960
Mesa Laboratories Inc	16,308 shares; CUSIP: 59064R109	1,708,589
Model N Inc	106,550 shares; CUSIP: 607525102	2,869,392
Monolithic Power Sys Inc	4,503 shares; CUSIP: 609839105	2,840,402
MSCI Inc	5,104 shares; CUSIP: 55354G100	2,887,078
National Research Corp	22,300 shares; CUSIP: 637372202	882,188
Neogen Corp	168,850 shares; CUSIP: 640491106	3,395,574
Novanta Inc	30,975 shares; CUSIP: 67000B104	5,216,500
Omega Flex Inc	8,532 shares; CUSIP: 682095104	601,591
Paycom Software Inc	8,630 shares; CUSIP: 70432V102	1,783,994
Paycor Hcm Inc	114,470 shares; CUSIP: 70435P102	2,471,407
Pool Corp	8,932 shares; CUSIP: 73278L105	3,561,278
Pros Hldgs Inc	89,450 shares; CUSIP: 74346Y103	3,469,766
PTC Inc	22,784 shares; CUSIP: 69370C100	3,986,289
Q2 Holdings Inc	50,520 shares; CUSIP: 74736L109	2,193,073
RBC Bearings Inc	27,064 shares; CUSIP: 75524B104	7,710,263
Repligen	32,241 shares; CUSIP: 759916109	5,796,932
Knight-Swift Transp Hldgs	15,961 shares; CUSIP: 761152107	2,745,611
Simpson Manufacturing Co	34,625 shares; CUSIP: 829073105	6,855,058
Simulations Plus Inc	62,600 shares; CUSIP: 829214105	2,801,350
Siteone Landscape Supply	27,175 shares; CUSIP: 82982L103	4,415,938
SPS Commerce Inc	32,725 shares; CUSIP: 78463M107	6,343,414
Stevanato Group SPA	111,555 shares; CUSIP: 00BNM0752	3,044,336
Transcat Inc	21,190 shares; CUSIP: 893529107	2,316,703
Trex Co Inc	81,364 shares; CUSIP: 89531P105	6,736,126
Tyler Technologies Inc	6,986 shares; CUSIP: 902252105	2,920,986
Veeva Sys Inc Cl A	15,930 shares; CUSIP: 922475108	3,066,844
Vericel Corp	63,735 shares; CUSIP: 92346J108	2,269,603
Vertex Inc Cl A	77,275 shares; CUSIP: 92538J106	2,081,789
Watsco Inc	8,371 shares; CUSIP: 942622200	3,586,722
WD 40 Co	8,950 shares; CUSIP: 929236107	2,139,677
Workiva Inc	22,900 shares; CUSIP: 98139A105	2,325,030
Subtotal common stocks		300,271,006
Asset-backed securities:		
AIG Clo 2019-2 Ltd	Variable; 10/25/2033; \$980,000; CUSIP: 00142MAE0	972,296
Ajax Mortgage Loan Trust	2.860%; 07/25/2059; \$1,062,843; CUSIP: 00969PAA1	1,012,801

(Continued)

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Bayview MSR Opp Master	Variable; 10/25/2051; \$1,550,734; CUSIP: 07336GAH7	\$ 1,345,586
Bayview MSR Opp Master	2.500%; 10/25/2051; \$1,231,781; CUSIP: 07335UAE4	1,062,638
CF Hippolyta Issuer LLC	2.280%; 07/15/2060; \$827,496; CUSIP: 12530MAC9	757,315
CIFC 2021-7A A1	Variable; 01/23/2035; \$825,000; CUSIP: 12567HAC6	824,969
CIM Tr 2020-INV1	2.500%; 04/25/2050; \$1,327,827; CUSIP: 12560AAB0	1,090,064
ECMC Group Student Ln Tr	Variable; 11/25/2070; \$683,699; CUSIP: 26833RAB4	668,036
Goldentree Loan Management	Variable; 10/20/2034; \$1,500,000; CUSIP: 38136NAQ9	1,499,963
Navient Student Ln Tr	1.680%; 02/25/2070; \$1,180,114; CUSIP: 63942QAA9	1,046,769
New Century Hm Eqty Ln Tr	Variable; 08/25/2034; \$734,497; CUSIP: 64352VFW6	708,644
Option One Mtg Ln Tr	Variable; 01/25/2036; \$661,177; CUSIP: 68389FKQ6	645,502
Palmer Square Clo Ltd	Variable; 04/20/2035; \$850,000; CUSIP: 69689QAA3	847,849
RCTTE 1A	Variable; 04/20/2034; \$1,400,000; CUSIP: 75620TAW8	1,395,716
Regata XII Funding Ltd	Variable; 10/15/2032; \$950,000; CUSIP: 75888HAN1	942,852
SLM Student Ln Tr	Variable; 07/25/2073; \$740,000; CUSIP: 78444YAE5	726,794
SLM Student Ln Tr	Variable; 01/25/2083; \$230,000; CUSIP: 78444AD7	213,411
Small Bus Admin Gtd	3.800%; 08/01/2047; \$648,445; CUSIP: 83162CQ48	608,403
United Airlines	5.800%; 07/15/2037; \$510,000; CUSIP: 90932LAJ6	517,184
United Airlines	4.300%; 02/15/2027; \$647,858; CUSIP: 909319AA3	627,784
US Airways	4.625%; 12/03/2026; \$289,740; CUSIP: 90345WAD6	281,670
Subtotal asset-backed securities		17,796,246
Municipal bonds:		
New York St	1.952%; 03/15/2029; \$320,000; CUSIP: 64990FD84	282,104
New York St	5.628%; 03/15/2039; \$245,000; CUSIP: 64990FMT8	253,683
NY NYC Trans	5.503%; 08/01/2037; \$500,000; CUSIP: 64971M4P4	515,246
NYC TFA (Pit)	5.267%; 05/01/2027; \$165,000; CUSIP: 64971MT44	168,054
NYS UDC	3.370%; 03/15/2030; \$450,000; CUSIP: 650035Z7	420,976
Wisconsin Pwr & Lt Co	4.950%; 04/01/2033; \$520,000; CUSIP: 976826BR7	521,278
Subtotal municipal bonds		2,161,341
Guaranteed investment contracts:		
New York Life	NYL GA-29030	56,954,476
Synthetic investment contracts:		
Prudential	Pru Core Conserv Int BD FD	91,289,446
Pacific Life	Pacific Life G-27341.01.001:	
	MFB Coltv Daily 1-5 Yr Cr Bd ; 2.385%; CUSIP: 786993972	6,862,104
	MFB Coltv 1-10 Yr Int Gvt Bd Idx; 0.00%; CUSIP: 004000964	6,859,084
	NT Coltv Short Term; 0.869%; CUSIP: 66586W326	13,077,333
	MFB NT Coltv Asset-Backed; 0.597%; CUSIP: 003999AF6	13,715,812
	MFB NT Coltv Comm Mort Backed; 0.747%; CUSIP: 665999538	5,359,719

(Continued)

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Voya Ret. Ins. & Annuity Co.	MFB Coltv MB Sec Idx Fd-Non; 1.880%; CUSIP: 004992AA1	\$ 17,144,370
	NT Col 1-10 Yr Int Bd Idx Fd; 2.489%; CUSIP: 66586U726	22,714,582
	NT Coltv Short Term Invt Fd; 0.00%; CUSIP: 66586U452	2,182
	Voya Ret. Ins. & Annuity Co. 60257:	
	MFB Coltv Daily 1-5 Yr Cr Bd; 2.385%; CUSIP: 786993972	30,388,345
	NT Collective Short Term; 0.869%; CUSIP: 66586W326	24,754,049
	MFB NT Coltv Asset-Backed; 0.597%; CUSIP: 003999AF6	15,680,358
	MFB NT Coltv Comm MB; 0.747%; CUSIP: 665999538	6,127,417
	MFB NT Coltv MB Sec Idx Fd; 1.880%; CUSIP: 004992AA1	17,640,006
	NT Coll 1-10 Yr Cr Bnd Indx Fnd; 0.000%; CUSIP: 66586U726	3,429,963
Transamerica Premier Life	NT Collective Short Term Invt Fd; 0.000%; CUSIP: 66586U452	1,775
	Transamerica Premier Life MDA01115TR:	
	1-3 Year Credit Bond Index Fund	14,335,040
	1-3 Year Government Bond Index Fund	16,724,579
	Intermediate Government Bond Index Fund	3,466,219
	Asset-Backed Securities Index Fund	13,894,981
	Commercial Mortgage-Backed Securities Index Fund	5,432,438
	Intermediate Term Credit Bond Index Fund	15,653,514
	Mortgage-Backed Securities Index Fund	17,383,259
Nationwide	Nationwide STA THC IP 1016:	
	1-3 Year Credit Bond Index Fund	3,042,248
	1-3 Year Government Bond Index Fund	10,306,661
	Intermediate Government Bond Index Fund	5,399,428
	Asset-Backed Securities Index Fund	10,807,802
	Commercial Mortgage-Backed Securities Index Fund	4,225,430
	Intermediate Term Credit Bond Index Fund	20,292,910
	Mortgage-Backed Securities Index Fund	13,520,866
American General Life	American General Life 1635587:	
	American General Life Cash Account	2,942,174
	AEPTC 2019-1 A1	614,454
	AMXCA 2022-4 A	437,481
	AMXCA 2022-1 A	1,864,049
	BBCMS 2022-C18 A2	1,358,460
	BMWLT 2022-1 A3	240,475
	BMO 2022-C3 A2	824,988
	BANK 2023-BNK45 A2	615,504
	BMARK 2019-B10 A2	1,061,526
	CD 2016-CD2 A3	1,092,666
	COMM 2013-CR12 A4	342,220
	CNH 2022-A A3	760,836

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	CNH 2022-B A3	\$ 291,451
	CNH 2022-C A2	176,877
	CNH 2023-A A3	715,671
	COMET 2022-A1 A1	570,913
	DBJPM 2017-C6 A4	1,377,976
	DCENT 2022-A1 A1	1,258,055
	DCENT 2022-A3 A3	1,693,893
	FNR 2015-29 PA	718,018
	FNR 2016-43 GV	1,225,375
	FNR 2017-11 KA	830,460
	FNR 2017-43 A	395,066
	FNR 2017-47 EA	921,301
	FNR 2021-45 EA	1,657,925
	FNR 2021-91 DA	1,423,837
	FNR 2022-13 MA	1,497,446
	FNR 2022-1 DA	787,402
	FHR 4427 MA	1,033,619
	FHR 4486 JN	25,555
	FHR 4680 LA	205,307
	FHR 5081 NH	1,442,249
	FHR 5009 GD	1,483,389
	FHR 5094 DA	909,951
	FHR 5156 HB	978,355
	FHR 5222 A	1,207,995
	FHR 5263 EA	848,267
	FHR 5319 A	1,404,212
	FNR 2009-92 JB	31,749
	FORDO 2023-A A3	241,638
	FORDL 2022-A A3	779,677
	GN 784237	66,189
	GNR 2012-6 LH	294,569
	GNR 2013-144 EC	431,317
	GNR 2013-115 EG	72,597
	GNR 2014-2 EA	765,609
	GNR 2015-3 DA	535,026
	GNR 2020-78 HL	388,480
	GNR 2021-8 TP	873,634
	GNR 2022-100 KA	1,373,406
	GNR 2022-112 MA	1,137,165
	GNR 2022-180 DA	804,685
	JDOT 2022-A A3	1,281,909

(Continued)

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

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2023

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	JDOT 2021-A A3	\$ 291,075
	JDOT 2022-B A3	522,324
	JDOT 2023-A A3	652,777
	MBART 2022-1 A3	658,451
	NAROT 2022-B A3	375,965
	TAOT 2023-B A3	444,324
	TAOT 2022-A A3	500,994
	T 0 3/8 08/15/24	4,577,697
	T 0 3/4 11/15/24	2,519,296
	WOART 2022-C A3	205,591
	WOART 2021-A A3	313,086
	Wrapper agreement	—
	Subtotal synthetic investment contracts	486,906,548
	Non-interest bearing cash	865,231
Various participants	Participant loans, interest rates from 4.25% to 10.25%; maturity dates from January 2024 to September 2048	117,194,904
	Total assets at fair value	7,967,382,230
	Adjustment from fair value to contract value	\$ 38,258,369
	Total assets (Held at End of Year)	\$8,005,640,599

(Concluded)

* Party-in-interest

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

See accompanying Independent Auditor's Report.