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| <p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|---|---|--|

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

| | |
|---|--|
| <p>1a Name of plan <u>ALLINA 403(B) RETIREMENT SAVINGS PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>004</u></p> |
| <p>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) <u>ALLINA HEALTH SYSTEM</u></p> <p><u>INTERNAL ZIP 10707</u></p> <p><u>PO BOX 1469</u> <u>MINNEAPOLIS, MN 55440-1469</u></p> | <p>1c Effective date of plan <u>01/01/1989</u></p> <p>2b Employer Identification Number (EIN) <u>36-3261413</u></p> <p>2c Plan Sponsor's telephone number <u>612-262-4688</u></p> <p>2d Business code (see instructions) <u>622000</u></p> |

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. | 07/29/2025 | MCCAIN JOHNSON |
| | 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 <input checked="" type="checkbox"/> 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 | 11571 |
| 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) | 8757 |
| | 6a(2) | 7491 |
| | 6b | 219 |
| | 6c | 2666 |
| | 6d | 10376 |
| | 6e | 36 |
| | 6f | 10412 |
| | 6g(1) | 8901 |
| | 6g(2) | 7869 |
| 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 2M 2S 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) | 9b Plan benefit arrangement (check all that apply) |
| (1) <input checked="" type="checkbox"/> Insurance | (1) <input checked="" type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor |

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

| | |
|--|---|
| a Pension Schedules | b General Schedules |
| (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) | (1) <input checked="" type="checkbox"/> H (Financial Information) |
| (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> I (Financial Information – Small Plan) |
| (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u> |
| (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ | (4) <input checked="" type="checkbox"/> C (Service Provider Information) |
| (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | (5) <input type="checkbox"/> D (DFE/Participating Plan Information) |
| | (6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

| | |
|--|--|
| A Name of plan ALLINA 403(B) RETIREMENT SAVINGS PLAN | B Three-digit plan number (PN) ▶ 004 |
| C Plan sponsor's name as shown on line 2a of Form 5500 ALLINA HEALTH SYSTEM | D Employer Identification Number (EIN) 36-3261413 |

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
| | | | | (f) From | (g) To |
| 42-0127290 | 61271 | 439674/522200 | 7591 | 01/01/2024 | 12/31/2024 |

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 | 74285043 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end..... | |
| 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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | |
| f | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/> | |
| 7 | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | |
| a | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GUARANTEED INTEREST BALANCE CONTRACT | |
| b | Balance at the end of the previous year | 7b 97706899 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) 27706 |
| | (2) Dividends and credits..... | 7c(2) |
| | (3) Interest credited during the year..... | 7c(3) 2205450 |
| | (4) Transferred from separate account | 7c(4) |
| | (5) Other (specify below)..... ▶ TRANSFERS AND LOAN ACTIVITY | 7c(5) 17034862 |
| | (6) Total additions | 7c(6) 19268018 |
| d | Total of balance and additions (add lines 7b and 7c(6)) | 7d 116974917 |
| e | Deductions: | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) 25903267 |
| | (2) Administration charge made by carrier..... | 7e(2) 118431 |
| | (3) Transferred to separate account | 7e(3) |
| | (4) Other (specify below)..... ▶ TRANSFERS AND LOAN ACTIVITY | 7e(4) 16668176 |
| (5) Total deductions | 7e(5) 42689874 | |
| f | Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f 74285043 |

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

| | | |
|--|--|------------|
| A Name of plan ALLINA 403(B) RETIREMENT SAVINGS PLAN | B Three-digit plan number (PN) ▶ | 004 |
| C Plan sponsor's name as shown on line 2a of Form 5500 ALLINA HEALTH SYSTEM | D Employer Identification Number (EIN) 36-3261413 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

PROMANAGE

76-0767808

| (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? |
|------------------------|---|--|--|--|---|--|
| 26 | PARTY-IN-INTEREST | 182693 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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? |
|------------------------|---|--|--|--|---|--|
| 15 64 21 65 37 71 | PARTY-IN-INTEREST | 90071 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

FAEGRE BAKER DANIELS LLP

41-0244008

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 | ATTORNEY | 64251 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

MERCER INVESTMENTS LLC

30-0282430

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27 | INVESTMENT ADVISOR | 20756 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--|---|
| FIDELITY INVESTMENTS INST OPER CO | 15 64 21 65 37 52 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| VARIOUS SEE ATTACHMENT 1 04-2647786 | SEE ATTACHMENT 1 | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan ALLINA 403(B) RETIREMENT SAVINGS PLAN | B Three-digit plan number (PN) ▶ 004 |
| C Plan sponsor's name as shown on line 2a of Form 5500 ALLINA HEALTH SYSTEM | D Employer Identification Number (EIN) 36-3261413 |

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

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

| | (a) Beginning of Year | (b) End of Year |
|---|-----------------------|-----------------|
| Assets | | |
| a Total noninterest-bearing cash | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | |
| (2) Participant contributions | 1b(2) | |
| (3) Other | 1b(3) | |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | |
| (2) U.S. Government securities | 1c(2) | |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | |
| (B) All other | 1c(3)(B) | |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 1c(4)(A) | |
| (B) Common | 1c(4)(B) | |
| (5) Partnership/joint venture interests | 1c(5) | |
| (6) Real estate (other than employer real property) | 1c(6) | |
| (7) Loans (other than to participants) | 1c(7) | |
| (8) Participant loans | 1c(8) | 4444414 |
| (9) Value of interest in common/collective trusts | 1c(9) | 3932876 |
| (10) Value of interest in pooled separate accounts | 1c(10) | |
| (11) Value of interest in master trust investment accounts | 1c(11) | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 722583089 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | 743798938 |
| (15) Other..... | 1c(15) | 97706899 |
| | | 80475142 |
| | | 81227249 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 905961651 | 902491999 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 905961651 | 902491999 |

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) | | |
| (B) Participants..... | 2a(1)(B) | | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 251871 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 251871 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | 286360 | |
| (F) Other..... | 2b(1)(F) | 2205450 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 2491810 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 24439980 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 24439980 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 95922467 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 123106128 |

Expenses

| | | | |
|--|---------------|-----------|-----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 126199038 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other..... | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 126199038 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | 18971 |
| h Interest expense..... | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | 90071 | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 203449 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | 64251 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses..... | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 357771 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 126575780 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -3469652 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 10000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|---|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

| | | |
|--|--|------------|
| A Name of plan <u>ALLINA 403(B) RETIREMENT SAVINGS PLAN</u> | B Three-digit plan number (PN) ▶ | <u>004</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALLINA HEALTH SYSTEM</u> | D Employer Identification Number (EIN) <u>36-3261413</u> | |

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

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-6568107

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

| | | |
|---|----|--|
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) | 6a | |
| b Enter the amount contributed by the employer to the plan for this plan year | 6b | |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | 6c | |

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

| | | |
|---|------------|--|
| a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | 14a | |
| b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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 _____.

ALLINA 403(B) RETIREMENT SAVINGS PLAN
FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULE
YEARS ENDED DECEMBER 31, 2024 AND 2023



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**ALLINA 403(B) RETIREMENT SAVINGS PLAN
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YEARS ENDED DECEMBER 31, 2024 AND 2023**

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INDEPENDENT AUDITORS' REPORT

Retirement Committee
Allina 403(b) Retirement Savings Plan
Minneapolis, Minnesota

Report on the Audit of the Financial Statements

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

We have performed audits of the accompanying financial statements of Allina 403(b) Retirement Savings 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 as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Allina 403(b) Retirement Savings 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 a certification from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 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 Auditors' Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Allina 403(b) Retirement Savings 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.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Allina 403(b) Retirement Savings Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' 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 auditors' 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.

Retirement Committee
Allina 403(b) Retirement Savings Plan

- 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 Allina 403(b) Retirement Savings 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 Allina 403(b) Retirement Savings 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 accounting principles generally accepted in the United States of America.

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

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

Other Matter — Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 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 audits 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.

Retirement Committee
Allina 403(b) Retirement Savings Plan

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, is 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).

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

St. Cloud, Minnesota
July 17, 2025

**ALLINA 403(B) RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

| ASSETS | <u>2024</u> | <u>2023</u> |
|---|------------------------------|------------------------------|
| INVESTMENTS (at Fair Value) | | |
| Mutual Funds | \$ 743,798,938 | \$ 722,583,089 |
| Self-Directed Brokerage Accounts | <u>80,475,142</u> | <u>81,227,249</u> |
| Total Investments (at Fair Value) | 824,274,080 | 803,810,338 |
| INVESTMENTS (at Contract Value) | | |
| Guaranteed Investment Contract | <u>74,285,043</u> | <u>97,706,899</u> |
| Total Investments | 898,559,123 | 901,517,237 |
| NOTES RECEIVABLE FROM PARTICIPANTS | <u>3,932,876</u> | <u>4,444,414</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u><u>\$ 902,491,999</u></u> | <u><u>\$ 905,961,651</u></u> |

See accompanying Notes to Financial Statements.

**ALLINA 403(B) RETIREMENT SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

| | 2024 | 2023 |
|--|----------------|----------------|
| ADDITIONS: | | |
| INVESTMENT INCOME | | |
| Interest and Dividend Income | \$ 26,645,430 | \$ 24,879,680 |
| Net Appreciation in Fair Value of Investments | 95,922,467 | 122,708,057 |
| Total Investment Income | 122,567,897 | 147,587,737 |
| INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS | 286,360 | 259,441 |
| ROLLOVER CONTRIBUTIONS | 251,871 | 102,550 |
| Total Additions | 123,106,128 | 147,949,728 |
| DEDUCTIONS: | | |
| BENEFITS PAID TO PARTICIPANTS | 126,218,009 | 88,283,673 |
| ADMINISTRATIVE EXPENSES | 357,771 | 316,672 |
| Total Deductions | 126,575,780 | 88,600,345 |
| NET INCREASE (DECREASE) | (3,469,652) | 59,349,383 |
| NET ASSETS AVAILABLE FOR BENEFITS | | |
| Beginning of Year | 905,961,651 | 846,612,268 |
| End of Year | \$ 902,491,999 | \$ 905,961,651 |

See accompanying Notes to Financial Statements.

**ALLINA 403(B) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 DESCRIPTION OF PLAN

The following description of the Allina 403(b) Retirement Savings Plan (the Plan) provides general information only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established on January 1, 1989, for the employees of Allina Health System (Employer) and its predecessor organizations. The Plan was last restated effective January 1, 2009. The Plan was amended on October 15, 2010, to freeze new participant entry into the Plan and, on November 26, 2010, all employee salary deferrals and Employer matching contributions were frozen. Additionally, the Plan was amended effective January 1, 2011, to freeze future nonelective Employer contributions. The Plan was last amended effective June 18, 2024. In conjunction with the amendments to freeze the 403(b) Plan, employees became participants in the Allina 401(k) Retirement Savings Plan where they are eligible to make deferral elections and to receive Employer contributions. Prior to the freeze, employees were eligible to participate in the deferral portion of the Plan upon their date of hire. To be eligible for the Employer matching contribution portion of the Plan, an employee must have (a) been an eligible employee and (b) been scheduled to work 1,000 or more hours of service in a calendar year or have completed a year of service. To be eligible for the Employer nonelective contribution portion of the Plan, an employee must have been an eligible employee, have completed a year of eligibility service, and attained age 21. The Plan excludes certain employees based on the criteria outlined in the Plan provisions. The Plan is subject to ERISA, as amended. Under the provisions of the Plan, all employees of Allina Health System (except those employees in Allina Community Pharmacy, Home Oxygen & Medical Equipment, and Allina Medical Clinic) were eligible to enroll in the Plan.

Participant Accounts

Each participant's account is allocated with daily income (gains or losses) based on the shares in the participant's account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately 100% vested in their deferral contributions and Employer matching contributions, plus actual earnings thereon. Employer nonelective contributions, plus actual earnings thereon, are 100% vested following the completion of two years of credited service. Notwithstanding the above, participants shall, however, become 100% vested in their account upon employment at age 65 or becoming permanently and totally disabled.

**ALLINA 403(B) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits

Upon termination of service, death, disability, or normal retirement, a participant (or in the event of death, their beneficiary) may receive the value of the vested interest in their account in the form of a lump-sum payment or installment payments. If a participant terminates employment and the participant's account balance does not exceed \$7,000, the Plan administrator will authorize the benefit payment without the participant's consent. If the benefit is greater than \$1,000 but less than \$7,000, and the participant does not elect payment in cash, the benefit will be rolled over into an individual retirement account. Participants, while still employed, may receive an in-service distribution upon attaining age 59½. The Plan also allows hardship distributions subject to Plan provisions.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The note terms may not exceed five years unless the note is for the purchase of a principal residence. A participant is limited to only one note outstanding at any time. The notes are secured by the vested balance in the participant's account and bear interest at 1% above the prime rate reported on the first business day of the calendar quarter in which the note is made. Interest rates on outstanding notes at December 31, 2024 range from 4.25% to 9.50%. Principal and interest is paid ratably through payroll deductions.

Forfeited Accounts

Forfeited nonvested accounts are used to pay administrative expenses or reallocated to participant accounts. Forfeited nonvested accounts as of December 31, 2024 and 2023 totaled \$24,348 and \$34,524, respectively, and are available to be used in future years. Forfeitures used to pay Plan expenses during the years ended December 31, 2024 and 2023 were \$30,584 and \$5,617, respectively. There were no forfeitures reallocated to participant accounts during the years ended December 31, 2024 and 2023.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

**ALLINA 403(B) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodian, and insurance company. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. Delinquent notes receivable are reclassified as distributions based upon the terms of the Plan document.

Administrative Expenses

The Employer pays certain administrative expenses on behalf of the Plan. Expenses paid by the Plan relate to participant transactional costs and administrative fees which are charged directly to the participant's account. Advisory fees are asset based and allocated to participant accounts. Investment related expenses and any revenue sharing credits are included in net appreciation of investments.

Benefit Payments

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through July 17, 2025, the date the financial statements were available to be issued.

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Fidelity Management Trust Company (Fidelity) and Principal Life Insurance Company (Principal), the custodian and insurance company, respectively, of the Plan, have supplied the Plan administrator with certifications as to the completeness and accuracy of the notes receivable from participants and related interest income, and all investment information reflected in the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2024.

**ALLINA 403(B) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 4 FAIR VALUE OF INVESTMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2024 and 2023.

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

Self-Directed Brokerage Accounts: Each money market fund, common stock, and mutual fund is valued based on unadjusted quoted market prices from national exchanges. Cash and cash equivalents are recorded at book value, which approximates fair value.

**ALLINA 403(B) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

The Plan's investments are measured at fair value on a recurring basis and were recorded using the fair value hierarchy at December 31, as follows:

| | 2024 | | | |
|----------------------------------|----------------|----------------|---------|---------|
| | Total | Level 1 | Level 2 | Level 3 |
| Mutual Funds | \$ 743,798,938 | \$ 743,798,938 | \$ - | \$ - |
| Self-Directed Brokerage Accounts | 80,475,142 | 80,475,142 | - | - |
| Total Investments at Fair Value | \$ 824,274,080 | \$ 824,274,080 | \$ - | \$ - |
| | #NAME? | | | |
| | Total | Level 1 | Level 2 | Level 3 |
| Mutual Funds | \$ 722,583,089 | \$ 722,583,089 | \$ - | \$ - |
| Self-Directed Brokerage Accounts | 81,227,249 | 81,227,249 | - | - |
| Total Investments at Fair Value | \$ 803,810,338 | \$ 803,810,338 | \$ - | \$ - |

NOTE 5 GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY

In 2000, the Plan entered into a traditional fully benefit-responsive guaranteed investment contract with Principal Financial Group (Principal). Principal maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 0%. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Principal, 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.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

**ALLINA 403(B) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 5 GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY (CONTINUED)

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, and (4) a material amendment to the agreement without the consent of the issuer.

NOTE 6 PLAN TERMINATION

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

NOTE 7 PLAN TAX STATUS

403(b) plans are not required to receive a favorable determination letter from the Internal Revenue Service (IRS) indicating that the Plan is tax-exempt under present income tax law. The Plan is required to operate in conformity with the Internal Revenue Code (IRC) to maintain the tax-exempt status for Plan participants under Section 403(b). The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

**ALLINA 403(B) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 8 RISKS AND UNCERTAINTIES

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

NOTE 9 PARTY-IN-INTEREST TRANSACTIONS

The Plan investments are managed by Fidelity and Principal, the custodian and insurance company, respectively; therefore, these transactions qualify as party-in-interest.

ALLINA 403(B) RETIREMENT SAVINGS PLAN
E.I.N. 36-3261413 PLAN NO. 004
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

| (a) | (b) | (c) | (d) | (e) |
|---|---|---------|------------------|----------------|
| Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment | Cost ** | Current Value | |
| | <u>Mutual Funds:</u> | | | |
| Vanguard | Total International Stock Fund Institutional Plus | | \$ | 45,330,056 |
| T. Rowe Price | International Discovery Fund | | | 14,379,832 |
| Oakmark | Fund Investor | | | 63,099,051 |
| DFA | U.S. Targeted Value Portfolio Fund | | | 23,415,449 |
| AMG TimeSquare | Mid Cap Growth Fund | | | 20,197,414 |
| PIMCO | Real Return Institutional Fund | | | 43,329,236 |
| Vanguard | Wellington Fund | | | 25,686,014 |
| Vanguard | Balance Index Fund | | | 13,014,710 |
| DFA | Emerging Markets Core Equity Fund | | | 14,463,594 |
| PGIM | Total Return Bond Fund | | | 113,445,435 |
| * Fidelity Mgmt Trust Co. | US Bond Index Fund | | | 33,020,967 |
| * Fidelity Mgmt Trust Co. | Extended Market Index Fund | | | 6,540,778 |
| * Fidelity Mgmt Trust Co. | Government Cash Reserve | | | 9,964 |
| * Fidelity Mgmt Trust Co. | Contrafund | | | 98,411,630 |
| * Fidelity Mgmt Trust Co. | Diversified International Fund | | | 29,203,495 |
| * Fidelity Mgmt Trust Co. | Growth Company Fund | | | 77,010,183 |
| * Fidelity Mgmt Trust Co. | Total Market Index Fund | | | 123,241,130 |
| | Total Mutual Funds | | | 743,798,938 |
| | <u>Fully Benefit-Responsive Investment Contract:</u> | | | |
| * Principal Life Insurance Co. | Guaranteed Interest Balance Contract | | | 74,285,043 |
| Various | Self-Directed Brokerage Accounts | | | 80,475,142 |
| * Participants | Participant Loans 4.25% to 9.50% Interest Rates | - | | 3,932,876 |
| | Total | | | \$ 902,491,999 |

* Indicates party-in-interest

** Cost omitted for participant-directed accounts



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAGlobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | OAKMARK FUND INV - SS&C GIDS, INC | 1345 AVENUE OF THE AMERICAS NEW YORK NY US 10105 | 0.35% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | TRP INTL DISCOVERY - T. ROWE PRICE SERVICES INC | 52-2269240 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | INVESCO DIVERSIFIED DIVIDEND INVEST | 11 GREENWAY PLAZA STE 100 HOUSTON TX US 77046 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | INVESCO GLOBAL REAL ESTATE INC FD C | 11 GREENWAY PLAZA STE 100 HOUSTON TX US 77046 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | INVESCO SHORT DUR INFL PROTECTED A | 11 GREENWAY PLAZA STE 100 HOUSTON TX US 77046 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | INVESCO ENERGY CLA | 11 GREENWAY PLAZA STE 100 HOUSTON TX US 77046 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | INVESCO GROWTH AND INC FD CL A | 11 GREENWAY PLAZA STE 100 HOUSTON TX US 77046 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | INVESCO AMERICAN FRANCHISE FD CL | 11 GREENWAY PLAZA STE 100 HOUSTON TX US 77046 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | INVESCO EQUALLY WEIGHTED S&P 500 A | 11 GREENWAY PLAZA STE 100 HOUSTON TX US 77046 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | INVESCO STEELPATH MLP INC A | 11 GREENWAY PLAZA STE 100 HOUSTON TX US 77046 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | INVESCO COMSTOCK FD CL A | 11 GREENWAY PLAZA STE 100 HOUSTON TX US 77046 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AMG GW&K SM MID CAP CORE CL I | 600 STEAMBOAT RD STE 300 GREENWICH CT US 06830 | 0.07% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AMG TIMESSQUARE INTERNL SMCAP N | 600 STEAMBOAT RD STE 300 GREENWICH CT US 06830 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AMG RENAISSANCE LRG CAP GRWTH I | 600 STEAMBOAT RD STE 300 GREENWICH CT US 06830 | 0.07% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AMG GW&K ESG BOND FD N | 600 STEAMBOAT RD STE 300 GREENWICH CT US 06830 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ABERDEEN US SUSTAIN LEADERS INSTL S | 1735 MARKET ST 32ND FL PHILADELPHIA PA US 19103 | 0.10% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ADV PREFERRED GOLD BULLION STRAT IN | 1445 RESEARCH BLVD STE 530 ROCKVILLE MD US 20850 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | GQG PARTNERS EMERG MARKETS EQ INSTL | 1 FREEDOM VALLEY DR OAKS PA US 19456 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | GQG PARTNERS US QULTSELECT EQUITY I | 1 FREEDOM VALLEY DR OAKS PA US 19456 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | INVESCO MAIN STREET MID CAP A | 11 GREENWAY PLAZA STE 100 HOUSTON TX US 77046 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AB LRG CAP GROWTH CL A | 8000 IH 10 W STE 1400 14TH FL SAN ANTONIO TX US 78230 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AB DISCOVERY VALUE CL A | 8000 IH 10 W STE 1400 14TH FL SAN ANTONIO TX US 78230 | 0.10% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AMERICAN AMCAP FD F2 | 3500 WISEMAN BLVD SAN ANTONIO TX US 782514321 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AMERICAN BEACON LRG CAP INVT | 220 E LAS COLINAS BLVD STE 1200 IRVING TX US 75039 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AMERICAN BALANCED CL F1 | 3500 WISEMAN BLVD SAN ANTONIO TX US 782514321 | 0.37% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AMERICAN CENTURY SM CAP GRWTH IN | 4400 MAIN ST 1ST FL KANSAS CITY MO US 64111 | 0.35% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AMERICAN CENTURY ULT INVT CLA | 4400 MAIN ST 1ST FL KANSAS CITY MO US 64111 | 0.35% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AMERICAN FDS GRWTH& INC PORTFOLIO | 3500 WISEMAN BLVD SAN ANTONIO TX US 782514321 | 0.37% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AMERICAN FD 2060 TRGDATE RETIRE CL | 3500 WISEMAN BLVD SAN ANTONIO TX US 782514321 | 0.37% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AMERICAN 2055 TARGETDATE RETIREMNT | 3500 WISEMAN BLVD SAN ANTONIO TX US 782514321 | 0.37% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AMERICAN 2045 TARGETDATE RETIREMNT | 3500 WISEMAN BLVD SAN ANTONIO TX US 782514321 | 0.37% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AMERICAN HIGH INCCL F1 | 3500 WISEMAN BLVD SAN ANTONIO TX US 782514321 | 0.37% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AMERICAN MUTUAL FDCL F1 | 3500 WISEMAN BLVD SAN ANTONIO TX US 782514321 | 0.37% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ARIEL FD | 811 E. WISCONSIN AVE MILWAUKEE WI US 53202 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ARTISAN SM CAP FD INVT CL | 875 E WISCONSIN AVE STE 800 MILWAUKEE WI US 53202 | 0.39% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ARTISAN INTERNATL INVT CL | 875 E WISCONSIN AVE STE 800 MILWAUKEE WI US 53202 | 0.39% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ARTISAN MID CAP | 875 E WISCONSIN AVE STE 800 MILWAUKEE WI US 53202 | 0.39% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ARTISAN MID CAP VALUE | 875 E WISCONSIN AVE STE 800 MILWAUKEE WI US 53202 | 0.39% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ARTISAN GLOBAL OPPORTUNITIES INV | 875 E WISCONSIN AVE STE 800 MILWAUKEE WI US 53202 | 0.39% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BNY MELLON SM MIDCAP GROWTH A | 144 GLENN CURTISS BLVD 8TH FL UNIONDALE NY US 11556 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BNY MELLON DYNAMIC VALUE A | 144 GLENN CURTISS BLVD 8TH FL UNIONDALE NY US 11556 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BNY MELLON GLOBAL FIXED INC A | 144 GLENN CURTISS BLVD 8TH FL UNIONDALE NY US 11556 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | CHAUTAUQUA INTL GROWTH FD CL I | 777 E. WISCONSIN AVE 18TH FL MILWAUKEE WI US 53202 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BAIRD AGGREGATE BOND FD INSTL | 777 E. WISCONSIN AVE 18TH FL MILWAUKEE WI US 53202 | 0.03% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ISHARES S&P 500 INDEX INVT A | 40 EAST 52ND ST NEW YORK NY US 10022 | 0.30% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BARON ASSET | 767 5TH AVE 49TH FL NEW YORK NY US 10153 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BARON GROWTH | 767 5TH AVE 49TH FL NEW YORK NY US 10153 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BARON SM CAP FD | 767 5TH AVE 49TH FL NEW YORK NY US 10153 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BARON GLOBAL ADVANTAGE FD INTSL | 767 5TH AVE 49TH FL NEW YORK NY US 10153 | 0.10% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BLACKROCK MID CAP GROWTH EQUITY CL | 40 EAST 52ND ST NEW YORK NY US 10022 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BLACKROCK COMMODITY STRATEGIES FD | 40 EAST 52ND ST NEW YORK NY US 10022 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BLACKROCK INTERNATIONAL FD A | 40 EAST 52ND ST NEW YORK NY US 10022 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BLACKROCK SUSTAINABL BALANCE INVESTO | 40 EAST 52ND ST NEW YORK NY US 10022 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BLACKROCK TOTAL RETURN FD CL A | 40 EAST 52ND ST NEW YORK NY US 10022 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BLACKROCK TOTAL RETURN INSTITUTIONA | 40 EAST 52ND ST NEW YORK NY US 10022 | 0.15% |

SCHEDULE C SUPPLEMENTAL REPORT

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

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|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ISHARES MSCI EAFE INTL IDX CL A | 40 EAST 52ND ST NEW YORK NY US 10022 | 0.30% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BNY MELLON SMCAP STOCK INDEX INV | 144 GLENN CURTISS BLVD 8TH FL UNIONDALE NY US 11556 | 0.35% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BOSTON TRUST ASSET MANAGEMENT FD | 1 BEACON ST 33RD FL BOSTON MA US 02108 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BRIDGEWAY SM CAP VALUE FD CL N | 20 GREENWAY PLAZA STE 450 HOUSTON TX US 77046 | 0.10% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | DESTINATIONS LRG CAP EQUITY INSTL | 1055 WESTLAKES DR STE 250 BERWYN PA US 19312 | 0.15% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | DESTINATIONS SM MID CAP EQ INSTL | 1055 WESTLAKES DR STE 250 BERWYN PA US 19312 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | DESTINATIONS INTL EQUITY FD INSTL | 1055 WESTLAKES DR STE 250 BERWYN PA US 19312 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | DESTINATIONS EQUITY INC FD INSTL | 1055 WESTLAKES DR STE 250 BERWYN PA US 19312 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | DESTINATIONS REAL ASSETS FD INSTL | 1055 WESTLAKES DR STE 250 BERWYN PA US 19312 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | DESTINATIONS CORE FIXED INC INST | 1055 WESTLAKES DR STE 250 BERWYN PA US 19312 | 0.15% |

SCHEDULE C SUPPLEMENTAL REPORT

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

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|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | DESTINATIONS LOW DURFIXED INC INSTL | 1055 WESTLAKES DR STE 250 BERWYN PA US 19312 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | DESTINATIONS SHELTER FD INSTL | 1055 WESTLAKES DR STE 250 BERWYN PA US 19312 | 0.12% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | DESTINATIONS GLOBAL FIXD INC OPPOR | 1055 WESTLAKES DR STE 250 BERWYN PA US 19312 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | DESTINATIONS MULTI STRGY ALT INSTL | 1055 WESTLAKES DR STE 250 BERWYN PA US 19312 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BROWN INTERNATIONAL SM COMPANY I | 1290 BROADWAY STE 1100 DENVER CO US 80203 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | CALAMOS CONVERTIBLE FD CL A | 2020 CALAMOS COURT NAPERVILLE IL US 60563 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | CALDWELL & ORKIN GATOR CAP LONG SHO | 5185 PEACHTREE PARKWAY STE 370 NORCROSS GA US 300926541 | \$16.00 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | CALVERT BOND FD CL A | 4550 MONTGOMERY AVE STE 1000 N BETHESDA MD US 20814 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | CALVERT MID CAP FD CL A | 4550 MONTGOMERY AVE STE 1000 N BETHESDA MD US 20814 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AMERICAN CAPT WORLD GR & INC CL | 3500 WISEMAN BLVD SAN ANTONIO TX US 782514321 | 0.15% |

SCHEDULE C SUPPLEMENTAL REPORT

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

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|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | FULLERTHALER BEHV MID CAP VALUE INS | 411 BOREL AVE STE 300 SAN MATEO CA US 94402 | 0.10% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | FULLERTHALER BEHV SM CAP EQTY IN | 411 BOREL AVE STE 300 SAN MATEO CA US 94402 | 0.10% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | CARILLON REAMS CORE BOND FD CL I | P. O. BOX 33022 ST PETERSBURG FL US 337338022 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | COHEN & STEERS REAL ESTATE SECURITI | 280 PARK AVE 10TH FL NEW YORK NY US 10017 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | COHEN & STEERS REALTY SHARES | 280 PARK AVE 10TH FL NEW YORK NY US 10017 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | COHEN & STEERS PREF SECURITIES INCO | 280 PARK AVE 10TH FL NEW YORK NY US 10017 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | COLUMBIA ACORN CL S | 225 FRANKLIN ST BX25 10320 BOSTON MA US 02110 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | COLUMBIA STRATEGIC INC CL A | 225 FRANKLIN ST BX25 10320 BOSTON MA US 02110 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | COLUMBIA OVERSEAS 19765N278D CL A | 225 FRANKLIN ST BX25 10320 BOSTON MA US 02110 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | COLUMBIA CORPORATE INC FD CLAS | 225 FRANKLIN ST BX25 10320 BOSTON MA US 02110 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | COLUMBIA DIVIDEND INC FD CL I2 | 225 FRANKLIN ST BX25 10320 BOSTON MA US 02110 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | COLUMBIA INC OPPORTUNITIES S | 225 FRANKLIN ST BX25 10320 BOSTON MA US 02110 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | CONESTOGA SM CAP INVT CL | 225 PICTORIA DR STE 450 CINCINNATI OH US 45246 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | DWS GLOBAL INFRASTRUCTURE FD A | 280 PARK AVE 9TH FLR NEW YORK NY US 10026 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | DIAMOND HILL SHORT DURAT SEC BOND I | 325 JOHN H MCCONNELL BLVD STE 200 COLUMBUS OH US 43215 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | DOMINI IMPACT EQUITY INVT | 536 BROADWAY 7TH FL NEW YORK NY US 10012 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | EATON VANCE TOTAL RETURN BOND CL A | TWO INTERNATIONAL PLACE BOSTON MA US 02110 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | FMI INTERNATIONAL | 777 EAST WISCONSIN AVE MILWAUKEE WI US 53202 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | FEDERATED HERMES MDT SM CAP GROW | 4000 ERICSSON DR WARRENDALE PA US 150867515 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ALPS CORECOMM MGMT COMP COMM STRT I | 1290 BROADWAY STE 1100 DENVER CO US 80203 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ALPS GLOBAL OPPORTUNITY CL I | 1290 BROADWAY STE 1100 DENVER CO US 80203 | 0.08% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | FIRST EAGLE GOLD CL A | 1345 AVE OF THE AMERICAS 48TH FLR NEW YORK NY US 10105 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | FIRST EAGLE GLOBAL CL I | 1345 AVE OF THE AMERICAS 48TH FLR NEW YORK NY US 10105 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | FRANKLIN GOLD AND PRECIOUS METALS C | 100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716 | \$16.00 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | FRANKLIN SM MID CAP GROWTH A | 100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716 | \$16.00 |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | GOLDMAN SACHS INTL EQUITY INSIGHTS | 71 S. WACKER DR 4TH FL CHICAGO IL US 60606 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | GOLDMAN SACHS GQG PARTNERS INTL OPP | 71 S. WACKER DR 4TH FL CHICAGO IL US 60606 | 0.17% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | GOLDMAN SACHS GQG PART INTERNTL OPP | 71 S. WACKER DR 4TH FL CHICAGO IL US 60606 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AMERICAN GROWTH FDOF AMERICA CLAS | 3500 WISEMAN BLVD SAN ANTONIO TX US 782514321 | 0.37% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | GUGGENHEIM TOTAL RETURN BOND FD INS | 9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850 | 0.15% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | GUGGENHEIM MACRO OPPORTUNITIES CL P | 9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | GUGGENHEIM TOTAL RETURN BOND CL P | 9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | HARBOR CAP APP INV | 111 S. WACKER DR 34TH FL CHICAGO IL US 60606 | 0.35% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | OAKMARK FD INVT CL | 111 SOUTH WACKER DR. CHICAGO IL US 60606 | 0.35% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | OAKMARK EQUITY & INC INVT CL | 111 SOUTH WACKER DR. CHICAGO IL US 60606 | 0.35% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | HARTFORD MID CAP CL A | 100 MATSONFORD RD STE 300 RADNOR PA US 19087 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | HARTFORD BALANCED INC FD CL A | 100 MATSONFORD RD STE 300 RADNOR PA US 19087 | 0.35% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | HARTFORD INTL VALUE FD CL I | 100 MATSONFORD RD STE 300 RADNOR PA US 19087 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | HENNESSY CORNERSTONEMID CAP 30 INV | 7250 REDWOOD BLVD. STE 200 NOVATO CA US 94945 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | NEXPOINT MERGER ARBITRAGE CL Z | 200 CRESCENT COURT STE 700 DALLAS TX US 75201 | 0.10% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | MACQUARIE EMERG MARKETS EQUITY A | 2005 MARKET ST PHILADELPHIA PA US 19103 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | JPMORGAN CORPORATE BOND FD CL A | 1111 POLARIS PARKWAY COLUMBUS OH US 43240 | 0.38% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | JPMORGAN EQUITY PREMINC CL I | 1111 POLARIS PARKWAY COLUMBUS OH US 43240 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | JANUS HENDERSON SM CAP VALUE T | 151 DETROIT ST. DENVER CO US 80206 | 0.35% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | JANUS HENDERSON CONTRARIAN T | 151 DETROIT ST. DENVER CO US 80206 | 0.35% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | JANUS HENDERSON FORTY I | 151 DETROIT ST. DENVER CO US 80206 | \$15.00 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | JANUS HENDERSON BALANCED I | 151 DETROIT ST. DENVER CO US 80206 | \$15.00 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | JANUS HENDERSON ENTERPRISE I | 151 DETROIT ST. DENVER CO US 80206 | \$15.00 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | JENSEN QUALITY GROWTH FD CL J | 811 E. WISCONSIN AVE 8TH FL MILWAUKEE WI US 53202 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | JOHN HANCOCK SM CAP CORE FD CL | 601 CONGRESS ST. 9TH FL. BOSTON MA US 02210 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | JPMORGAN CORE BOND CL I | 1111 POLARIS PARKWAY COLUMBUS OH US 43240 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | JPMORGAN MORTGAGED BACK SECURITIES | 1111 POLARIS PARKWAY COLUMBUS OH US 43240 | 0.33% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | JPMORGAN INVT GROWTH FD CL | 1111 POLARIS PARKWAY COLUMBUS OH US 43240 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | LAZARD GLOBAL LISTEDINFRASTRUCTURE | 30 ROCKEFELLER PLAZA 57TH FL. NEW YORK NY US 10112 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | CLEARBRIDGE INTERN TGROWTH FD CL A | 100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

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|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | CLEARBRIDGE LRG CAP GROWTH A | 100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | LOCORR LONG SHORT COMMODITIES STRGY | 261 SCHOOL AVE 4TH FL EXCELSIOR MN US 55331 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | LOOMIS SAYLES GROWTH CL A | 399 BOYLSTON ST 8TH FL BOSTON MA US 02116 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | LOOMIS SAYLES SM CAP VALUE RETAI | 399 BOYLSTON ST 8TH FL BOSTON MA US 02116 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | LORD ABBETT GROWTH LEADERS FD CL | 90 HUDSON ST 10TH FL JERSEY CITY NJ US 07302 | 0.45% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | LORD ABBETT INTERN LOPPORTUNITIES C | 90 HUDSON ST 10TH FL JERSEY CITY NJ US 07302 | 0.45% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | LORD ABBETT FLOATING RATE FD CL A | 90 HUDSON ST 10TH FL JERSEY CITY NJ US 07302 | 0.37% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | LORD ABBETT INC CL A | 90 HUDSON ST 10TH FL JERSEY CITY NJ US 07302 | 0.37% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | LORD ABBETT AFFILIATED CL A | 90 HUDSON ST 10TH FL JERSEY CITY NJ US 07302 | 0.45% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | LORD ABBETT BOND DEBENTURE CL A | 90 HUDSON ST 10TH FL JERSEY CITY NJ US 07302 | 0.37% |

SCHEDULE C SUPPLEMENTAL REPORT

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

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|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | LORD ABBETT DEVELOP GROWTH CL A | 90 HUDSON ST 10TH FL JERSEY CITY NJ US 07302 | 0.45% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | LORD ABBETT HIGH YIELD CL A | 90 HUDSON ST 10TH FL JERSEY CITY NJ US 07302 | 0.37% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | MFS INTERNATIONAL GROWTH CL A | 111 HUNTINGTON AVE BOSTON MA US 021997632 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | MFS EMERGING MARKETSDEBT CL A | 111 HUNTINGTON AVE BOSTON MA US 021997632 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | MFS INTERNATIONAL LG CAP VALUE A | 111 HUNTINGTON AVE BOSTON MA US 021997632 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

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|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | MFS VALUE CL A | 111 HUNTINGTON AVE BOSTON MA US 021997632 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | HOOD RIVER SM CAPGROWTH INVT | 6001 SHADY OAK ROAD STE 200 MINNETONKA MN US 55343 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | TCW METWEST TOTAL RETURN BOND CL M | 865 S FIGUEROA ST 1400 LOS ANGELES CA US 90071 | 0.35% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | MORGAN STANLEY DISCOVERY PORT CL A | 522 FIFTH AVE 4TH FL NEW YORK NY US 10036 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | MSIF GLOBAL FRANCHISE CL A | 522 FIFTH AVE 4TH FL NEW YORK NY US 10036 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

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|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | MORGAN STA INST INC. INTERNATL EQUIT | 522 FIFTH AVE 4TH FL NEW YORK NY US 10036 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | MORGAN STANLEY GROWTH PORTFOLIO A | 522 FIFTH AVE 4TH FL NEW YORK NY US 10036 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | MORGAN STAN INSTL INC EMERG MKT POR | 522 FIFTH AVE 4TH FL NEW YORK NY US 10036 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | MORGAN STANLEY INSIGHT A | 522 FIFTH AVE 4TH FL NEW YORK NY US 10036 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | FRANKLIN MUTUAL SHARES FD CL A | 100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716 | \$16.00 |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | FRANKLIN MUTUAL GLBLDISCOVERY CL | 100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716 | \$16.00 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | LOOMIS SAYLES SR FLT RATE & FIXED I | 399 BOYLSTON ST 8TH FL BOSTON MA US 02116 | 0.05% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | NEUBERGER BERMAN CORE BOND INV CL | 1290 AVE OF THE AMERICAS 22ND FL NEW YORK NY US 101040002 | \$16.00 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | NEUBERGER BERMAN HIGH INC BD IVT | 1290 AVE OF THE AMERICAS 22ND FL NEW YORK NY US 101040002 | \$16.00 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AMERICAN NEW PERSPECTIVE CL F1 | 3500 WISEMAN BLVD SAN ANTONIO TX US 782514321 | 0.37% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AMERICAN NEW WORLD CL F1 | 3500 WISEMAN BLVD SAN ANTONIO TX US 782514321 | 0.37% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | NORTHERN SM CAP VALUE | 801 SOUTH CANAL C5S CHICAGO IL US 60675 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | NORTHERN SM CAP CORE | 801 SOUTH CANAL C5S CHICAGO IL US 60675 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | GRANT PARK MULTI ALTSTRATIGIES FD C | 555 WEST JACKSON BLVD. STE 600 CHICAGO IL US 60661 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | PFG JP MORGAN TACTICAGGRESSIVE STRA | 777 108TH AVE NE STE 2100 BELLEVUE WA US 98004 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | PFG BNY MELLON DIVERSIFIER STRAT R | 777 108TH AVE NE STE 2100 BELLEVUE WA US 98004 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | PFG MEEDER TACTICAL STRATEGY FD R | 777 108TH AVE NE STE 2100 BELLEVUE WA US 98004 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | PFG JANUS HENDERSON BALANCED STRATE | 777 108TH AVE NE STE 2100 BELLEVUE WA US 98004 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | PFG EQUITY INDEX FOCUSED STRATEGY R | 777 108TH AVE NE STE 2100 BELLEVUE WA US 98004 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | PFG SECTOR EQUITY BUS CYCLE STRAT R | 777 108TH AVE NE STE 2100 BELLEVUE WA US 98004 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | PFG BR TRGT ALLOCAT EQ STRATEGY FD | 777 108TH AVE NE STE 2100 BELLEVUE WA US 98004 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | NUVEEN DIVIDEND GROWTH CL A | 333 WEST WACKER DR CHICAGO IL US 60606 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | PARNASSUS VALUE EQUITY INVT | 1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO CA US 94105 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | PERMANENT VERSATILE BOND PORTFOLIO | 600 MONTGOMERY ST STE 4100 SAN FRANCISCO CA US 941112702 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | PIMCO INC FD CL C | 1633 BROADWAY NEW YORK NY US 10019 | 0.20% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | PIMCO INC FD CL A | 1633 BROADWAY NEW YORK NY US 10019 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | PIMCO RAE EMERGING MARKETS FD A | 1633 BROADWAY NEW YORK NY US 10019 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | PIONEER EQUITY INC CL A | 60 STATE ST 17TH FL. BOSTON MA US 02109 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | T ROWE PRICE COMM & TECHNOLOGY INVE | 4515 PAINTERS MILL RD OWINGS MILLS MD US 21117 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | T ROWE PRICE HEALTH SCIENCES | 4515 PAINTERS MILL RD OWINGS MILLS MD US 21117 | 0.15% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | T ROWE PRICE GLOBAL TECHNOLOGY | 4515 PAINTERS MILL RD OWINGS MILLS MD US 21117 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | T ROWE PRICE RTMNT 2060 FD INVEST | 4515 PAINTERS MILL RD OWINGS MILLS MD US 21117 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | T ROWE PRICE RET 2040 FD | 4515 PAINTERS MILL RD OWINGS MILLS MD US 21117 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | T ROWE PRICE RETIREMENT 2025 FD | 4515 PAINTERS MILL RD OWINGS MILLS MD US 21117 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | T ROWE PRICE US LRG CAP CORE FD | 4515 PAINTERS MILL RD OWINGS MILLS MD US 21117 | 0.15% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | PRIMECAP ODYSSEY GROWTH FD | 2020 E. FINANCIAL WAY STE 100 GLENDORA CA US 91741 | 0.10% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | PRINCIPAL SPECTRUM PREF CAPT SEC IN | 620 COOLIDGE DR STE 300 FOLSOM CA US 95630 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ENERGY ULTSECTOR PROFD INVT | 7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA MD US 20814 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | PRECIOUS METALS ULT SEC PRO INVST | 7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA MD US 20814 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ULT BULL PRO FD INVTS SHARE | 7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA MD US 20814 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | SHORT SM CAP PRO FD INVT | 7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA MD US 20814 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | OIL&GAS EQUIP&SERVICULTSEC PROFUN | 7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA MD US 20814 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | SHORT ENERGY PROFD INVT CL | 7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA MD US 20814 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | PROFDS SHORT PRECMETALS INVT | 7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA MD US 20814 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ULT CHINA PRO FD INVT CLAS | 7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA MD US 20814 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BITCOIN STRATEGY FD INVT | 7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA MD US 20814 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ULT INTL PRO FD INVT CL | 7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA MD US 20814 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ULT SHORT CHINA PRO FD INVEST | 7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA MD US 20814 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | PGIM TOTAL RETURN BOND CL A | 655 BROAD ST NEWARK NJ US 07102 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | PGIM HIGH YIELD CL A | 655 BROAD ST NEWARK NJ US 07102 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | PUTNAM LRG CAP VALCL A | 1 POST OFFICE SQ MAILZONE G3C BOSTON MA US 02109 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | T ROWE PRICE DIVIDEND GROWTH | 4515 PAINTERS MILL RD OWINGS MILLS MD US 21117 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | T ROWE PRICE U.S EQUITY RESEARCH FD | 4515 PAINTERS MILL RD OWINGS MILLS MD US 21117 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | T ROWE PRICE BLUE CHIP GROWTH INC | 4515 PAINTERS MILL RD OWINGS MILLS MD US 21117 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | T ROWE PRICE ALL CAPOPPORTUNITIES I | 4515 PAINTERS MILL RD OWINGS MILLS MD US 21117 | 0.15% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | T ROWE PRICE SM CAP VALUE FD | 4515 PAINTERS MILL RD OWINGS MILLS MD US 21117 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | T ROWE PRICE US TREALONG TERM INDEX | 4515 PAINTERS MILL RD OWINGS MILLS MD US 21117 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ROYCE MICRO CAP SVSCCL | 745 FIFTH AVE STE 2400 NEW YORK NY US 10151 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ROYCE SMER CO GROWTH SERVICE CL | 745 FIFTH AVE STE 2400 NEW YORK NY US 10151 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ROYCE SM CAP OPPORTUNITY SERVICE | 745 FIFTH AVE STE 2400 NEW YORK NY US 10151 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | RYDEX PRECIOUS METALS INVT CL | 9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | RYDEX INVERSE NASDAQ 1002X CL H | 9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | RYDEX INVERSE S&P 500 STRATEGY INV | 9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | RYDEX NASDAQ 100 2X STRATEGY CL H | 9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | RYDEX INVERSE S&P 500 2X STRATEGY C | 9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

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

SCHEDULE C SUPPLEMENTAL REPORT

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

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|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | RYDEX INVERSE RUSSEL2000 2X STRAT C | 9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | RYDEX RUSSELL 2000 2X STRATEGY CL H | 9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | RYDEX STRENGTHENING DOLLAR 2X STRAT | 9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | RYDEX EMERGING MRKTS 2X STRATEGY H | 9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ICON EQUITY INC FD INSTL | P.O. BOX 87 DENVER CO US 802010087 | 0.15% |

SCHEDULE C SUPPLEMENTAL REPORT

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

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|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | SHELTON SUSTAINABLE EQUITY INVT | P.O. BOX 87 DENVER CO US 802010087 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | SIT BALANCED FD | 80 SOUTH 8TH ST MINNEAPOLIS MN US 55402 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AMERICAN SMCAP WORLD FD CL F2 | 3500 WISEMAN BLVD SAN ANTONIO TX US 782514321 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | STATE STREET SM MID CAP EQ INDEX CL | ONE LINCOLN ST. BOSTON MA US 021112900 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | TCW SELECT EQUITIES CL N | 865 S FIGUERA ST 22ND FL LOS ANGELES CA US 90071 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

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|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | T ROWE PRICE FLOATING RATE INVEST | 4515 PAINTERS MILL RD OWINGS MILLS MD US 21117 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | TEMPLETON DEVELOPINGMARKETS CL A | 100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716 | \$16.00 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | TEMPLETON WORLD CL A | 100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716 | \$16.00 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | TEMPLETON FOREIGN CL A | 100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716 | \$16.00 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | TEMPLETON GROWTH CL A | 100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716 | \$16.00 |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | TEMPLETON GLOBAL BOND CL A | 100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716 | \$16.00 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | TEMPLETON GLOBAL BOND ADVISOR CL | 100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716 | \$16.00 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | TEMPLETON GLOBAL SM CO FD CL A | 100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716 | \$16.00 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | THORNBURG INV INC BUILDER FD C | 2300 NORTH RIDGETOP RD SANTA FE NM US 87506 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | TOUCHSTONE MID CAP FD CL Y | 303 BROADWAY STE 1100 CINCINNATI OH US 452024203 | 0.15% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | TOUCHSTONE SANDS CAP SEL GRWTH Z | 303 BROADWAY STE 1100 CINCINNATI OH US 452024203 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | TRANSAMERICA ASSET ALLOC GRWTH PORT | 4333 EDGEWOOD RD NE CEDAR RAPIDS IA US 52499 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | PERFORMANCE TRUST TOTAL RETRN BND I | 500 WEST MADISON STE 470 CHICAGO IL US 60661 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | VICTORY NASDAQ 100 INDEX FD | 4900 TIEDEMAN RD 4TH FL BROOKLYN OH US 44114 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | STANDPOINT MULTI ASSET FD INVESTO | 225 PICTORIA DR STE 450 CINCINNATI OH US 45246 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | VALUE LINE CAPT APPRECIATION INV | 7 TIMES SQUARE STE 1606 NEW YORK NY US 10036 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | VICTORY TRIVALENT INTL SM CAP A | 4900 TIEDEMAN RD 4TH FL BROOKLYN OH US 44114 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | VICTORY RS SM CAP GROWTH CL Y | 4900 TIEDEMAN RD 4TH FL BROOKLYN OH US 44114 | 0.12% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | VICTORY RS VALUE FD CL A | 4900 TIEDEMAN RD 4TH FL BROOKLYN OH US 44114 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | VICTORY RS PARTNERS FD CL A | 4900 TIEDEMAN RD 4TH FL BROOKLYN OH US 44114 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | VIRTUS KAR SM CAP CORE FD CL I | 100 SUMMIT LAKE DR 201 GREENFIELD MA US 01301 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | VIRTUS KAR SM CAP GROWTH CL A | 100 SUMMIT LAKE DR 201 GREENFIELD MA US 01301 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | VIRTUS KAR INTL SM MID CAP A | 100 SUMMIT LAKE DR 201 GREENFIELD MA US 01301 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | VIRTUS CEREDEX MID CAP VALUE EQUITY | 100 SUMMIT LAKE DR 201 GREENFIELD MA US 01301 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | VIRTUS NFJ SM CAP VALUE I | 100 SUMMIT LAKE DR 201 GREENFIELD MA US 01301 | 0.10% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | VIRTUS DUFF & PHELPS WATER FD A | 100 SUMMIT LAKE DR 201 GREENFIELD MA US 01301 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | VIRTUS CONVERTIBLE FD A | 100 SUMMIT LAKE DR 201 GREENFIELD MA US 01301 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AMERICAN WASHINGTON MUTUAL INVT | 3500 WISEMAN BLVD SAN ANTONIO TX US 782514321 | 0.37% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | WEITZ CORE PLUS INC FD INVT | 1125 SOUTH 103RD ST OMAHA NE US 68124 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ALLSPRING SM COMPANY VLUE FD A | 525 MARKET ST MAC A0103 122 SAN FRANCISCO CA US 94105 | 0.40% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ALLSPRING DIVRSFD CAP BUILDER FD A | 525 MARKET ST MAC A0103 122 SAN FRANCISCO CA US 94105 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ALLSPRING PRECIOUS METALS FD A | 525 MARKET ST MAC A0103 122 SAN FRANCISCO CA US 94105 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ALLSPRING SPECIAL MID CAP VLUE FD A | 525 MARKET ST MAC A0103 122 SAN FRANCISCO CA US 94105 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | WESTERN ASSET INFL INDEX PLUS BD FD | 100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | WESTERN ASSET CORE PLUS BOND FD I | 100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716 | 0.15% |

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | PLUMB BALANCED | PO BOX 44966 MADISON WI US 53717 | 0.40% |

ALLINA 403(B) RETIREMENT SAVINGS PLAN
E.I.N. 36-3261413 PLAN NO. 004
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

| (a) | (b) | (c) | (d) | (e) |
|---|---|---------|------------------------------|-----|
| Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment | Cost ** | Current Value | |
| | <u>Mutual Funds:</u> | | | |
| Vanguard | Total International Stock Fund Institutional Plus | \$ | 45,330,056 | |
| T. Rowe Price | International Discovery Fund | | 14,379,832 | |
| Oakmark | Fund Investor | | 63,099,051 | |
| DFA | U.S. Targeted Value Portfolio Fund | | 23,415,449 | |
| AMG TimeSquare | Mid Cap Growth Fund | | 20,197,414 | |
| PIMCO | Real Return Institutional Fund | | 43,329,236 | |
| Vanguard | Wellington Fund | | 25,686,014 | |
| Vanguard | Balance Index Fund | | 13,014,710 | |
| DFA | Emerging Markets Core Equity Fund | | 14,463,594 | |
| PGIM | Total Return Bond Fund | | 113,445,435 | |
| * Fidelity Mgmt Trust Co. | US Bond Index Fund | | 33,020,967 | |
| * Fidelity Mgmt Trust Co. | Extended Market Index Fund | | 6,540,778 | |
| * Fidelity Mgmt Trust Co. | Government Cash Reserve | | 9,964 | |
| * Fidelity Mgmt Trust Co. | Contrafund | | 98,411,630 | |
| * Fidelity Mgmt Trust Co. | Diversified International Fund | | 29,203,495 | |
| * Fidelity Mgmt Trust Co. | Growth Company Fund | | 77,010,183 | |
| * Fidelity Mgmt Trust Co. | Total Market Index Fund | | 123,241,130 | |
| | Total Mutual Funds | | <u>743,798,938</u> | |
| | <u>Fully Benefit-Responsive Investment Contract:</u> | | | |
| * Principal Life Insurance Co. | Guaranteed Interest Balance Contract | | 74,285,043 | |
| Various | Self-Directed Brokerage Accounts | | 80,475,142 | |
| * Participants | Participant Loans 4.25% to 9.50% Interest Rates | - | 3,932,876 | |
| | Total | | <u><u>\$ 902,491,999</u></u> | |

* Indicates party-in-interest

** Cost omitted for participant-directed accounts