

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

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... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan THE NEMOURS FOUNDATION SECTION 403(B) PLAN 1b Three-digit plan number (PN) 002 1c Effective date of plan 01/01/2009 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address... 2b Employer Identification Number (EIN) 59-0634433 2c Plan Sponsor's telephone number 302-651-6170 2d Business code (see instructions) 622000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

|   |  |       |
|---|--|-------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |       |
|   | <b>3c</b> Administrator's telephone number |       |
|   |  |       |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |       |
|   | <b>4d</b> PN                               |       |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 15426 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 9064  |
|   | <b>6a(2)</b>                               | 9806  |
|   | <b>6b</b>                                  | 47    |
|   | <b>6c</b>                                  | 6503  |
|   | <b>6d</b>                                  | 16356 |
|   | <b>6e</b>                                  | 28    |
|   | <b>6f</b>                                  | 16384 |
|   | <b>6g(1)</b>                               | 15415 |
|   | <b>6g(2)</b>                               | 16384 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |       |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2F 2G 2L 2M 2R 2T 3H 2S

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

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> 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)

|  |   |
|--|---|
| <b>a Pension Schedules</b>   | <b>b General Schedules</b>  |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)   | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)                            |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)                          |
| (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                               | (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>3</u> |
| (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)                     |
| (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)  | (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)                          |
|  | (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)                             |

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 \_\_\_\_\_

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|   |  |   |
|---|--|---|
| <p style="text-align: center;"><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|---|

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

|   |   |  |
|---|---|--|
| <p><b>A</b> Name of plan<br/><span style="color: blue;">THE NEMOURS FOUNDATION SECTION 403(B) PLAN</span></p>                     | <p><b>B</b> Three-digit plan number (PN) ▶</p>  | <p><span style="color: blue;">002</span></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><span style="color: blue;">THE NEMOURS FOUNDATION</span></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><span style="color: blue;">59-0634433</span></p> |  |

**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  
VARIABLE ANNUITY LIFE INSURANCE CO.

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 74-1625348 | 70238         | 08901                                 | 406   | 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.

|  |   |
|--|---|
| <p><b>(a)</b> Total amount of commissions paid</p> <p style="color: blue;">784</p> | <p><b>(b)</b> Total amount of fees paid</p> |
|--|---|

**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

VARIABLE ANNUITY LIFE INSURANCE CO. 2929 ALLEN PARKWAY  
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 784   |                                 |             | 3                     |

**(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

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|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

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

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>   |                     |
|----------------------------|--|---------------------|
|                            | 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.   |                     |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....  | 3629263             |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....   | 11036050            |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>   |                     |
| <b>a</b>                   | State the basis of premium rates ▶   |                     |
| <b>b</b>                   | Premiums paid to carrier .....   | <b>6b</b>           |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....   | <b>6c</b>           |
| <b>d</b>                   | 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. ....<br>Specify nature of costs ▶  | <b>6d</b>           |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶  |                     |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>  |                     |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>   |                     |
| <b>a</b>                   | Type of contract: (1) <input checked="" type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶ |                     |
| <b>b</b>                   | Balance at the end of the previous year .....  | <b>7b</b> 3863148   |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....   | <b>7c(1)</b>        |
|                            | (2) Dividends and credits.....   | <b>7c(2)</b>        |
|                            | (3) Interest credited during the year.....   | <b>7c(3)</b> 111086 |
|                            | (4) Transferred from separate account .....  | <b>7c(4)</b> 66897  |
|                            | (5) Other (specify below).....<br>▶  | <b>7c(5)</b>        |
|                            | (6) Total additions .....  | <b>7c(6)</b> 177983 |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....   | <b>7d</b> 4041131   |
| <b>e</b>                   | Deductions:  |                     |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b> 408346 |
|                            | (2) Administration charge made by carrier.....   | <b>7e(2)</b> 56     |
|                            | (3) Transferred to separate account .....  | <b>7e(3)</b> 590    |
|                            | (4) Other (specify below).....<br>▶ <b>CONTRACT SURRENDER CHARGES</b>  | <b>7e(4)</b> 2876   |
| (5) Total deductions ..... | <b>7e(5)</b> 411868  |                     |
| <b>f</b>                   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b> 3629263   |

**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:

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

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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. ▶

|   |  |  |
|---|--|--|
| <p style="text-align: center;"><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|   |   |  |
|---|---|--|
| <p><b>A</b> Name of plan<br/><span style="color: blue;">THE NEMOURS FOUNDATION SECTION 403(B) PLAN</span></p>                     | <p><b>B</b> Three-digit plan number (PN) ▶</p>  | <p><span style="color: blue;">002</span></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><span style="color: blue;">THE NEMOURS FOUNDATION</span></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><span style="color: blue;">59-0634433</span></p> |  |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
TRANSAMERICA FINANCIAL 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     |
| 36-6071399 | 70688         | TT069349                              | 15963   | 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.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</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

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|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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|   |                                 |             |                       |

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|   |                                 |             |                       |

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|   |                                 |             |                       |

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|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

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

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>   |               |
|----------------------------|--|---------------|
|                            | 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.   |               |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....  | 4 528032      |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....   | 5             |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>   |               |
| <b>a</b>                   | State the basis of premium rates ▶   |               |
| <b>b</b>                   | Premiums paid to carrier .....   | 6b            |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....   | 6c            |
| <b>d</b>                   | 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. ....<br>Specify nature of costs ▶                                      | 6d            |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶   |               |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>  |               |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>   |               |
| <b>a</b>                   | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ |               |
| <b>b</b>                   | Balance at the end of the previous year .....  | 7b 330421     |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....   | 7c(1) 272228  |
|                            | (2) Dividends and credits.....   | 7c(2)         |
|                            | (3) Interest credited during the year.....   | 7c(3) 3052    |
|                            | (4) Transferred from separate account .....  | 7c(4)         |
|                            | (5) Other (specify below).....<br>▶ EMPLOYER ACCOUNT ADDITIONS   | 7c(5) 1821148 |
|                            | (6) Total additions .....  | 7c(6) 2096428 |
| <b>d</b>                   | Total of balance and additions (add lines 7b and 7c(6)) .....  | 7d 2426849    |
| <b>e</b>                   | Deductions:  |               |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | 7e(1)         |
|                            | (2) Administration charge made by carrier.....   | 7e(2)         |
|                            | (3) Transferred to separate account .....  | 7e(3)         |
|                            | (4) Other (specify below).....<br>▶ EMPLOYER ACCOUNT ACTIVITY  | 7e(4) 1898817 |
| (5) Total deductions ..... | 7e(5) 1898817  |               |
| <b>f</b>                   | Balance at the end of the current year (subtract line 7e(5) from line 7d).....   | 7f 528032     |

**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:

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

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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. ▶

|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|  |  |                   |
|--|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>THE NEMOURS FOUNDATION SECTION 403(B) PLAN</b></p>                     | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>002</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>THE NEMOURS FOUNDATION</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>59-0634433</b></p> |                   |

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**TRANSAMERICA LIFE INSURANCE CO.**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 39-0989781 | 86231         | TT069349                              | 15963   | 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.

|  |          |          |
|--|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 30546920 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |          |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|  |           |  |
|--|-----------|--|
| <b>b</b> Premiums paid to carrier .....  | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

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

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

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

|  |           |          |
|--|-----------|----------|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 29335156 |
|--|-----------|----------|

|   |              |          |
|---|--------------|----------|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 2937692  |
|   | <b>7c(2)</b> |          |
|   | <b>7c(3)</b> | 795759   |
|   | <b>7c(4)</b> |          |
|   | <b>7c(5)</b> | 39187392 |
| ▶ FORFEITURES, TRANSFERS AND LOAN PAYMENTS                            |              |          |

|                           |              |          |
|---------------------------|--------------|----------|
| (6) Total additions ..... | <b>7c(6)</b> | 42920843 |
|---------------------------|--------------|----------|

|   |           |          |
|---|-----------|----------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 72255999 |
|---|-----------|----------|

|   |              |          |
|---|--------------|----------|
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 38228776 |
|   | <b>7e(2)</b> | 30425    |
|   | <b>7e(3)</b> |          |
|   | <b>7e(4)</b> | 3449878  |
| ▶ TRANSFERS AND LOANS ISSUED  |              |          |

|                            |              |          |
|----------------------------|--------------|----------|
| (5) Total deductions ..... | <b>7e(5)</b> | 41709079 |
|----------------------------|--------------|----------|

|  |           |          |
|--|-----------|----------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b> | 30546920 |
|--|-----------|----------|

**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:

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

**10** Nonexperience-rated contracts:

|   |            |
|---|------------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |
| <b>b</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. .... | <b>10b</b> |

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. ▶

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>THE NEMOURS FOUNDATION SECTION 403(B) PLAN</b>                     | <b>B</b> Three-digit plan number (PN) ▶                            | <b>002</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>THE NEMOURS FOUNDATION</b> | <b>D</b> Employer Identification Number (EIN)<br><b>59-0634433</b> |            |

**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

**TRANSAMERICA RETIREMENT SOLUTIONS**

**13-3689044**

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

**FIDELITY INVESTMENT INSTITUTIONAL**

**04-2647786**

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

**CHARLES SCHWAB & CO., INC.**

**94-1737782**

**(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

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**(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

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**(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

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**(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

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

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**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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

| (b)<br>Service Code(s)                          | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|--|--|--|---|--|
| 12 15 28 37<br>38 50 54 59<br>61 62 63 64<br>65 | RECORDKEEPER  | 1138087  | 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)

NATIONAL FINANCIAL SERVICES

04-3523567

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 33 71                  | SECURITIES BROKER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

VALIC

74-1625348

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 50 54 49<br>37 26      | RECORDKEEPER  | 25714  | 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)

GALLAGHER FIDUCIARY ADVISORS, LLC

36-4291971

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 50                  | CONSULTANT  | 46667  | 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)

VANGUARD

23-2186884

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 50 64 65               | RECORDKEEPER  | 17130  | 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)

CHARLES SCHWAB & CO., INC.

94-1737782

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 33 71                  | SECURITIES BROKER   | 2286   | 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"/>                          |

**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)

LARSON FINANCIAL GROUP LLC

20-4773945

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 33 71                  | SECURITIES BROKER   | 17887  | 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)

MCADAM LLC

47-1994636

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 33 71                  | SECURITIES BROKER   | 8728   | 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)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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<br>(see instructions)  | (c) Enter amount of indirect compensation |
|---|--|---|
| TRANSAMERICA RETIREMENT SOLUTIONS                                   | 12 15 28 37 38 50 54 59 61<br>62 63 64 65  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| ALLSPRING<br>P.O. BOX 219967<br>KANSAS CITY, MO 64121               | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS                                   | 12 15 28 37 38 50 54 59 61<br>62 63 64 65  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| AMERICAN FUNDS<br>5300 ROBIN HOOD ROAD<br>NORFOLK, VA 23513         | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS                                   | 12 15 28 37 38 50 54 59 61<br>62 63 64 65  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| CARILLON<br>880 CARILLON PARKWAY<br>ST. PETERSBURG, FL 33716        | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|---|--|---|
| TRANSAMERICA RETIREMENT SOLUTIONS   | 12 15 28 37 38 50 54 59 61<br>62 63 64 65  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| DFA-DIMENSIONAL<br><br>6300 BEE CAVE RD<br>BUILDING ONE<br>AUSTIN, TX 78746       | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS   | 12 15 28 37 38 50 54 59 61<br>62 63 64 65  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| DODGE & COX<br><br>555 CALIFORNIA STREET<br>40TH FLOOR<br>SAN FRANCISCO, CA 94104 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS   | 12 15 28 37 38 50 54 59 61<br>62 63 64 65  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| HARTFORD<br><br>P.O. BOX 219060<br>KANSAS CITY, MO 64121                          | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| TRANSAMERICA RETIREMENT SOLUTIONS                                   | 12 15 28 37 38 50 54 59 61<br>62 63 64 65  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| MFS<br>111 HUNTINGTON AVE<br>BOSTON, MA 02199                       | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| ALLSPRING<br>P.O. BOX 219967<br>KANSAS CITY, MO 64121               | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| AMERICAN FUNDS<br>5300 ROBIN HOOD ROAD<br>NORFOLK, VA 23513         | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| NATIONAL FINANCIAL SERVICES   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| CARILLON<br>880 CARILLON PARKWAY<br>ST. PETERSBURG, FL 33716                  | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| DFA-DIMENSIONAL<br>6300 BEE CAVE RD<br>BUILDING ONE<br>AUSTIN, TX 78746       | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| DODGE & COX<br>555 CALIFORNIA STREET<br>40TH FLOOR<br>SAN FRANCISCO, CA 94104 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2  | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation          |
|--|--|--|
| NATIONAL FINANCIAL SERVICES  | 33 71  | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>HARTFORD P.O. BOX 219060<br>KANSAS CITY, MO 64121                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)        |  |
| (a) Enter service provider name as it appears on line 2<br><br>NATIONAL FINANCIAL SERVICES   | (b) Service Codes<br>(see instructions)<br><br>33 71   | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>MFS 111 HUNTINGTON AVE<br>BOSTON, MA 02199                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)        |  |
| (a) Enter service provider name as it appears on line 2<br><br>CHARLES SCHWAB & CO., INC.  | (b) Service Codes<br>(see instructions)<br><br>33 71   | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>ADVISORS CAPITAL 1445 RESEARCH BLVD.<br>#530<br>ROCKVILLE, MD 20850 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.25% OF AVERAGE DAILY BALANCE OF ASSET(S) |  |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                  | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|--|--|---|
| CHARLES SCHWAB & CO., INC.   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| ADVISORS PREFERRED<br>1445 RESEARCH BLVD.<br>#530<br>ROCKVILLE, MD 20850 | RATE OF 0.45% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2                  | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| ALGER FUNDS<br><br>13-2665689  | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2                  | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| ALLIANZ GLOBAL INVESTORS<br>1633 BROADWAY<br>NEW YORK, NY 10019          | RANGE OF 0.02 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2  | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation          |
|--|--|--|
| CHARLES SCHWAB & CO., INC.   | 33 71  | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>AMANA<br><br>35-6447892           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)       |  |
| (a) Enter service provider name as it appears on line 2<br><br>CHARLES SCHWAB & CO., INC.                    | (b) Service Codes (see instructions)<br><br>33 71  | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>AMERICAN BEACON<br><br>75-2401150 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)       |  |
| (a) Enter service provider name as it appears on line 2<br><br>CHARLES SCHWAB & CO., INC.                    | (b) Service Codes (see instructions)<br><br>33 71  | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>AMERICAN FUNDS<br><br>90-0924512  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RANGE OF 0.12 - 0.37% OF AVERAGE DAILY BALANCE OF ASSETS |  |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| ARTISAN PARTNERS FUNDS  | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| AVANTIS INVESTORS<br>875 EAST WISCONSIN AVE<br>SUITE 800<br>MILWAUKEE, WI 53202 | RATE OF 0.05% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| AZZAD FUND<br>3141 FAIRVIEW PARK DR<br>SUITE 255<br>FALLS CHURCH, VA 22042      | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| BAIRD<br><br>39-6037917   | RATE OF 0.05% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| BLACKROCK<br><br>04-6171663   | RANGE OF 0.06 - 0.28% OF AVERAGE DAILY BALANCE OF ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| COHEN & STEERS<br><br>14-1904657                                    | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| COLUMBIA THREADNEEDLE<br><br>93-0577450   | RANGE OF 0.10 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS   |   |
| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| COMMERCE<br><br>43-0889454  | RATE OF 0.39% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| COUNTERPOINT MUTUAL FUNDS<br><br>12760 HIGH BLUFF DRIVE<br>SUITE 280<br>SAN DIEGO, CA 92130 | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| CREDIT SUISSE<br>11 MADISON AVENUE<br>NEW YORK, NY 10010            | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| DIMENSIONAL FUND ADVISORS<br><br>22-2370029                         | RATE OF 0.02% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| DIREXION FUNDS<br><br>13-4143904                                    | RATE OF 0.45% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                     | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| DOUBLELINE<br>333 SOUTH GRAND AVENUE<br>18TH FLOOR<br>LOS ANGELES, CA 90071 | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2                     | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| EATON VANCE<br><br>20-1227352   | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2                     | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| EMERALD<br><br>23-2664857   | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                    | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|--|--|---|
| CHARLES SCHWAB & CO., INC.   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| FEDERATED FUNDS<br><br>25-1111467  | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2                    | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| FIDELITY INVESTMENTS<br><br>06-1194217                                     | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2                    | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| FIRST EAGLE FUNDS<br><br>1345 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10105 | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| FRANKLIN TEMPLETON INVESTMENTS<br><br>94-3167260                              | RATE OF 0.23% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| GLENMEDE<br><br>590 MADISON AVENUE<br>31ST FLOOR<br>NEW YORK, NY 10022        | RANGE OF 0.10 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS   |   |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| GOLDMAN SACHS<br><br>3414 PEACHTREE ROAD NE<br>SUITE 600<br>ATLANTA, GA 30326 | RATE OF 0.05% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| INVESCO FUNDS<br>3414 PEACHTREE ROAD NE<br>SUITE 600<br>ATLANTA, GA 30326 | RANGE OF 0.10 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS   |   |
| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| J.P. MORGAN & CO.<br><br>13-2624428                                       | RANGE OF 0.07 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS   |   |
| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| JACOB<br>727 2ND ST<br>#106<br>HERMOSA BEACH, CA 90254                    | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                     | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| JANUS HENDERSON<br><br>43-1804048   | RANGE OF 0.10 - 0.35% OF AVERAGE DAILY BALANCE OF ASSETS   |   |
| (a) Enter service provider name as it appears on line 2                     | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| LAZARD<br><br>30 ROCKEFELLER PLAZA<br>57TH FLOOR<br>NEW YORK, NY 10112      | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2                     | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| LEUTHOLD<br><br>100 NORTH 6TH STREET<br>SUITE 600A<br>MINNEAPOLIS, MN 55403 | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| MARSICO INVESTMENT FUND   | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| MATTHEWS ASIA FUNDS<br><br>94-3250972                               | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| MFS<br><br>04-3253929   | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| NATIXIS FUNDS<br><br>52-2257782                                     | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| NORTHERN FUNDS<br><br>39-1777365                                    | RANGE OF 0.10 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| NUVEEN<br><br>333 W. WACKER DR.<br>CHICAGO, IL 60606                | RANGE OF 0.29 - 0.39% OF AVERAGE DAILY BALANCE OF ASSETS   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| OAK ASSOCIATES<br>1290 BROADWAY<br>SUITE 1100<br>DENVER, CO 80203   | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| OAKMARK<br>330 WEST 9TH STREET<br>KANSAS CITY, MO 64105             | RANGE OF 0.07 - 0.35% OF AVERAGE DAILY BALANCE OF ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| PARNASSUS<br><br>94-6579180   | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2   | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation          |
|---|--|--|
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>PERKINS<br><br>06-1514960          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)       |  |
| (a) Enter service provider name as it appears on line 2<br><br>CHARLES SCHWAB & CO., INC.                     | (b) Service Codes (see instructions)<br><br>33 71  | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>PGIM INVESTMENTS<br><br>22-3703799 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RANGE OF 0.24 - 0.37% OF AVERAGE DAILY BALANCE OF ASSETS |  |
| (a) Enter service provider name as it appears on line 2<br><br>CHARLES SCHWAB & CO., INC.                     | (b) Service Codes (see instructions)<br><br>33 71  | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>PRINCIPAL FUNDS<br><br>42-1520346  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)       |  |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| PROFUNDS<br><br>52-2035197  | RATE OF 0.45% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| RYDEX FUNDS<br><br>805 KING FARM BOULEVARD<br>ROCKVILLE, MD 20850   | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| SCHWAB FUNDS<br><br>94-3106735                                      | RATE OF 0.25% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| SHELTON CAPITAL MANAGEMENT<br>44 MONTGOMERY ST<br>SUITE 2100<br>SAN FRANCISCO, CA 94104 | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| SHENKMAN FUNDS<br>461 5TH AVE<br>NEW YORK, NY 10017                                     | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| T ROWE-PRICE<br><br>52-2264646  | RANGE OF 0.15 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2  | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation          |
|--|--|--|
| CHARLES SCHWAB & CO., INC.   | 33 71  | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>TCW<br><br>95-2749628   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S) |  |
| (a) Enter service provider name as it appears on line 2<br><br>CHARLES SCHWAB & CO., INC.  | (b) Service Codes (see instructions)<br><br>33 71  | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>THE PACIFIC FINANCIAL GROUP<br>777 108TH AVE NE<br>SUITE 2100<br>BELLEVUE, WA 98004 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.27% OF AVERAGE DAILY BALANCE OF ASSET(S) |  |
| (a) Enter service provider name as it appears on line 2<br><br>CHARLES SCHWAB & CO., INC.  | (b) Service Codes (see instructions)<br><br>33 71  | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>TOCQUEVILLE<br><br>13-3549887   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S) |  |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2   | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation          |
|---|--|--|
| CHARLES SCHWAB & CO., INC.  | 33 71  | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>TOUCHSTONE<br><br>31-0487145     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.07% OF AVERAGE DAILY BALANCE OF ASSET(S) |  |
| (a) Enter service provider name as it appears on line 2<br><br>CHARLES SCHWAB & CO., INC.                   | (b) Service Codes (see instructions)<br><br>33 71  | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>VALUE LINE<br><br>13-3139843     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S) |  |
| (a) Enter service provider name as it appears on line 2<br><br>CHARLES SCHWAB & CO., INC.                   | (b) Service Codes (see instructions)<br><br>33 71  | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>VERACITY FUNDS<br><br>20-0872988 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S) |  |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--------------------------------------|---|
| CHARLES SCHWAB & CO., INC.                              | 33 71                                | 0   |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|---|--|--|
| WASATCH<br><br>87-0319391   | RANGE OF 0.10 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS   |  |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--------------------------------------|---|
| CHARLES SCHWAB & CO., INC.                              | 33 71                                | 0   |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|---|--|--|
| WEITZ<br><br>47-0693748   | RATE OF 0.30% OF AVERAGE DAILY BALANCE OF ASSET(S)   |  |

| (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.

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

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

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

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

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

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> 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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>THE NEMOURS FOUNDATION SECTION 403(B) PLAN</b>                               | <b>B</b> Three-digit plan number (PN) ▶ <b>002</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>THE NEMOURS FOUNDATION</b>           | <b>D</b> Employer Identification Number (EIN)<br><b>59-0634433</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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.

| <b>Assets</b>  | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
|--|------------------------------|------------------------|
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>                    |                        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                              |                        |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>                 | 7979458                |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>                 | 105                    |
| <b>(3)</b> Other .....   | <b>1b(3)</b>                 | 19783                  |
| <b>c</b> General investments:  |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>                 | 3788635                |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>                 |                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                              |                        |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b>              |                        |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b>              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                              |                        |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b>              |                        |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b>              |                        |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>                 |                        |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>                 |                        |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>                 |                        |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>                 | 14868893               |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>                 |                        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>                |                        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>                |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>                |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>                | 1074482611             |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>                | 33528725               |
| <b>(15)</b> Other .....  | <b>1c(15)</b>                | 0                      |

| 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    | 1134668210            | 1313908176      |
| <b>Liabilities</b>  |       |                       |                 |
| 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    |                       |                 |
| <b>Net Assets</b>   |       |                       |                 |
| l Net assets (subtract line 1k from line 1f).....                 | 1l    | 1134668210            | 1313908176      |

**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.

| <b>Income</b>  |          | (a) Amount | (b) Total |
|--|----------|------------|-----------|
| <b>a Contributions:</b>  |          |            |           |
| (1) Received or receivable in cash from: (A) Employers.....                                  | 2a(1)(A) | 55941402   |           |
| (B) Participants.....  | 2a(1)(B) | 68407429   |           |
| (C) Others (including rollovers).....  | 2a(1)(C) | 9291804    |           |
| (2) Noncash contributions.....   | 2a(2)    |            |           |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....                   | 2a(3)    |            | 133640635 |
| <b>b Earnings on investments:</b>  |          |            |           |
| (1) Interest:  |          |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 12905      |           |
| (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) | 1174589    |           |
| (F) Other.....   | 2b(1)(F) | 909898     |           |
| (G) Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G) |            | 2097392   |
| (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) | 27071996   |           |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C).....                                   | 2b(2)(D) |            | 27071996  |
| (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 .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 133123062 |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 1499359   |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 297432444 |

**Expenses**

|   |               |           |           |
|---|---------------|-----------|-----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 125315881 |           |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |           |           |
| (3) Other .....   | <b>2e(3)</b>  |           |           |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |           | 125315881 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |           | 15286     |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |           | 85120     |
| <b>h</b> Interest expense .....   | <b>2h</b>     |           |           |
| <b>i</b> Administrative expenses:   |               |           |           |
| (1) Salaries and allowances .....   | <b>2i(1)</b>  |           |           |
| (2) Contract administrator fees .....   | <b>2i(2)</b>  |           |           |
| (3) Recordkeeping fees .....  | <b>2i(3)</b>  | 1185605   |           |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  |           |           |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 84834     |           |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |           |           |
| (7) Actuarial fees .....  | <b>2i(7)</b>  |           |           |
| (8) Legal fees .....  | <b>2i(8)</b>  |           |           |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |           |           |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |           |           |
| (11) Other expenses .....   | <b>2i(11)</b> |           |           |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |           | 1270439   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |           | 126686726 |

**Net Income and Reconciliation**

|   |              |  |           |
|---|--------------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 170745718 |
| <b>l</b> Transfers of assets:   |              |  |           |
| (1) To this plan .....  | <b>2l(1)</b> |  | 8494248   |
| (2) From this plan .....  | <b>2l(2)</b> |  |           |

**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: **KPMG LLP**

(2) EIN: **13-5565207**

**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  |
|--|-----|----|---------|
| <b>a</b> 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>b</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  |         |
| <b>c</b> 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  |         |
| <b>d</b> 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  |         |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |         |
| <b>g</b> 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  |         |
| <b>h</b> 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  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |         |
| <b>j</b> 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  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   | X   |    |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  | X   |    |         |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>THE NEMOURS FOUNDATION SECTION 403(B) PLAN</u>                     | <b>B</b> Three-digit plan number (PN) ▶                            | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>THE NEMOURS FOUNDATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>59-0634433</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**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): 13-3689044 74-1625348

**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 |  | 1293 |
|---|--|------|

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Funding Information</b> (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.**

|   |           |  |
|---|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b> |  |
| <b>c</b> 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)..... | <b>6c</b> |  |

**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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**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

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (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:

|   |            |  |
|---|------------|--|
| <b>a</b> 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)..... | <b>14a</b> |  |
| <b>b</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).....   | <b>14b</b> |  |
| <b>c</b> 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).....  | <b>14c</b> |  |

**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:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|   |            |  |
|---|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....  | <b>16a</b> |  |
| <b>b</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..... | <b>16b</b> |  |

**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 \_\_\_\_\_.



**THE NEMOURS FOUNDATION SECTION 403(b) PLAN**

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

## THE NEMOURS FOUNDATION SECTION 403(b) PLAN

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



KPMG LLP  
Suite 500  
501 Riverside Avenue  
Jacksonville, FL 32202

## Independent Auditors' Report

To the Nemours Foundation Retirement Plans Administrative Committee  
The Nemours Foundation Section 403(b) Plan:

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

We were engaged to perform audits of the financial statements of The Nemours Foundation Section 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for plan 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions 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.

### *Disclaimer of Opinion*

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

### *Basis for Disclaimer of Opinion*

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 2(a) to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for plan benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statements of changes in net assets available for plan benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not determinable. U.S. generally



accepted accounting principles require that these accounts and the related income and distributions be included in the accompanying financial statements.

*Responsibilities of Management for the Financial Statements*

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

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

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditors' report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit.

*Other Matter - Supplemental Schedule Required by ERISA*

The supplemental schedule of, Schedule H, line 4i - 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. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on this supplemental schedule.

*KPMG LLP*

Jacksonville, Florida  
October 9, 2025

**THE NEMOURS FOUNDATION SECTION 403(b) PLAN**

Statements of Net Assets Available for Plan Benefits

December 31, 2024 and 2023

|  | <u>2024</u>             | <u>2023</u>          |
|--|-------------------------|----------------------|
| Investments at fair value:                           |                         |                      |
| Money market funds                                   | \$ 3,722,356            | 3,788,635            |
| Mutual funds   | 1,238,898,187           | 1,062,353,947        |
| Investment in insurance contracts                    | <u>42,395,095</u>       | <u>42,132,450</u>    |
| Total investments at fair value                      | 1,285,015,638           | 1,108,275,032        |
| Investments in insurance contracts at contract value | <u>3,629,263</u>        | <u>3,863,148</u>     |
| Total investments                                    | 1,288,644,901           | 1,112,138,180        |
| Employer contributions receivable                    | 8,748,137               | 7,979,458            |
| Employee contributions receivable                    | —                       | 105                  |
| Notes receivable from participants                   | 16,515,138              | 14,530,684           |
| Other receivables                                    | <u>—</u>                | <u>19,783</u>        |
| Net assets available for plan benefits               | <u>\$ 1,313,908,176</u> | <u>1,134,668,210</u> |

See accompanying notes to financial statements.

**THE NEMOURS FOUNDATION SECTION 403(b) PLAN**

Statements of Changes in Net Assets Available for Plan Benefits

Years ended December 31, 2024 and 2023

|  | <u>2024</u>                    | <u>2023</u>                    |
|--|--------------------------------|--------------------------------|
| Investment income:                             |                                |                                |
| Interest and dividends                         | \$ 28,291,786                  | 21,190,527                     |
| Net appreciation in fair value of investments  | 134,332,759                    | 138,075,953                    |
| Other investment income                        | —                              | 908,849                        |
| Total investment income                        | <u>162,624,545</u>             | <u>160,175,329</u>             |
| Interest on notes receivable from participants | 1,167,264                      | 793,519                        |
| Contributions:                                 |                                |                                |
| Employee                                       | 68,407,429                     | 61,848,075                     |
| Employer, net                                  | 55,941,402                     | 51,084,360                     |
| Rollovers                                      | 9,291,804                      | 6,811,840                      |
| Transfers to Plan                              | —                              | —                              |
| Total contributions                            | <u>133,640,635</u>             | <u>119,744,275</u>             |
| Deductions:                                    |                                |                                |
| Benefits paid to participants                  | 125,416,287                    | 69,436,110                     |
| Administrative expenses                        | 1,270,439                      | 1,037,969                      |
| Total deductions                               | <u>126,686,726</u>             | <u>70,474,079</u>              |
| Net increase                                   | 170,745,718                    | 210,239,044                    |
| Transfers to the Plan                          | 8,494,248                      | —                              |
| Net assets available for plan benefits:        |                                |                                |
| Beginning of year                              | <u>1,134,668,210</u>           | <u>924,429,166</u>             |
| End of year                                    | \$ <u><u>1,313,908,176</u></u> | \$ <u><u>1,134,668,210</u></u> |

See accompanying notes to financial statements.

## THE NEMOURS FOUNDATION SECTION 403(b) PLAN

Notes to Financial Statements

December 31, 2024 and 2023

### (1) Description of Plan

The following description of The Nemours Foundation Section 403(b) Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for more complete information.

#### (a) General

The Plan is a defined-contribution 403(b) plan, which covers the employees of The Nemours Foundation (the Foundation). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Pediatric Medical Services of Florida, Inc., a wholly owned subsidiary established by Nemours, sponsored a 401(k) defined-contribution plan (401(k) Plan). The 401(k) Plan terminated as of December 31, 2023. Participants of the 401(k) Plan became eligible for the Plan as of January 1, 2024. The balances transferred to the Plan from the 401(k) Plan are shown as Transfers to the Plan on the accompanying statement of changes in net assets available for plan benefits as of December 31, 2024.

#### (b) Plan Administration

The Plan is administered by The Nemours Foundation Retirement Plans Administrative Committee (the Plan administrator) under the direction of the Board of Directors of the Foundation. The assets of the Plan are held in multiple custodial accounts. For the years ended December 31, 2024 and 2023, the custodians for the Plan are Variable Annuity Life Insurance Company (VALIC), Fidelity Management Trust Company (Fidelity), Ascensus Trust Company (Ascensus) and State Street Bank and Trust Company (State Street). The record keeper for the Plan is Transamerica Retirement Services (TRS).

#### (c) Eligibility

All employees, excluding employees such as leased employees, independent contractors, and any person who is engaged in the business solely as a member of the Board of Directors are eligible to participate in the Plan for purposes of making pre-tax salary deferral contributions to the Plan beginning on the date of hire.

Plan participants are eligible to receive an employer contribution upon completion of one year of service or 1,000 hours worked in a one-year period.

#### (d) Contributions

During 2024 and 2023, each participant may contribute up to \$23,000 and \$22,500, respectively, as defined by the Internal Revenue Service (IRS). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions of an additional \$7,500 in 2024 and 2023.

The Foundation matches 50% up to 4% of eligible compensation of an employee's pre-tax salary elective deferral or Roth contribution each payroll period up to a maximum of 2% of an employee's salary. The Foundation match for 2024 and 2023 totaled \$18,261,514 and \$16,225,610, respectively, net of allocated forfeitures.

## THE NEMOURS FOUNDATION SECTION 403(b) PLAN

Notes to Financial Statements

December 31, 2024 and 2023

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. The deferral rate for automatically enrolled participants is set at 4% of eligible compensation and contributions are invested in the Plan's qualified default investment alternative until changed by the participant.

In addition, the Foundation makes quarterly nonelective contributions based on a participant's years of service. The nonelective contributions for 2024 and 2023 totaled \$37,679,888 and \$34,858,750, respectively, net of allocated forfeitures.

### **(e) Participant Accounts**

Each participant's account is credited with the participant's contribution, employer contributions, plan earnings, and charged with an allocated portion of administrative expenses, applicable to the account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### **(f) Vesting**

Participants are always 100% vested in their employee contributions. Participants hired before January 1, 2022, are 100% vested in the employer matching contributions. Participants hired after January 1, 2022, vest in their employer matching contributions based upon years of service. Participants vest in the employer nonelective contributions based upon years of service. The participant is not vested until completing three years of service, at which time the participant becomes 100% vested in the employer matching and nonelective contribution.

### **(g) Notes Receivable from Participants**

Participants may borrow from their participant accounts up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years or up to ten years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest are paid directly to TRS through payroll deductions.

### **(h) Payments of Benefits**

Upon termination of service due to retirement, death, or disability, participants invested in insurance contracts will have their participant account plus investment earnings paid in the form of a qualified joint and survivorship annuity, unless said participant elects payment as a lump sum, immediate annuity, or a combination of such methods of payment. Upon termination from service due to other reasons, the participant may receive the participant's account plus investment earnings as a lump-sum distribution to the individual or as a rollover to another qualified retirement account or plan.

### **(i) Forfeitures**

Forfeitures related to the employer nonelective contributions and not vested employer match contributions may be used to restore participant accounts, pay plan expenses, and reduce employer contributions.

**THE NEMOURS FOUNDATION SECTION 403(b) PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

The change in the forfeited nonvested account, included in investments in insurance contracts, for the years ended December 31, 2024 and 2023 include the following components:

|                                       | <b>2024</b> | <b>2023</b> |
|---------------------------------------|-------------|-------------|
| Forfeiture account, beginning of year | \$ 228,555  | 98,019      |
| Forfeitures                           | 1,820,229   | 976,571     |
| Employer contributions                | (1,077,061) | (621,904)   |
| Administrative expenses               | (474,807)   | (224,131)   |
| Forfeiture account, end of year       | \$ 496,916  | 228,555     |

**(j) Plan Expenses**

Certain investment management fees are netted against investment income. Participants may incur account or loan service fees and investment management fees, which are paid to the recordkeeper or custodian and are reflected as administrative expenses in the accompanying financial statements. All other administrative expenses are paid by the Plan.

**(2) Summary of Significant Accounting Policies**

**(a) Basis of Presentation**

The Plan's financial statements have been prepared on the accrual basis in conformity with U.S. generally accepted accounting principles (U.S. GAAP).

The Plan was formally established on January 1, 2009 and historically was viewed as an amalgamation of individual annuity and custodial accounts and the Plan and its custodians did not maintain financial information at a plan level. As of December 31, 2008, the Plan's custodians began to provide the Plan administrator with annual certified statements summarizing the Plan's activities and holdings.

Investments under the Plan are also held by Teacher's Insurance and Annuity Association – College Retirement Equities Fund (TIAA-CREF) and Empower Annuity Insurance Company of America (Empower) and contributions to these providers were frozen prior to January 1, 2009. Effective October 24, 2023, investments under Prudential Life Insurance Company transitioned to Empower. As permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans (FAB 2009-2)*, the Plan administrator has elected to exclude these investments and related activities from these financial statements. However, U.S. GAAP requires that these accounts and the related income and distributions be included in the accompanying financial statements.

The amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable.

**(b) Investment Valuation**

Investments are reported at fair value as determined by quoted market price (except for the fully benefit responsive investment contract which is reported at contract value). Plan assets are invested on a participant-directed basis.

## THE NEMOURS FOUNDATION SECTION 403(b) PLAN

Notes to Financial Statements

December 31, 2024 and 2023

### **(c) Income Recognition**

Interest income is recorded when earned. Mutual fund dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes realized gains and losses on investments bought and sold and the change in appreciation on investments held at the end of the year. Purchases and sales of securities are recorded on a trade-date basis.

### **(d) Notes Receivable from Participants**

Participant's loans are classified as notes receivable from participants and are measured at their unpaid principal balance plus any accrued but unpaid interest. Investments underlying defaulted loan balances, if any, are reflected in the statements of net assets available for plan benefits until a distribution event occurs.

### **(e) Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

### **(f) Use of Estimates**

The preparation of financial statements, in conformity with U.S. GAAP, requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities, at the date of the financial statements and the reported amounts of additions to, and deductions from net assets during the reporting period. Actual results could differ from those estimates.

### **(g) Risks and Uncertainties**

The Plan invests in various types of 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 securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

## **(3) Information Certified by Custodians and Qualified Agents**

The Plan administrator has elected to have the audit 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. The Plan Administrator determined that the certifications received from VALIC, Fidelity, Ascensus, and State Street, the custodians and qualified agents of the Plan, meet the requirements of ERISA Section 103(a)(3)(C). The custodians and qualified agents of the Plan have certified that the investments shown in statements of net assets available for plan benefits at December 31, 2024 and 2023, the schedule of assets (held at end of year) as of December 31, 2024 and the related investment activity reflected in the statements of changes in net assets available for plan benefits for the years ended December 31, 2024 and 2023 included in the accompanying financial statements and supplemental schedule is complete and accurate as of and for the years ended December 31, 2024 and 2023.

The Plan's independent auditors did not extend their audit procedures to the information certified by the custodians, 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 NEMOURS FOUNDATION SECTION 403(b) PLAN

Notes to Financial Statements

December 31, 2024 and 2023

the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

### (4) Fair Value Measurements

The Plan applies the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement* (FASB ASC Topic 820), for fair value measurements and disclosures of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the financial statements.

FASB ASC Topic 820 defines fair value as the exit price that would be received to sell an asset or paid to transfer a liability in the principal or most advantageous market in an orderly transaction between market participants at the measurement date. FASB ASC Topic 820 also establishes a framework for measuring fair value and expands disclosures about fair value measurements requiring investments to be grouped into three categories based on certain criteria as noted below:

- Level 1: Fair value is determined by using quoted prices for identical assets or liabilities in active markets.
- Level 2: Fair value is determined by using other than quoted prices that are observable for the asset (e.g., quoted prices for identical assets in inactive markets, quoted prices for similar assets in active markets, observable inputs other than quoted prices, and inputs derived principally from or corroborated by observable market data by correlation or other means).
- Level 3: Fair value is determined by using inputs based on management assumptions that are not directly observable. There were no Level 3 investments in the Plan as of December 31, 2024 and 2023.

As required by FASB ASC 820, assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth by level within the fair value hierarchy the investment assets measured at fair value as of December 31, 2024 and 2023:

|                                   | Investment assets at fair value as of<br>December 31, 2024 |                   |                      |
|-----------------------------------|--|-------------------|----------------------|
|                                   | Level 1  | Level 2           | Total                |
| Money market funds                | \$ 3,722,356   | —                 | 3,722,356            |
| Mutual funds                      | 1,238,898,187  | —                 | 1,238,898,187        |
| Investment in insurance contracts | —  | 42,395,095        | 42,395,095           |
|                                   | <u>\$ 1,242,620,543</u>                                    | <u>42,395,095</u> | <u>1,285,015,638</u> |

**THE NEMOURS FOUNDATION SECTION 403(b) PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

|                                   | Investment assets at fair value as of<br>December 31, 2023 |            |               |
|-----------------------------------|--|------------|---------------|
|                                   | Level 1  | Level 2    | Total         |
| Money market funds                | \$ 3,788,635   | —          | 3,788,635     |
| Mutual funds                      | 1,062,353,947  | —          | 1,062,353,947 |
| Investment in insurance contracts | —  | 42,132,450 | 42,132,450    |
|                                   | \$ 1,066,142,582   | 42,132,450 | 1,108,275,032 |

Level 1 assets include mutual funds and money market funds. They are valued at the quoted market prices.

Level 2 assets include non fully-benefit responsive guaranteed investment contracts that are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

**(5) Fully Benefit-Responsive Investment Contracts**

The Plan entered into a traditional fully benefit-responsive fixed investment contract with VALIC with the contract value of \$3,629,263 and \$3,863,148 as of December 31, 2024 and 2023, respectively. VALIC maintains the contributions in a general account. The account is credited with earnings, between 1% and 4.5% per year, on the underlying investments and charged for participant withdrawals and administrative expenses.

As of December 31, 2024 and 2023, there are no events or circumstances under which VALIC would terminate the contract nor are there any events which would limit VALIC's ability to transact at contract value with the Plan's participants.

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.

**(6) Tax Status**

The Plan has adopted the Hill, Ward and Henderson, P.A. Volume Submitter 403(b) Plan. The IRS issued an opinion letter dated March 31, 2017, for the Volume Submitter 403(b) Plan. The IRS opinion letter states that, in the opinion of the IRS, the form of the Volume Submitter 403(b) Plan is acceptable under section 403(b) of the Internal Revenue Code of 1986, as amended (IRC), for use by eligible employers for the benefit of their employees. The Plan administrator believes that the Plan is currently designed and being operated in compliance with applicable requirements of the IRC and as such is exempt from federal income taxes.

## THE NEMOURS FOUNDATION SECTION 403(b) PLAN

Notes to Financial Statements

December 31, 2024 and 2023

U.S. GAAP requires 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 administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdiction; however, there are currently no audits for any tax periods in progress.

### **(7) Plan Termination**

Although it has not expressed any intent to do so, the Foundation has the right to terminate the Plan in whole or in part at any time upon giving written notice to all persons concerned. Complete discontinuance of contributions constitutes complete termination of the Plan. In the event the Plan terminates, each participant and the beneficiary of each deceased participant shall be vested with all rights to any funds in the investment accounts as of the date of such termination.

The participant's vested account shall continue to participate in the earnings credited, expenses charged, and any appreciation or depreciation of the investment fund until the vested account is distributed.

### **(8) Related-Party and Party-in-Interest Transactions**

Certain Plan investments are units or shares of money market funds, mutual funds, and insurance contracts managed by VALIC, Fidelity, Vanguard (record kept by Ascensus), and State Street, the custodians, as defined by the Plan. TRS is the record keeper. These transactions qualify as party in interest transactions.

Additionally, participant loans are secured by participants' account balances. These transactions qualify as party in interest transactions.

### **(9) Subsequent Events**

The Plan has evaluated events through \_\_\_\_\_, the date on which the financial statements are available for issuance. Effective January 1, 2025, the Plan was restated using Fidelity's volume submitter plan document and IRS opinion and Fidelity became the new recordkeeper.

**THE NEMOURS FOUNDATION SECTION 403(b) PLAN**  
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)  
December 31, 2024

|   | <u>Shares or<br/>par value</u> | <u>Fair<br/>value</u> |
|---|--------------------------------|-----------------------|
| Money market funds:                                   |                                |                       |
| * Fidelity Government Cash Reserves                   | 59,011                         | \$ 59,011             |
| * Fidelity Government Money Market Fund               | 49,453                         | 49,453                |
| * Fidelity Government Money Market Fund Premium Class | 31,854                         | 31,854                |
| * Fidelity Treasury Only Money Market Fund            | 43,740                         | 43,740                |
| Schwab Money Market Funds                             | 1,709,595                      | 1,709,595             |
| * Vanguard Cash Reserves Federal Money Market Fund    | 1,316,689                      | 1,316,689             |
| * Vanguard Federal Money Market Fund                  | 266,916                        | 266,916               |
| * Vanguard Treasury Money Market Fund                 | 245,098                        | <u>245,098</u>        |
| Total money market funds                              |                                | <u>\$ 3,722,356</u>   |
| Mutual funds:   |                                |                       |
| Allspring Special Small Cap Value I                   | 234,348                        | \$ 9,438,874          |
| American Funds EuroPacific Growth R5                  | 1,095,740                      | 58,799,982            |
| Carillon Eagle Mid Cap Growth I                       | 720,497                        | 55,400,587            |
| DFA Emerging Markets I                                | 1,894,059                      | 54,113,913            |
| Dodge & Cox Income                                    | 4,844,335                      | 59,974,532            |
| * Fidelity 500 Index                                  | 7,414                          | 1,513,787             |
| * Fidelity 500 Index Institutional Prem               | 1,013,883                      | 207,030,644           |
| * Fidelity Asset Manager 20% Fund                     | 2,174                          | 29,455                |
| * Fidelity Asset Manager 50% Fund                     | 8,122                          | 166,009               |
| * Fidelity Asset Manager 60% Fund                     | 3,255                          | 50,421                |
| * Fidelity Asset Manager 70% Fund                     | 9,179                          | 250,679               |
| * Fidelity Asset Manager 85% Fund                     | 1,775                          | 46,914                |
| * Fidelity Balanced Fund                              | 41,212                         | 1,218,216             |
| * Fidelity Blue Chip Growth Fund                      | 18,259                         | 4,148,001             |
| * Fidelity Blue Chip Value Fund                       | 2,388                          | 57,124                |
| * Fidelity Canada Fund                                | 501                            | 32,893                |
| * Fidelity Capital & Income Fund                      | 1,221                          | 12,395                |
| * Fidelity Capital Appreciation Fund                  | 2,110                          | 88,959                |
| * Fidelity China Region Fund                          | 179                            | 6,979                 |
| * Fidelity Contrafund Fund                            | 271,747                        | 5,714,835             |
| * Fidelity Corporate Bond Fund                        | 1,154                          | 12,017                |
| * Fidelity Disciplined Equity Fund                    | 3,099                          | 208,006               |
| * Fidelity Diversified International Fund             | 2,620                          | 110,478               |
| * Fidelity Dividend Growth Fund                       | 9,883                          | 377,716               |
| * Fidelity Emerging Asia Fund                         | 893                            | 43,435                |
| * Fidelity Emerging Markets Fund                      | 951                            | 36,212                |
| * Fidelity Equity Dividend Income Fund                | 4,263                          | 119,973               |
| * Fidelity Equity Income Fund                         | 1,823                          | 134,293               |
| * Fidelity Europe Fund                                | 2,742                          | 95,098                |
| * Fidelity Extended Market Index                      | 2,194                          | 199,396               |
| * Fidelity Focused Stock Fund                         | 3,436                          | 130,076               |
| * Fidelity Freedom 2010 Fund                          | 2,675                          | 37,230                |
| * Fidelity Freedom 2020 Fund                          | 5,108                          | 73,357                |

**THE NEMOURS FOUNDATION SECTION 403(b) PLAN**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

|  | <u>Shares or<br/>par value</u> |    | <u>Fair<br/>value</u> |
|--|--------------------------------|----|-----------------------|
| * Fidelity Freedom 2025 Fund                                     | 34,818                         | \$ | 473,874               |
| * Fidelity Freedom 2030 Fund                                     | 35,760                         |    | 627,595               |
| * Fidelity Freedom 2035 Fund                                     | 22,830                         |    | 357,283               |
| * Fidelity Freedom 2040 Fund                                     | 90,256                         |    | 1,043,356             |
| * Fidelity Freedom 2045 Fund                                     | 45,434                         |    | 611,998               |
| * Fidelity Freedom 2050 Fund                                     | 4,908                          |    | 66,996                |
| * Fidelity Freedom Income K                                      | 452                            |    | 4,761                 |
| * Fidelity Freedom Index 2030 Fund - Institutional Premium Class | 7,729                          |    | 155,894               |
| * Fidelity Fund  | 1,523                          |    | 144,242               |
| * Fidelity Global Credit Fund                                    | 1,487                          |    | 11,760                |
| * Fidelity Global Equity Income Fund                             | 6,451                          |    | 130,058               |
| * Fidelity GNMA Fund   | 2,284                          |    | 22,790                |
| * Fidelity Government Income Fund                                | 2,936                          |    | 26,398                |
| * Fidelity Growth & Income Portfolio                             | 11,994                         |    | 741,966               |
| * Fidelity Growth Company  | 176,829                        |    | 7,133,301             |
| * Fidelity Growth Discovery Fund                                 | 367                            |    | 22,616                |
| * Fidelity Growth Strategies Fund                                | 4,031                          |    | 267,541               |
| * Fidelity High Income Fund                                      | 3,738                          |    | 29,420                |
| * Fidelity Inflation Protected Bond Index                        | 12,791                         |    | 113,711               |
| * Fidelity Inflation Protected Bond Index (TRS)                  | 2,280,134                      |    | 20,270,459            |
| * Fidelity Intermediate Bond Fund                                | 24,126                         |    | 242,944               |
| * Fidelity Intermediate Government Income Fund                   | 664                            |    | 6,415                 |
| * Fidelity International Capital Appreciation Fund               | 284                            |    | 7,822                 |
| * Fidelity International Discovery Fund                          | 760                            |    | 36,394                |
| * Fidelity International Growth Fund                             | 1,562                          |    | 31,150                |
| * Fidelity International Index                                   | 2,585                          |    | 122,913               |
| * Fidelity International Real Estate Fund                        | 269                            |    | 2,385                 |
| * Fidelity International Small Cap Fund                          | 1,974                          |    | 60,397                |
| * Fidelity Investment Grade Bond Fund                            | 26,819                         |    | 189,882               |
| * Fidelity Japan Fund  | 421                            |    | 6,939                 |
| * Fidelity Leveraged Company Stock Fund                          | 2,657                          |    | 101,623               |
| * Fidelity Long-Term Treasury Bond Index Fund                    | 5,487                          |    | 50,314                |
| * Fidelity Low – Priced Stock Fund                               | 17,831                         |    | 726,627               |
| * Fidelity Magellan Fund   | 162,848                        |    | 2,415,039             |
| * Fidelity Mid Cap Index   | 1,907,991                      |    | 64,434,407            |
| * Fidelity Mid Cap Index Premium                                 | 1,789                          |    | 60,399                |
| * Fidelity Mid Cap Value Fund                                    | 727                            |    | 21,912                |
| * Fidelity Mid-Cap Stock Fund                                    | 4,342                          |    | 184,044               |
| * Fidelity Multi Asset IDX                                       | 688                            |    | 39,731                |
| * Fidelity New Markets Income Fund                               | 190                            |    | 2,410                 |
| * Fidelity New Millennium Fund                                   | 811                            |    | 48,151                |
| * Fidelity OTC Portfolio   | 52,531                         |    | 1,127,831             |
| * Fidelity Overseas Fund   | 2,708                          |    | 169,538               |
| * Fidelity Pacific Basin Fund                                    | 2,538                          |    | 77,601                |

**THE NEMOURS FOUNDATION SECTION 403(b) PLAN**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

|   | <b>Shares or<br/>par value</b> |    | <b>Fair<br/>value</b> |
|---|--------------------------------|----|-----------------------|
| * Fidelity Puritan Fund                                   | 32,412                         | \$ | 805,450               |
| * Fidelity Real Estate Income Fund                        | 516                            |    | 6,158                 |
| * Fidelity Real Estate Index Premium                      | 31                             |    | 497                   |
| * Fidelity Real Estate Investment Portfolio               | 414                            |    | 15,975                |
| * Fidelity Select Banking Portfolio                       | 4,355                          |    | 135,793               |
| * Fidelity Select Biotechnology Portfolio                 | 1,147                          |    | 21,677                |
| * Fidelity Select Brokerage & Invmt Mgmt Portfolio        | 1,698                          |    | 308,429               |
| * Fidelity Select Chemicals Portfolio                     | 356                            |    | 4,781                 |
| * Fidelity Select Comm Service                            | 9                              |    | 1,023                 |
| * Fidelity Select Construction & Housing Portfolio        | 80                             |    | 9,542                 |
| * Fidelity Select Consumer Finance Portfolio              | 743                            |    | 14,409                |
| * Fidelity Select Defense & Aerospace Portfolio           | 8,756                          |    | 159,439               |
| * Fidelity Select Energy Portfolio                        | 370                            |    | 21,022                |
| * Fidelity Select Financial Services Portfolio            | 331                            |    | 4,936                 |
| * Fidelity Select Gold Portfolio                          | 5,531                          |    | 135,963               |
| * Fidelity Select Health Care Portfolio                   | 3,999                          |    | 108,981               |
| * Fidelity Select IT Services Portfolio                   | 1,122                          |    | 67,732                |
| * Fidelity Select Leisure Portfolio                       | 32                             |    | 649                   |
| * Fidelity Select Medical Equipment and Systems Portfolio | 1,806                          |    | 112,336               |
| * Fidelity Select Natural Resources Portfolio             | 50                             |    | 2,087                 |
| * Fidelity Select Pharmaceuticals Portfolio               | 2,323                          |    | 58,917                |
| * Fidelity Select Semiconductors                          | 6,048                          |    | 202,425               |
| * Fidelity Select Software & IT Services Portfolio        | 8,399                          |    | 230,378               |
| * Fidelity Select Technology Portfolio                    | 4,963                          |    | 183,029               |
| * Fidelity Select Telecommunications Portfolio            | 129                            |    | 7,001                 |
| * Fidelity Select Transportation Portfolio                | 205                            |    | 21,273                |
| * Fidelity Select Utilities Portfolio                     | 23                             |    | 2,834                 |
| * Fidelity Short-Term Bond Fund                           | 194                            |    | 1,637                 |
| * Fidelity Small Cap Discovery Fund                       | 1,252                          |    | 30,221                |
| * Fidelity Small Cap Growth Fund                          | 1,814                          |    | 60,704                |
| * Fidelity Small Cap Index (TRS)                          | 1,431,736                      |    | 39,631,652            |
| * Fidelity Small Cap Stock Fund                           | 1,727                          |    | 31,915                |
| * Fidelity Small Cap Value Fund                           | 118                            |    | 2,410                 |
| * Fidelity Stock Selector All Cap Fund                    | 857                            |    | 67,810                |
| * Fidelity Stock Selector Large Cap Value Fund            | 3,567                          |    | 97,206                |
| * Fidelity Strategic Income Fund                          | 15,442                         |    | 178,973               |
| * Fidelity Total Bond Fund                                | 2,616                          |    | 24,588                |
| * Fidelity Total International Index                      | 6,198,415                      |    | 83,247,439            |
| * Fidelity Total Market Index                             | 7,326                          |    | 1,181,430             |
| * Fidelity Trend Fund                                     | 337                            |    | 61,394                |
| * Fidelity U.S. Bond Index                                | 37,339                         |    | 381,604               |
| * Fidelity U.S. Bond Index (TRS)                          | 5,582,000                      |    | 57,048,518            |
| * Fidelity Value Discovery Fund                           | 451                            |    | 16,316                |
| * Fidelity Value Fund                                     | 18,478                         |    | 251,299               |

**THE NEMOURS FOUNDATION SECTION 403(b) PLAN**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

|   | <u>Shares or<br/>par value</u> | <u>Fair<br/>value</u> |
|---|--------------------------------|-----------------------|
| * Fidelity Value Strategies Fund                | 275                            | \$ 15,048             |
| * Fidelity Worldwide Fund                       | 7,802                          | 271,500               |
| MFS Growth R3                                   | 733,398                        | 132,976,957           |
| MFS International Equity R6                     | 2,472,586                      | 83,627,171            |
| MFS Mid Cap Value R3                            | 2,314,706                      | 70,622,656            |
| Schwab Mutual Funds                             | 1,332,235                      | 11,997,787            |
| * VALIC Investments in Separate Accounts**      | N/A                            | 11,036,050            |
| * Vanguard 500 Index Fund Admiral Shares        | 22,216                         | 12,057,991            |
| * Vanguard Balanced Index Fund Admiral Shares   | 21,627                         | 1,048,485             |
| * Vanguard Capital Opportunity Fund             | 441                            | 83,531                |
| * Vanguard Core Bond Fund Admiral Shares        | 336                            | 5,954                 |
| * Vanguard Developed Markets Index Fund         | 8,277                          | 127,130               |
| * Vanguard Diversified Equity Fund              | 854                            | 43,413                |
| * Vanguard Dividend Appreciation Index Fund     | 1,970                          | 104,709               |
| * Vanguard Dividend Growth Fund                 | 8,797                          | 318,532               |
| * Vanguard Dividend Yield Index – Adm           | 1,539                          | 59,222                |
| * Vanguard Emerging Markets Select Stock Fund   | 1,909                          | 40,422                |
| * Vanguard Emerging Markets Stock Index Fund    | 8,543                          | 314,114               |
| * Vanguard Energy Fund Admiral Shares           | 1,783                          | 144,193               |
| * Vanguard Equity Income Fund Admiral Shares    | 3,873                          | 341,507               |
| * Vanguard Equity-Income Adm                    | 1,504,348                      | 132,643,092           |
| * Vanguard European Stock Index Fund            | 2,781                          | 221,206               |
| * Vanguard Explorer Fund Admiral Shares         | 8,137                          | 869,414               |
| * Vanguard Explorer Fund Investor Shares        | 960                            | 110,398               |
| * Vanguard Explorer Value Fund                  | 24                             | 1,020                 |
| * Vanguard Extended Market Index Fund           | 2,627                          | 378,476               |
| * Vanguard FTSE All-World EX_US Index Fund      | 1,277                          | 45,548                |
| * Vanguard FTSL All-World EX_US Small Cap – Adm | 139                            | 3,924                 |
| * Vanguard Global Capital Cycles – Inv          | 1,288                          | 16,270                |
| * Vanguard Global Equity Fund                   | 6,410                          | 227,828               |
| * Vanguard Global Wellington Fund Admiral       | 941                            | 29,631                |
| * Vanguard GNMA Fund Admiral Shares             | 6,090                          | 55,542                |
| * Vanguard Growth and Income Fund Admiral       | 31,057                         | 3,166,583             |
| * Vanguard Growth and Income Fund Investor      | 24                             | 1,476                 |
| * Vanguard Growth Index Fund Admiral Share      | 17,104                         | 3,612,647             |
| * Vanguard Health Care Fund Admiral Shares      | 38,836                         | 2,986,129             |
| * Vanguard High – Yield Corporate Fund          | 80,690                         | 437,341               |
| * Vanguard Inflation – Protected Secs-Adm       | 7,164                          | 161,339               |
| * Vanguard Target Ret 2020 Fund                 | 13,591                         | 359,880               |
| * Vanguard Target Ret 2025 Fund                 | 9,287                          | 173,568               |
| * Vanguard Target Ret 2030 Fund                 | 15,962                         | 604,650               |
| * Vanguard Target Ret 2035 Fund                 | 30,094                         | 721,661               |
| * Vanguard Target Ret 2040 Fund                 | 8,630                          | 372,993               |
| * Vanguard Target Ret 2045 Fund                 | 1,590                          | 47,183                |
| * Vanguard Target Ret Income Fund               | 2,184                          | 28,608                |
| * Vanguard Intermediate-Term Bond Index Fund    | 42,028                         | 425,744               |
| * Vanguard Intermediate-Term Investment Growth  | 17,674                         | 151,286               |
| * Vanguard Intermediate-Term Treasury Fund      | 26,575                         | 258,570               |
| * Vanguard International Explorer Fund          | 2,760                          | 45,204                |
| * Vanguard International Growth Fund            | 5,836                          | 592,792               |

**THE NEMOURS FOUNDATION SECTION 403(b) PLAN**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

|  | <u>Shares or<br/>par value</u> | <u>Fair<br/>value</u>          |
|--|--------------------------------|--------------------------------|
| * Vanguard International Value Fund                  | 3,992                          | \$ 149,990                     |
| * Vanguard Large-Cap Index Fund Admiral              | 537                            | 73,153                         |
| * Vanguard Lifestrategy Growth Fund                  | 38,337                         | 1,693,352                      |
| * Vanguard Lifestrategy Income Fund                  | 2,402                          | 36,101                         |
| * Vanguard Lifestrategy Moderate Growth Fund         | 29,756                         | 932,245                        |
| * Vanguard Long-Term Bond Index – Admiral            | 11,179                         | 116,153                        |
| * Vanguard Long-Term Investment – Grade Fund         | 21,078                         | 158,714                        |
| * Vanguard Long-Term Treasury Fund Admiral           | 7,917                          | 62,467                         |
| * Vanguard Long-Term Treasury Fund Investor          | 535                            | 4,225                          |
| * Vanguard Mid-Cap Growth Fund                       | 775                            | 20,854                         |
| * Vanguard Mid-Cap Growth Index Fund Adm             | 810                            | 88,467                         |
| * Vanguard Mid-Cap Index Fund Admiral Shares         | 2,634                          | 860,892                        |
| * Vanguard Mid-Cap Value Index Fund Adm              | 644                            | 53,998                         |
| * Vanguard Pacific Stock Index Fund Adm              | 357                            | 31,300                         |
| * Vanguard Primecap Core Fund                        | 2,790                          | 93,300                         |
| * Vanguard Primecap Fund Admiral Shares              | 10,273                         | 1,708,864                      |
| * Vanguard Real Estate Index – Admiral               | 2,843                          | 359,041                        |
| * Vanguard Selected Value Fund                       | 11,153                         | 301,800                        |
| * Vanguard Short-Term Bond Index Fund                | 6,144                          | 62,241                         |
| * Vanguard Short-Term Federal Fund Admiral           | 7,619                          | 77,330                         |
| * Vanguard Short-Term Inflation-Protected            | 2,567                          | 62,337                         |
| * Vanguard Short-Term Investment-Grade Fund          | 23,670                         | 244,035                        |
| * Vanguard Short-Term Treasury Fund Admiral          | 1,475                          | 14,466                         |
| * Vanguard Small-Cap Growth Index Fund Adm           | 1,223                          | 120,369                        |
| * Vanguard Small-Cap Index Fund Admiral Shares       | 6,409                          | 738,115                        |
| * Vanguard Small-Cap Value Index Fund Admiral Shares | 3,620                          | 308,324                        |
| * Vanguard Star Fund                                 | 82,982                         | 2,280,350                      |
| * Vanguard Strategic Equity Fund                     | 44,319                         | 1,601,702                      |
| * Vanguard Strategic Small Cap Equity Fund           | 5,342                          | 211,173                        |
| * Vanguard Total Bond Market Index Fund Adm          | 111,470                        | 1,056,738                      |
| * Vanguard Total International Stock Index           | 9,263                          | 293,534                        |
| * Vanguard Total Stock Market Index Fund             | 20,471                         | 2,886,984                      |
| * Vanguard Total World Stock Index Fund              | 8,553                          | 355,740                        |
| * Vanguard U.S. Growth Fund Admiral Shares           | 18,560                         | 3,434,339                      |
| * Vanguard U.S. Growth Fund Investor Shares          | 2,558                          | 182,736                        |
| * Vanguard Value Index Fund Admiral Shares           | 10,265                         | 677,888                        |
| * Vanguard Wellesley Income Fund Admiral             | 18,206                         | 1,092,182                      |
| * Vanguard Wellesley Income Fund Investor            | 2,788                          | 69,048                         |
| * Vanguard Wellington Fund Admiral Shares            | 29,578                         | 2,187,295                      |
| * Vanguard Windsor Fund Admiral Shares               | 13,710                         | 968,479                        |
| * Vanguard Windsor Fund Investor Shares              | 2,356                          | 49,375                         |
| * Vanguard Windsor II Fund Admiral Shares            | 39,555                         | 3,107,057                      |
| * Vanguard Windsor II Fund Investor Shares           | 1,533                          | 67,884                         |
| <b>Total mutual funds</b>                            |                                | <b>\$ <u>1,249,934,237</u></b> |

**THE NEMOURS FOUNDATION SECTION 403(b) PLAN**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

|   | <u>Shares or<br/>par value</u> | <u>Fair<br/>value</u>   |
|---|--------------------------------|-------------------------|
| Investments in insurance contracts (fair value):                            |                                |                         |
| * Transamerica Financial Life Insurance Investment Stable                   | N/A                            | \$ 528,032              |
| * Transamerica Guaranteed Investment Option                                 | N/A                            | <u>30,546,920</u>       |
| Total investments in insurance contracts (fair value)                       |                                | <u>31,074,952</u>       |
| Participant loans with maturity dates through 2034 and interest rates from: |                                |                         |
| * Transamerica 4.25% to 9.50%   | N/A                            | 16,515,138              |
| * VALIC 2.00% to 3.00%**  | N/A                            | <u>284,093</u>          |
| Total participant loans   |                                | <u>16,799,231</u>       |
| Investments in insurance contracts (contract value):                        |                                |                         |
| * VALIC Investments in General Account                                      | N/A                            | <u>3,629,263</u>        |
| Total investments in insurance contracts (contract value)                   |                                | <u>3,629,263</u>        |
| Total assets held at end of year  |                                | <u>\$ 1,305,160,039</u> |

\* Party in interest

\*\* Included in investment in insurance contracts (fair value) in the Plan's financial statements. Form 5500 reporting requires the plan's interest in the underlying assets of the separate account be allocated and reported in the appropriate categories on a line-by-line basis on Part I of the Schedule H.

See accompanying independent auditors' report.

## Schedule C, Line 2(h) Formula Descriptions

The Nemours Foundation Section 403(b) Plan  
 EIN No.: 59-0634433, Plan No. 002  
 Plan Year Ending: 12/31/2024

Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

|                                   |            |
|-----------------------------------|------------|
| TRANSAMERICA RETIREMENT SOLUTIONS | 13-3689044 |
| NATIONAL FINANCIAL SERVICES       | 04-3523567 |

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

| Fund Family     | Fund Name                              | Start Date | End Date   | Revenue to<br>Transamerica<br>Retirement Solutions | Revenue to National<br>Financial Services |
|-----------------|--|------------|------------|--|---|
| ALLSPRING       | ALLSPRING SPECIAL SMALL CAP VALUE A    | 2/1/2024   | 5/1/2024   | 38.680   | 1.320                                     |
| ALLSPRING       | ALLSPRING SPECIAL SMALL CAP VALUE A    | 1/1/2024   | 1/31/2024  | 53.185   | 1.815                                     |
| ALLSPRING       | ALLSPRING SPECIAL SMALL CAP VALUE INST | 5/1/2024   | 12/31/2024 | 14.505   | 0.495                                     |
| AMERICAN FUNDS  | AMERICAN EUROPACIFIC GROWTH R5         | 1/1/2024   | 12/31/2024 | 4.835  | 0.165                                     |
| CARILLON        | CARILLON EAGLE MID CAP GROWTH I        | 3/1/2024   | 12/31/2024 | 14.505   | 0.495                                     |
| CARILLON        | CARILLON EAGLE MID CAP GROWTH R5       | 1/1/2024   | 3/1/2024   | 19.340   | 0.660                                     |
| DFA-DIMENSIONAL | DFA EMERGING MARKETS                   | 1/1/2024   | 12/31/2024 | 1.934  | 0.066                                     |
| DODGE & COX     | DODGE & COX INCOME I                   | 1/1/2024   | 12/31/2024 | 7.736  | 0.264                                     |
| HARTFORD        | HARTFORD INTL OPPORTUNITIES R5         | 1/1/2024   | 5/1/2024   | 9.670  | 0.330                                     |
| MFS             | MFS GROWTH R3                          | 1/1/2024   | 12/31/2024 | 48.350   | 1.650                                     |
| MFS             | MFS MID CAP VALUE R3                   | 1/1/2024   | 12/31/2024 | 48.350   | 1.650                                     |

**ATTACHMENT TO THE 2024 SCHEDULE H OF FORM 5500  
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

Plan Sponsor: The Nemours Foundation

Plan Name: The Nemours Foundation Section 403(b) Plan

Plan Year: January 1, 2024 to December 31, 2024

EIN: 59-0634433

Plan No.: 002

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**Item 4i- Schedule of Assets Held at End of Year**

Pages 12-17 of the attached auditor's report of the Plan for the plan year ending December 31, 2024 provides the schedule of assets information.