

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
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: BOSTON UNIVERSITY RETIREMENT PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 09/01/1965
2a Plan sponsor's name (employer, if for a single-employer plan): TRUSTEES OF BOSTON UNIVERSITY
2b Employer Identification Number (EIN): 04-2103547
2c Plan Sponsor's telephone number: 617-353-4489
2d Business code (see instructions): 611000

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.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	16377
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	8173
	6a(2)	8863
	6b	185
	6c	7580
	6d	16628
	6e	104
	6f	16732
	6g(1)	16231
	6g(2)	16667
h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan BOSTON UNIVERSITY RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF BOSTON UNIVERSITY</p>	<p>D Employer Identification Number (EIN) 04-2103547</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
METROPOLITAN LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	25903	0	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
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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	

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	1732212
5	Current value of plan's interest under this contract in separate accounts at year end.....	
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 2014308
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 60790
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 60790
d	Total of balance and additions (add lines 7b and 7c(6))	7d 2075098
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 180173
	(2) Administration charge made by carrier.....	7e(2) -3933
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ EXCHANGE OUT	7e(4) 166646
(5) Total deductions	7e(5) 342886	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 1732212

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan BOSTON UNIVERSITY RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF BOSTON UNIVERSITY		D Employer Identification Number (EIN) 04-2103547

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

TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	100530	5070	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
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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
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	(c) Amount	(d) Purpose	

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	427395846
5	Current value of plan's interest under this contract in separate accounts at year end.....	603333930
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 444076611
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 19448838
	(4) Transferred from separate account	7c(4) 32157597
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 51606435
d	Total of balance and additions (add lines 7b and 7c(6))	7d 495683046
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 33935046
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 33597028
	(4) Other (specify below)..... ▶ PLAN TO PLAN TRANSFER (OUT), FEES	7e(4) 755126
(5) Total deductions	7e(5) 68287200	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 427395846

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan BOSTON UNIVERSITY RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF BOSTON UNIVERSITY		D Employer Identification Number (EIN) 04-2103547

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

1 Coverage Information:

(a) Name of insurance carrier
NEW YORK LIFE 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
13-5582869	66915	GA-80338	0	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	

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Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	11211754
5	Current value of plan's interest under this contract in separate accounts at year end.....	
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 10764639
c	(1) Contributions deposited during the year	7c(1) 11274209
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 317434
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 11591643
d	Total of balance and additions (add lines 7b and 7c(6))	7d 22356282
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 11134426
	(2) Administration charge made by carrier.....	7e(2) 10102
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 11144528	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 11211754

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan BOSTON UNIVERSITY RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF BOSTON UNIVERSITY	D Employer Identification Number (EIN) 04-2103547	

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

TIAA

13-1624203

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 71	NONE	524332	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)

TIAA

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	NONE	32499	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
	SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>BOSTON UNIVERSITY RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF BOSTON UNIVERSITY</u>	D Employer Identification Number (EIN) <u>04-2103547</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a):	<u>TIAA-CREF</u>		
c EIN-PN	<u>13-1624203-004</u>	d Entity code	<u>P</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>15131582</u>		
<hr/>			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
<hr/>			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
<hr/>			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
<hr/>			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
<hr/>			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
<hr/>			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BOSTON UNIVERSITY RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF BOSTON UNIVERSITY	D Employer Identification Number (EIN) 04-2103547

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	36346811
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	15131582
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2235184529
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	440348841
(15) Other.....	1c(15)	249127237

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	2758080647	2976139000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2758080647	2976139000

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	102901066	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		102901066
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2718731	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	19816665	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		22535396
(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)	77745714	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		77745714
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-702783
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		224007098
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		426486491

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	207506058	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		207506058
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	32499	
(3) Recordkeeping fees	2i(3)	427209	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	91997	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	502	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		552207
j Total expenses. Add all expense amounts in column (b) and enter total	2j		208058265

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		218428226
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		369873

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: **BDO USA, P.C.**

(2) EIN: **13-5381590**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
BOSTON UNIVERSITY SUPPLEMENTAL RETIREMENT AND SAVINGS PLAN	04-2103547	005

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan <u>BOSTON UNIVERSITY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF BOSTON UNIVERSITY</u>	D Employer Identification Number (EIN) <u>04-2103547</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-6568107 13-1624203

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

Boston University Retirement Plan

Financial Statements
and ERISA-Required Supplemental Schedule
Years Ended December 31, 2024 and 2023

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.



Boston University Retirement Plan

Financial Statements and ERISA-Required Supplemental Schedule
Years Ended December 31, 2024 and 2023

Boston University Retirement Plan

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Independent Auditor's Report

The Plan Administrator
Boston University Retirement Plan
Boston, Massachusetts

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

We were engaged to perform audits of the financial statements of the Boston University Retirement 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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 4 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 matter 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

Prior to January 1, 2009, records were maintained at a contract, not a plan level; therefore, management has not maintained, and the custodians did not provide, sufficient accounting records and supporting documentation relating to certain annuity contracts and custodial accounts issued to current and former employees, and supporting documentation is not adequate to assure the completeness and accuracy of the amounts included in the financial statements. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements have been affected by these conditions.



Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP), 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 within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audits 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 (GAAS) and to issue an auditor's report. However, because of the matter 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 audits.

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H (Form 5500), 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 DOL'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 matter described in the *Basis for Disclaimer of Opinion* section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

BDO USA, P.C.

October 14, 2025

Boston University Retirement Plan
Statements of Net Assets Available for Benefits

<i>December 31,</i>	2024	2023
Assets		
Investments, at fair value	\$ 2,964,918,217	\$ 2,747,295,679
Investments, at contract value	11,220,783	10,784,968
Total Investments	2,976,139,000	2,758,080,647
Net Assets Available for Benefits	\$ 2,976,139,000	\$ 2,758,080,647

See accompanying notes to financial statements.

Boston University Retirement Plan

Statements of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2024	2023
Additions		
Investment income:		
Net appreciation in fair value of investments	\$ 249,637,123	\$ 313,108,999
Interest and dividends	73,948,302	54,402,302
Other income	-	409,508
Total Investment Income	323,585,425	367,920,809
Contributions		
Employer contributions	102,901,066	94,865,684
Total Additions	426,486,491	462,786,493
Deductions		
Benefits paid to participants	207,506,058	165,969,638
Administrative expenses	552,207	487,613
Total Deductions	208,058,265	166,457,251
Net Increase in Net Assets Available for Benefits	218,428,226	296,329,242
Transfers to Other Qualified Plan	(369,873)	(1,283,145)
Net Assets Available for Benefits, beginning of year	2,758,080,647	2,463,034,550
Net Assets Available for Benefits, end of year	\$ 2,976,139,000	\$ 2,758,080,647

See accompanying notes to financial statements.

Boston University Retirement Plan

Notes to Financial Statements

1. Description of Plan

The following description of the Boston University Retirement Plan (the Plan) provides general information only. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan was established on September 1, 1965, and amended and restated effective January 1, 2018. The Plan is a defined contribution plan that consists of employees of Boston University (the University or Employer). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Eligibility

All employees of the University, other than those employees working less than 50% of a full-time schedule or whose appointment is less than nine months, provided that the employee is credited with less than 1,000 hours of service for two Plan years, as defined, or who is a student at the University, are eligible to participate in the Plan upon completing two years of service, as defined by the Plan document.

Contributions

The University maintains an employee benefits plan that provides various benefits to eligible employees. The Plan is funded entirely by the Employer, and no employee contributions are allowed. Participants direct the investment of contributions in various investment options offered by the Plan at both Fidelity Management Trust Company (Fidelity) and Teachers Insurance and Annuity Association of America (TIAA). Effective July 1, 2021, the Plan was amended to cease contributions into the various investment options offered by TIAA. Participants that have accounts with TIAA may continue to maintain their accounts with TIAA.

Matching Contributions:

The University shall make matching contributions on behalf of each participant who makes eligible salary deferral contributions, as defined in the University's Supplemental Retirement and Savings Plan (Savings Plan), a defined contribution plan sponsored by the University. The amount of the University matching contribution shall be equal to 100% of the participant's eligible salary deferral contribution under the Savings Plan, up to a maximum of 3% of compensation.

Core Contributions:

- For employees under the age of 45, the contribution to the retirement Plan is calculated as follows: 4% of eligible compensation up to and including the integration level, plus an additional 6% of eligible compensation in excess of the integration level.
- For employees between the ages of 45 to 49, the contribution to the retirement Plan is calculated as follows: 6% of eligible compensation up to and including the integration level, plus an additional 8% of eligible compensation in excess of the integration level.

Boston University Retirement Plan

Notes to Financial Statements

- For employees above the age of 50, the contribution to the retirement Plan is calculated as follows: 7% of eligible compensation up to and including the integration level, plus an additional 9% of eligible compensation in excess of the integration level.

The integration level for the year 2024 is \$68,900 and for 2023 is \$66,600.

Transition Contributions:

The University shall make transition contributions on behalf of each eligible participant of the Plan who was a participant of the Plan on December 31, 2017, at least 50 years old by December 31, 2017, and had compensation less than \$180,000 during the years ended December 31, 2024 and 2023. The amount of the University transition contribution shall be 1% of the participant's compensation; provided, however, that in no event shall the sum of the core contribution plus the transition contribution exceed the maximum core contribution for employees earning \$180,000 for the Plan year, as defined by the Plan document.

Vesting

Participants are fully vested in any Employer contributions, plus actual earnings thereon.

Participant Accounts

Each participant's account is credited with Employer contributions, and an allocation of earnings and expenses thereon. Contributions to the Plan are invested by the custodians as directed by the participants. Each participant may elect from one or more of the investment vehicles offered pursuant to the provisions of the Plan. The benefit to which participants are entitled is the vested portion of their accounts.

Payment of Benefits

A participant's vested interest in his or her account balance is distributable generally upon termination, disability, retirement, or death. Participants may withdraw from their individual accounts pursuant to specific guidelines as set forth in the Plan.

Under certain conditions, a contributing participant could make withdrawals from the vested portion of his or her account balance prior to termination of employment. Withdrawals from the Plan before leaving the University are available after attaining the age of 65, or at any time if the withdrawal is from rollover contributions.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the University. Expenses that are paid by the University are excluded from these financial statements. Recordkeeping fees are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments.

Boston University Retirement Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investments Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussions of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Other Income

Fidelity or its affiliates receive revenue from certain investments in the Plan. These amounts are recaptured by the Plan and held in money market accounts. These funds can then be used to pay for expenses of the Plan that benefit the Plan participants as approved by the Internal Revenue Service (IRS), Department of Labor (DOL), and ERISA or reallocated to participants. As of December 31, 2024 and 2023, the balance in these accounts amounted to \$251 and \$119,745, respectively.

Annual Reporting Requirements

Prior to January 1, 2009, the custodians maintained records at a contract level, not Plan level, and administratively decided not to provide accounting records and supporting documentation at the participant or plan level relating to certain annuity and custodial accounts issued to current and former employees. As such, neither the University nor the custodians have been able to produce sufficient records and supporting documents relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. As a result, the completeness and the accuracy of the annuity and custodial accounts, related investment income, and distributions related to these accounts, if any, could not be determined.

Boston University Retirement Plan

Notes to Financial Statements

3. Risks and Uncertainties

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

4. Information Certified by Plan Custodians

The Plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity, TIAA, and College Retirement Equities Fund (CREF), qualified institutions, have certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Total investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023.
- Net appreciation in fair value of investments, other income, and interest and dividends reflected on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.
- Investments reflected on the supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024, as shown on the ERISA-required supplement schedule.

At the request of the Plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information in the financial statements, including reading the disclosures related to the investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP, and in the ERISA-required supplemental schedule, including assessing whether the ERISA-required supplemental schedule is in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

5. Fair Value Measurements

Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

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

Boston University Retirement Plan

Notes to Financial Statements

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

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

Mutual Funds - Mutual funds are stated at fair value based on unadjusted quoted prices in an active market for each share held by the fund.

Variable Annuity Accounts - These separate accounts are registered investments offered through variable annuity contracts issued by CREF that invest principally in equity securities, fixed-income instruments, and short-term investments in accordance with each portfolio's investment objectives. Units held in the registered investments are valued at net asset value (NAV) and published daily on NASDAQ. The NAV is measured based on the fair value of the underlying investments held by the fund less its liabilities. The fair value of the underlying investments is determined using market quotations or prices obtained from independent pricing sources that may employ various pricing methods to value the investments, including matrix pricing. On a daily basis, units in the registered investments are revalued to reflect performance of the underlying investments minus any fees and charges.

Money Market Funds - Money market funds are valued at the closing price reported by the fund sponsor.

Pooled Separate Account - The value reported by the fund sponsor is based on the market value of the underlying real estate holdings or other real estate-related investments. These investments are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. The account sometimes holds securities, which are priced using values obtained from independent sources. The NAV of the units of the account is used as a practical expedient to estimate fair value. There are restrictions on the trading and withdrawals of funds from this investment; generally transfers out can be executed on any business day but may be limited to once per calendar quarter. There were no unfunded commitments as of December 31, 2024 and 2023.

Boston University Retirement Plan

Notes to Financial Statements

Non-Benefit Responsive Traditional Annuity Contracts - These are valued using a discounted cash flow value using a risk-based market discount rate.

Self-Directed Brokerage Funds - Self-directed brokerage funds consist of mutual funds, money market funds, and equities. Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds are open-ended funds that are registered with the Securities and Exchange Commission and deemed to be actively traded. These funds are required to publish their daily NAV and to transact at that price. Money market funds are valued at the closing price reported by the fund sponsor from an actively traded exchange. Equities are valued at the closing price as reported on the active market on which the individual securities are traded.

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

Investments at fair value are as follows:

December 31, 2024

	Level 1	Level 2	Level 3	Total
Money market fund	\$ 36,346,811	\$ -	\$ -	\$ 36,346,811
Mutual funds	1,646,982,181	-	-	1,646,982,181
Self-directed brokerage funds	249,127,237	-	-	249,127,237
Variable annuity accounts	588,202,348	-	-	588,202,348
Non-benefit responsive traditional annuity contract	-	-	429,128,058	429,128,058
Total Investments, per fair value hierarchy	\$ 2,520,658,577	\$ -	\$ 429,128,058	2,949,786,635
Investments, valued using NAV* as a practical expedient: Pooled separate account				15,131,582
Total Investments, at fair value				\$ 2,964,918,217

December 31, 2023

	Level 1	Level 2	Level 3	Total
Money market fund	\$ 37,573,086	\$ -	\$ -	\$ 37,573,086
Mutual funds	1,481,999,751	-	-	1,481,999,751
Self-directed brokerage funds	219,488,081	-	-	219,488,081
Variable annuity accounts	544,883,503	-	-	544,883,503
Non-benefit responsive traditional annuity contract	-	-	446,090,919	446,090,919
Total Investments, per fair value hierarchy	\$ 2,283,944,421	\$ -	\$ 446,090,919	2,730,035,340
Investments, valued using NAV* as a practical expedient: Pooled separate account				17,260,339
Total Investments, at fair value				\$ 2,747,295,679

* In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient to fair value have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are

Boston University Retirement Plan

Notes to Financial Statements

intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Quantitative Information About Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following tables represent the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs:

December 31, 2024

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values (%)
Non-benefit responsive traditional annuity contracts	\$ 429,128,058	Discounted Cash Flow	Risk-Adjusted Discount Rate Applied	3.65 - 6.50

December 31, 2023

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values (%)
Non-benefit responsive traditional annuity contracts	\$ 446,090,919	Discounted Cash Flow	Risk-Adjusted Discount Rate Applied	3.0-6.75

During 2024 and 2023, total purchases of the non-benefit responsive investment contracts were \$32,171,137 and \$36,524,359, respectively, and total sales of the non-benefit responsive investment contracts were \$68,300,741 and \$68,117,692, respectively.

6. Fully Benefit-Responsive Investment Contract

The Plan invests a portion of its assets in a certain annuity contract with New York Life Insurance Company (NY Life). The NY Life Guaranteed Interest Account is a fixed rate annuity contract, of which meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan.

The NY Life Guaranteed Interest Account provides (during the accumulation phase) for guaranteed principal, a guaranteed minimum rate of interest, and the potential for additional interest, as more fully described in the contractual agreement. Contract value represents contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses.

Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value. The Plan administrator believes the occurrence of such events that would limit the Plan's ability to transact at contract value with Plan participants is not probable.

Boston University Retirement Plan

Notes to Financial Statements

7. Related Party Transactions

Certain Plan investments are in funds and accounts that are managed by Fidelity, New York Life Insurance Company, TIAA, and CREF. The Plan also receives revenue credits from Fidelity. As described in Note 1, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules.

Transfers to other qualified plan in the accompanying statements of changes in net assets available for benefits represent the transfer of certain participant funds to the Savings Plan during the years ended December 31, 2024 and 2023.

8. Plan Termination

Although it has not expressed any intent to do so, the Employer reserves the right to discontinue its contributions at any time or to terminate the Plan, subject to the provisions of ERISA. In the event that the Plan is terminated, participants would remain 100% vested in their accounts.

9. Tax Status

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan is currently designed and operating in accordance with the applicable requirements of Section 403(b) of the IRC and, therefore, believes that the Plan is qualified and continues to be tax-exempt.

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 is subject to routine audits by taxing jurisdictions; however, there are currently no IRS examinations for any tax periods in progress.

10. Subsequent Events

The Plan has performed subsequent events procedures through October 14, 2025, which is the date the financial statements were available to be issued. There were no subsequent events requiring adjustment to the financial statements.

ERISA-Required Supplemental Schedule

Boston University Retirement Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 04-2103547 Plan No.: 002

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value	
Self-Directed Brokerage				
* Fidelity	BrokerageLink	\$	249,127,237	
Pooled Separate Account				
* TIAA	Real Estate		15,131,582	
Guaranteed Annuity Contract				
* TIAA	Traditional Non-Benefit Responsive Fund		427,395,846	
MetLife	Fixed Account		1,732,212	
Total Guaranteed Annuity Contract			429,128,058	
Fully Benefit-Responsive Investment Contract				
* New York Life	Guaranteed Interest Account		11,220,783	
Variable Annuity Contract				
* CREF	CREF Stock R3		367,069,053	
* CREF	CREF Social Choice R3		23,893,718	
* CREF	CREF Global Equities R3		31,700,474	
* CREF	CREF Growth R3		71,625,647	
* CREF	CREF Equity Index R3		44,109,884	
* CREF	CREF Inflation-Linked Bond R3		10,920,273	
* CREF	CREF Core Bond R3		12,034,614	
* CREF	CREF Money Market R3		26,848,685	
Total Variable Annuity Contract			588,202,348	
Money Market Fund				
Vanguard	Federal Money Market Fund		36,346,811	
Mutual Funds				
Loomis	Core Plus Bond fund		19,627,230	
PIMCO	Inflation Response Multi Asset		4,939,996	
Vanguard	FTSE Social Index		74,491,568	
Vanguard	Inflation Protection Bond		11,487,547	
Vanguard	Target Retirement 2020		150,159,581	
Vanguard	Target Retirement 2025		227,238,923	
Vanguard	Target Retirement 2030		260,441,299	
Vanguard	Target Retirement 2035		231,550,562	
Vanguard	Target Retirement 2040		171,705,607	
Vanguard	Target Retirement 2045		124,060,895	
Vanguard	Target Retirement 2050		77,197,566	
Vanguard	Target Retirement 2055		31,907,964	
Vanguard	Target Retirement 2060		15,744,410	
Vanguard	Target Retirement 2065		1,857,703	
Vanguard	Target Retirement 2070		2,964,765	
Vanguard	Target Retirement Income		107,962,058	
Vanguard	Total International Stock		31,238,543	
Vanguard	Total Stock Market		102,405,964	
Total Mutual Funds			1,646,982,181	
Total Investment:			\$ 2,976,139,000	

* A party-in-interest, as defined by ERISA.

** The cost of participant-directed investments is not required to be disclosed.

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	LOOMIS CORE PL BD Y - SS&C GLOBAL INVESTOR AND DISTRIBUTION SOLUTIO	1345 AVENUE OF THE AMERICAS NEW YORK NY US 10105	0.20%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MET POLICY CREDIT	200 Park Avenue NEW YORK NY US 10166	0.25%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	METLIFE FIXED-OLD	200 Park Avenue NEW YORK NY US 10166	0.25%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	INVESCO ENERGY CLA	11 GREENWAY PLAZA STE 100 HOUSTON TX US 77046	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	INVESCO EQUALLY WEIGHTED S&P 500 A	11 GREENWAY PLAZA STE 100 HOUSTON TX US 77046	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AMG FRONTIER SM CAP GRWTH CL N	600 STEAMBOAT RD STE 300 GREENWICH CT US 06830	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AMG RIVER ROAD LRG CAP VALUE SELECT	600 STEAMBOAT RD STE 300 GREENWICH CT US 06830	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AQR DIVERSIFYING STRATEGIES FD CL	1 GREENWICH PLAZA GREENWICH CT US 06830	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AQR RISK BALANCED COMMOD STRATEGY F	1 GREENWICH PLAZA GREENWICH CT US 06830	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AQR LRG CAP DEFENSIVE STYLE CL N	1 GREENWICH PLAZA GREENWICH CT US 06830	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	CAMBIAR INTL EQUITY INVT CL	1 FREEDOM VALLEY DR OAKS PA US 19456	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	ADVISORS PREFERRED QUANTIFIED STF I	1445 RESEARCH BLVD STE 530 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GQG PARTNERS GLOBAL QUALITY EQ INVE	1 FREEDOM VALLEY DR OAKS PA US 19456	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	ECOFIN GLOBAL REN INFRASTRUCTURE IN	140 WILLIAM STREET MELBOURNE AU	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	INVESCO INTL SM MID COMPANY A	11 GREENWAY PLAZA STE 100 HOUSTON TX US 77046	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	ALGER GROWTH & INC FD CL Z	600 PLAZA ONE 6TH FL JERSEY CITY NJ US 07311	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	ALGER SM CAP GROWTH INSTL FD CL	600 PLAZA ONE 6TH FL JERSITY CITY NJ US 07311	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AB GLOBAL BOND ADVISOR CL	8000 IH 10 W STE 1400 14TH FL SAN ANTONIO TX US 78230	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AB LRG CAP GROWTH CL A	8000 IH 10 W STE 1400 14TH FL SAN ANTONIO TX US 78230	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	HILLMAN VALUE FD	7250 WOODMONT AVE STE 310 BETHESDA MD US 20814	0.10%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AMANA MUTUAL FD TRUST INC	1300 NORTH STATE ST BELLINGHAM WA US 98225	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AMANA MUTUAL FD TRUST GROWTH	1300 NORTH STATE ST BELLINGHAM WA US 98225	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AMANA PARTICIPATION FD INVT CLA	1300 NORTH STATE ST BELLINGHAM WA US 98225	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AMERICAN BALANCED CL F1	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AMERICAN BEACON ARK TRANS INNOVTN I	220 E LAS COLINAS BLVD STE 1200 IRVING TX US 75039	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AMERICAN BEACON TOCQUEVILLE INT VAL	220 E LAS COLINAS BLVD STE 1200 IRVING TX US 75039	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AMERICAN CENTURY SHTDUR STRAT INC I	4400 MAIN ST 1ST FL KANSAS CITY MO US 64111	0.25%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AVANTIS US LRG CAP VALUE FD INSTL	4400 MAIN ST 1ST FL KANSAS CITY MO US 64111	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AVANTIS US SM CAP VALUE FD	4400 MAIN ST 1ST FL KANSAS CITY MO US 64111	0.04%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AVANTIS INTL SM CAP VALUE FD	4400 MAIN ST 1ST FL KANSAS CITY MO US 64111	0.05%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AMERICAN CENTURY EQUITY INC CL I	4400 MAIN ST 1ST FL KANSAS CITY MO US 64111	0.07%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AMERICAN CEN FOCUSED DYNAMIC GROWTH	4400 MAIN ST 1ST FL KANSAS CITY MO US 64111	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AMERICAN CENTURY GLOBAL GOLD INV CL	4400 MAIN ST 1ST FL KANSAS CITY MO US 64111	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AMERICAN CENTURY LRG CAP EQUITY I	4400 MAIN ST 1ST FL KANSAS CITY MO US 64111	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AMERICAN US GOV T SECURITIES CL	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	ARISTOTLE VALUE EQTY CL I 2	2220 E. ROUTE 66 SUITE 226 GLEN DORA CA US 91740	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	ARTISAN DEVELOPING WORLD FD INVESTO	875 E WISCONSIN AVE STE 800 MILWAUKEE WI US 53202	0.39%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	ARTISAN HIGH INC FD ADVISOR	875 E WISCONSIN AVE STE 800 MILWAUKEE WI US 53202	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	ARTISAN HIGH INC FD INVT	875 E WISCONSIN AVE STE 800 MILWAUKEE WI US 53202	0.39%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	ARTISAN GLOBAL OPPORTUNITIES INV	875 E WISCONSIN AVE STE 800 MILWAUKEE WI US 53202	0.39%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BBH INC FD CL I	140 BROADWAY NEW YORK NY US 10005	0.05%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BNY MELLON NATURAL RESOURCES A	144 GLENN CURTISS BLVD 8TH FL UNIONDALE NY US 11556	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BNY MELLON DYNAMIC VALUE A	144 GLENN CURTISS BLVD 8TH FL UNIONDALE NY US 11556	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	CHAUTAUQUA INTL GROWTH FD CL I	777 E. WISCONSIN AVE 18TH FL MILWAUKEE WI US 53202	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BAIRD INTERMEDIATE BOND FD CL INV	777 E. WISCONSIN AVE 18TH FL MILWAUKEE WI US 53202	0.27%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BAIRD ULT SHORT BOND FD INSTL	777 E. WISCONSIN AVE 18TH FL MILWAUKEE WI US 53202	0.03%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BAIRD MID CAP INSTL CL SHS	777 E. WISCONSIN AVE 18TH FL MILWAUKEE WI US 53202	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BAIRD AGGREGATE BOND FD INSTL	777 E. WISCONSIN AVE 18TH FL MILWAUKEE WI US 53202	0.03%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BAIRD CORE PLUS BOND FD INVT CL	777 E. WISCONSIN AVE 18TH FL MILWAUKEE WI US 53202	0.27%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BARON OPPORTUNITY FD	767 5TH AVE 49TH FL NEW YORK NY US 10153	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BARON DURABLE ADVANTAGE FD INSTL	767 5TH AVE 49TH FL NEW YORK NY US 10153	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BARON DURABLE ADVANTAGE FD RETAIL	767 5TH AVE 49TH FL NEW YORK NY US 10153	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BARON SM CAP FDINSTL CL	767 5TH AVE 49TH FL NEW YORK NY US 10153	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BARON DISCOVERY FD INSTL SHARES	767 5TH AVE 49TH FL NEW YORK NY US 10153	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BARON INTERNATIONAL GROWTH FD	767 5TH AVE 49TH FL NEW YORK NY US 10153	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BARON EMERGING MARKETS FD RETAIL	767 5TH AVE 49TH FL NEW YORK NY US 10153	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BERKSHIRE FOCUS FD	475 MILAN DR STE 103 SAN JOSE CA US 95134	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BLACKROCK HEALTH SCIENCES OPP PRT A	40 EAST 52ND ST NEW YORK NY US 10022	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BLACKROCK NATURAL RESOURCES TR CL A	40 EAST 52ND ST NEW YORK NY US 10022	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BLACKROCK STRATEGIC GLOBAL BD FD I	40 EAST 52ND ST NEW YORK NY US 10022	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BLACKROCK IMPACT MORTGAGE INV A	40 EAST 52ND ST NEW YORK NY US 10022	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BLACKROCK STRATEGIC INC OPPRTSI	40 EAST 52ND ST NEW YORK NY US 10022	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BLUEBAY DESTRA INTNL EVENT DRIVEN C	ONE N. WACKER DR. 48TH FL CHICAGO IL US 60606	0.20%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BLUEROCK TOTAL INC REAL ESTATE CL	27777 FRANKLIN ROAD STE 900 SOUTHFIELD MI US 48034	0.20%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BNY MELLON S&P 500 INDEX FD	144 GLENN CURTISS BLVD 8TH FL UNIONDALE NY US 11556	0.30%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BNY MELLON SMCAP STOCK INDEX INV	144 GLENN CURTISS BLVD 8TH FL UNIONDALE NY US 11556	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BOSTON TRUST WALDEN EQUITY FD	1 BEACON ST 33RD FL BOSTON MA US 02108	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BOSTON TRUST WALDEN SM CAP FD	1 BEACON ST 33RD FL BOSTON MA US 02108	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BOSTON TRUST WALDEN SMID CAP FD	1 BEACON ST 33RD FL BOSTON MA US 02108	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BRIDGEWAY OMNI SM CAP VALUE	20 GREENWAY PLAZA STE 450 HOUSTON TX US 77046	0.06%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BROWN ADVISORY SUSTAIN GROWTH INST	777 E. WISCONSIN AVE 4TH FL MILWAUKEE WI US 53202	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BROWN ADVISORY SM CAP FNDMTL VAL	777 E. WISCONSIN AVE 4TH FL MILWAUKEE WI US 53202	0.08%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BUFFALO MID CAP DISCOVERY	615 E. MICHIGAN ST MILWAUKEE WI US 53202	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	CALVERT ULT SHORT DURATION INC	4550 MONTGOMERY AVE STE 1000 N BETHESDA MD US 20814	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	CALVERT EQUITY FD CL I	4550 MONTGOMERY AVE STE 1000 N BETHESDA MD US 20814	0.10%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	CALVERT SM CAP CL A	4550 MONTGOMERY AVE STE 1000 N BETHESDA MD US 20814	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	CALVERT INTERNTL RESPONSIBLE INDEX	4550 MONTGOMERY AVE STE 1000 N BETHESDA MD US 20814	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	CALVERT US LRG CAP VAL RESPONDS INDE	4550 MONTGOMERY AVE STE 1000 N BETHESDA MD US 20814	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	CALVERT EMERGING MARKETS EQUITY CL	4550 MONTGOMERY AVE STE 1000 N BETHESDA MD US 20814	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AMERICAN CAPT INC BUILDER CL	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	FULLERTHALER BEHV SM CAP GROWTH INS	411 BOREL AVE STE 300 SAN MATEO CA US 94402	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	FULLERTHALER BEHV SM CAP EQTY IN	411 BOREL AVE STE 300 SAN MATEO CA US 94402	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	CARLYLE TACTICAL PRIVATE CREDIT N	520 MADISON AVE NEW YORK NY US 10010	0.20%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	CAUSEWAY INTERNATNALVALUE INSTL	P. O. BOX 1100 OAKS PA US 19456	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	CAUSEWAY INTERNL SM CAP INVT FD	P. O. BOX 1100 OAKS PA US 19456	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

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

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	COLUMBIA SELIGMAN TECH AND INFO CL	225 FRANKLIN ST BX25 10320 BOSTON MA US 02110	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	COLUMBIA CORPORATE INC FD CL I	225 FRANKLIN ST BX25 10320 BOSTON MA US 02110	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	CONESTOGA SM CAP INVT CL	225 PICTORIA DR STE 450 CINCINNATI OH US 45246	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DFA US SUSTAIN CORE 1 PORTFOLIO I	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DFA INTERNATIONAL CORE EQUITY	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%

SCHEDULE C SUPPLEMENTAL REPORT

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

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FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DFA US CORE EQUITY II	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DFA US CORE EQUITY I	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DFA EMERGING MRKTS CORE EQU PORTF	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DFA US MICRO CAP PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DFA US TARGETED VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%

SCHEDULE C SUPPLEMENTAL REPORT

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

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FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DFA INTERNATIONAL SM COMPANY POR	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DFA INT L SM CAP VALUE	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DFA US SM CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DFA US LRG CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DFA US SM CAP PORTFOLIO INSTL CL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DFA INVESTMENT GRADE PORTFOLIO INST	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DFA GLOBAL REAL ESTATE SEC PORTFOLI	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DWS GLOBAL INFRASTRUCTURE FD A	280 PARK AVE 9TH FLR NEW YORK NY US 10026	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DFA GLB SUSTAINABLTY FIXED INC I	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DFA SOCIAL FIXED INC PORT INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DIAMOND HILL CORE BOND FD CL I	325 JOHN H MCCONNELL BLVD STE 200 COLUMBUS OH US 43215	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DFA INTERNATIONAL VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DIMENSIONAL GLOBAL EQUITY PORT INST	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DOMINI IMPACT BOND INVT	536 BROADWAY 7TH FL NEW YORK NY US 10012	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DOMINI IMPACT INTL EQUITY INVT	536 BROADWAY 7TH FL NEW YORK NY US 10012	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DOUBLELINE TOTAL RETURN BOND FD CL	777 EAST WISCONSIN AVE MILWAUKEE WI US 53202	0.06%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DOUBLELINE TOTAL RT BOND FD CL N	777 EAST WISCONSIN AVE MILWAUKEE WI US 53202	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DOUBLELINE MULTI ASSET TREND FD N	777 EAST WISCONSIN AVE MILWAUKEE WI US 53202	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DRIEHAUS EMERGING MARKETS SM CAP GR	25 EAST ERIE ST CHICAGO IL US 60611	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	EATON VANCE FLOATINGRATE FD CL	TWO INTERNATIONAL PLACE BOSTON MA US 02110	\$16.00

SCHEDULE C SUPPLEMENTAL REPORT

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

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FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PARAMETRIC COMMODITYSTRATEGIC CL I	TWO INTERNATIONAL PLACE BOSTON MA US 02110	\$16.00
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	EATON VANCE GL MACROABSOLUTE RTRN A	TWO INTERNATIONAL PLACE BOSTON MA US 02110	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AMERICAN EUROPACIFICGROWTH FD CL	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	FPA QUEENS ROAD SM CAP VALUE INVSTR	11601 WILSHIRE BLVD STE 1200 LOS ANGELES CA US 90025	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	FMI INTERNATIONAL	777 EAST WISCONSIN AVE MILWAUKEE WI US 53202	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	FEDERATED HERMES KAUFMANN LG CAP A	4000 ERICSSON DR WARRENDALE PA US 150867515	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	FEDERATED HERMES KAUFMANN SM CAP A	4000 ERICSSON DR WARRENDALE PA US 150867515	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	FEDERATED HERMES OPPOR HIGH YLD BD	4000 ERICSSON DR WARRENDALE PA US 150867515	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	FEDERATED HERMES INSTL HIGH YLD BD	4000 ERICSSON DR WARRENDALE PA US 150867515	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	FEDERATED HERMES SH TERM INC CL	4000 ERICSSON DR WARRENDALE PA US 150867515	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	FEDERATED HERMES PRUDENT BEAR CL A	4000 ERICSSON DR WARRENDALE PA US 150867515	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	FAM DIVIDEND FOCUS FD	384 NORTH GRAND ST COBLESKILL NY US 12043	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	ALPS SMITH TOTAL RETURN BOND CL I	1290 BROADWAY STE 1100 DENVER CO US 80203	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	FIRST EAGLE GLOBAL INC BUILDER C	1345 AVE OF THE AMERICAS 48TH FLR NEW YORK NY US 10105	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	FIRST EAGLE CREDIT OPPORTUNITIES	1345 AVE OF THE AMERICAS 48TH FLR NEW YORK NY US 10105	0.20%

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	FRANKLIN EQUITY INC FD A	100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716	\$16.00
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	POLEN GROWTH FD INST L SHARES	1825 NW CORPORATE BLVD STE 300 BOCA RATON FL US 33431	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GMO QUALITY FD INSTL	40 ROWES WHARF BOSTON MA US 02110	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GABELLI SM CAP GROWTH AAA	401 THEODORE FREMD. AVE. RYE NY US 10580	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GABELLI EQUITY INC FD AAA	401 THEODORE FREMD. AVE. RYE NY US 10580	0.35%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MONDRIAN INTERNATIONAL EQUITY	10 GRESHAM ST 5TH FL LONDON GB	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GLENMEDE LRG CAP GROWTH	1650 MARKET ST. STE 1200 PHILADELPHIA PA US 19103	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GOEHRING & ROZENCWAJG RES INSTL	1290 BROADWAY ST STE 1100 DENVER CO US 80203	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GOLDMAN SACHS INC BUILDER FD I	71 S. WACKER DR 4TH FL CHICAGO IL US 60606	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GOLDMAN SACHS EMERGING MARKETS A	71 S. WACKER DR 4TH FL CHICAGO IL US 60606	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GOLDMAN SACHS INTL EQUITY INC CL	71 S. WACKER DR 4TH FL CHICAGO IL US 60606	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GOLDMAN SACHS GQG PARTNERS INTL OPP	71 S. WACKER DR 4TH FL CHICAGO IL US 60606	0.17%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GOLDMAN SACHS GQG PART INTERNTL OPP	71 S. WACKER DR 4TH FL CHICAGO IL US 60606	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GREEN CENTURY BALANCED	114 STATE ST. STE. 200 BOSTON MA US 02111	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GREEN CENTURY EQUITY	114 STATE ST. STE. 200 BOSTON MA US 02111	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GREEN CENTURY MSCI INTL INDEX INVES	114 STATE ST. STE. 200 BOSTON MA US 02111	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GUGGENHEIM TOTAL RETURN BOND FD INS	9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GUGGENHEIM TOTAL RETURN BOND CL P	9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JOHN HANCOCK FDMTL LRG CAP CORE CL	601 CONGRESS ST. 9TH FL. BOSTON MA US 02210	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	HARDING LOEVNER INTL EQUITY PORT IN	PO BOX 4766 CHICAGO IL US 60680	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	HARDING LOEVNER GLBLEQUITY PORT ADV	PO BOX 4766 CHICAGO IL US 60680	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	HARDING LOEVNER INTL EQUITY PORT IN	PO BOX 4766 CHICAGO IL US 60680	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	HARDING LOEVNER GLBL EQUITY PORT IN	PO BOX 4766 CHICAGO IL US 60680	0.08%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	OAKMARK FD INVT CL	111 SOUTH WACKER DR. CHICAGO IL US 60606	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	OAKMARK INTL INVT CL	111 SOUTH WACKER DR. CHICAGO IL US 60606	0.35%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	OAKMARK SELECT ADVISOR FD	111 SOUTH WACKER DR. CHICAGO IL US 60606	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	THE HARTFORD INTL OPPT FD CL I	100 MATSONFORD RD STE 300 RADNOR PA US 19087	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	HARTFORD STRATEGIC INC FD CL I	100 MATSONFORD RD STE 300 RADNOR PA US 19087	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	HARTFORD EMERGING MRKTS RESEARCH I	100 MATSONFORD RD STE 300 RADNOR PA US 19087	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	HARTFORD INTL VALUE FD CL I	100 MATSONFORD RD STE 300 RADNOR PA US 19087	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	HARTFORD SCHRODERS INTL STOCK CL I	100 MATSONFORD RD STE 300 RADNOR PA US 19087	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	HENNESSY FOCUS FD INVNT CL	7250 REDWOOD BLVD. STE 200 NOVATO CA US 94945	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	HENNESSY ENERGY TRANSITION FD INSTL	7250 REDWOOD BLVD. STE 200 NOVATO CA US 94945	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	HENNESSY GAS UTILITY INVNT CL	7250 REDWOOD BLVD. STE 200 NOVATO CA US 94945	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	HOTCHKIS & WILEY MIDCAP VALUE CL A	725 S FIGUEROA 39TH FL LOS ANGELES CA US 90017	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	HOTCHKIS & WILEY SM CAP VALUE CL	725 S FIGUEROA 39TH FL LOS ANGELES CA US 90017	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AMERICAN INC FDOF AMERICA CLAS	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	WCM FOCUSED INTL GROWTH FD INSTL	2220 EAST ROUTE 66 STE 226 GLENDDORA CA US 91740	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	FIRST TRUST MERGER ARBITRAGE CL	2220 E. ROUTE 66 STE 226 SMITHFIELD RI US 02917	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MACQUARIE MID CAP GROWTH CL A	2005 MARKET ST PHILADELPHIA PA US 19103	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JPMORGAN HEDGED EQUITY CL I	1111 POLARIS PARKWAY COLUMBUS OH US 43240	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JOHCM EMERGING MARKETS OPPORT INSTL	14 RYDER ST RYDER COURT GROUND FL LONDON GB	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	TRILLIUM ESG GLOBAL EQUITY FD INS	777 E. WISCONSIN AVE. / MAIL STOP MILWAUKEE WI US 53202	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JACOB MICRO CAP GROWTH INV CL	727 2ND ST STE 106 HERMOSA BEACH CA US 90254	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JACOB INTERNET	727 2ND ST STE 106 HERMOSA BEACH CA US 90254	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JANUS HENDERSON TRITON T	151 DETROIT ST. DENVER CO US 80206	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JANUS HENDERSON GLOB TECH & INNOV T	151 DETROIT ST. DENVER CO US 80206	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JANUS HENDERSON GL LIFE SCIENCES T	151 DETROIT ST. DENVER CO US 80206	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JANUS HENDERSON ENTERPRISE T	151 DETROIT ST. DENVER CO US 80206	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JANUS HENDERSON GLBLEQUITY INC T	151 DETROIT ST. DENVER CO US 80206	0.35%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JENSEN QUALITY GROWTH FD CL J	811 E. WISCONSIN AVE 8TH FL MILWAUKEE WI US 53202	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JOHN HANCOCK INTL GROWTH CL A	601 CONGRESS ST. 9TH FL. BOSTON MA US 02210	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JOHN HANCOCK DISCIPLINED VALUE A	601 CONGRESS ST. 9TH FL. BOSTON MA US 02210	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JPMORGAN EMERGING MKTS EQUITY CL	1111 POLARIS PARKWAY COLUMBUS OH US 43240	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JPMORGAN SM CAP EQUITY CL A	1111 POLARIS PARKWAY COLUMBUS OH US 43240	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JPMORGAN RESEARCH MKT NEUTRAL CL	1111 POLARIS PARKWAY COLUMBUS OH US 43240	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JPMORGAN VALUE ADVANTAGE CL A	1111 POLARIS PARKWAY COLUMBUS OH US 43240	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JPMORGAN STRATEGIC INC OPPTS CL	1111 POLARIS PARKWAY COLUMBUS OH US 43240	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JPMORGAN CORE BOND CL I	1111 POLARIS PARKWAY COLUMBUS OH US 43240	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JPMORGAN EQUITY INC FD CL A	1111 POLARIS PARKWAY COLUMBUS OH US 43240	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JPMORGAN LRG CAP GROWTH CL I	1111 POLARIS PARKWAY COLUMBUS OH US 43240	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JPMORGAN MORTGAGE BACKED SEC CL	1111 POLARIS PARKWAY COLUMBUS OH US 43240	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	KINETICS MARKET OPPORTUNITIES FD	470 PARK AVE SOUTH NEW YORK NY US 10016	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	KINETICS PARADIGM FD INSTIT CL	470 PARK AVE SOUTH NEW YORK NY US 10016	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	LAZARD GLOBAL LISTEDINFRASTRUCTURE	30 ROCKEFELLER PLAZA 57TH FL. NEW YORK NY US 10112	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	LEADER HIGH QUALITY FLOAT RATE INST	PO BOX 7556 PORTLAND ME US 041127556	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	CLEARBRIDGE INTERN TGROWTH FD CL I	100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	CLEARBRIDGE INTERN TGROWTH FD CL A	100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	CLEARBRIDGE LRG CAP GROWTH I	100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	LEUTHOLD GRIZZLY SHORT FD	33 SOUTH SIXTH ST. STE 4600 MINNEAPOLIS MN US 55402	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	LOOMIS SAYLES STRATEGIC INC CL A	399 BOYLSTON ST 8TH FL BOSTON MA US 02116	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	LOOMIS SAYLES GLOBALALLOCATION CLAS	399 BOYLSTON ST 8TH FL BOSTON MA US 02116	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	LOOMIS SAYLES BOND INSTL	399 BOYLSTON ST 8TH FL BOSTON MA US 02116	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	LORD ABBETT SHORT DURATION INC C	90 HUDSON ST 10TH FL JERSEY CITY NJ US 07302	0.37%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	LORD ABBETT CREDIT OPPORTUNITIES IN	90 HUDSON ST 10TH FL JERSEY CITY NJ US 07302	0.20%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	LORD ABBETT INFL FOCUSED BOND FD	90 HUDSON ST 10TH FL JERSEY CITY NJ US 07302	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	LORD ABBETT SHORT DURATION HI YIELD	90 HUDSON ST 10TH FL JERSEY CITY NJ US 07302	0.37%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MFS MID CAP VALUE CL A	111 HUNTINGTON AVE BOSTON MA US 021997632	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MFS NEW DISCOVERY VALUE FD CL A	111 HUNTINGTON AVE BOSTON MA US 021997632	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MFS RESEARCH INTL FDCL I	111 HUNTINGTON AVE BOSTON MA US 021997632	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MFS VALUE CL A	111 HUNTINGTON AVE BOSTON MA US 021997632	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MADISON MID CAP FDINSTL	550 SCIENCE DR MADISON WI US 53711	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MUHLENKAMP FD	5000 STONEWOOD DR. WEXFORD PA US 15090	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PROSPECTOR OPPORTNTY FD	370 CHURCH ST GUILFORD CT US 06437	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MANNING & NAPIER DISCIPL VALUE SER	290 WOODCLIFF DR. FAIRPORT NY US 14450	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MANNING & NAPIER HIGH YIELD BD SRS	290 WOODCLIFF DR. FAIRPORT NY US 14450	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MARSICO GLOBAL FD	235 WEST GALENA ST MILWAUKEE WI US 53212	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MFS MASS INVT GROWTH STOCK A	111 HUNTINGTON AVE BOSTON MA US 021997632	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MATTHEWS CHINA SMCOMPANIES INVES	4 EMBARCADERO CENTER STE 550 SAN FRANCISCO CA US 94111	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MATTHEWS ASIA DIVIDEND INST L	4 EMBARCADERO CENTER STE 550 SAN FRANCISCO CA US 94111	0.10%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MATTHEWS INDIA FD	4 EMBARCADERO CENTER STE 550 SAN FRANCISCO CA US 94111	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MATTHEWS ASIAN INNOVATORS FD INVST	4 EMBARCADERO CENTER STE 550 SAN FRANCISCO CA US 94111	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MERCER NON US CORE EQUITY FD I	99 HIGH STREET BOSTON MA US 02110	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MERGER FD CL A	100 SUMMIT LAKE DR 201 GREENFIELD MA US 01301	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	TCW METWEST HIGH YLDBOND CL M	865 S FIGUEROA ST 1400 LOS ANGELES CA US 90071	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MILLER CONVERTIBLE BOND CL I	20 WILLIAM ST STE G5 WELLESLEY MA US 02481	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MORGAN STANLEY DISCOVERY PORT CL A	522 FIFTH AVE 4TH FL NEW YORK NY US 10036	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MORGAN STANLEY GROWTH PORTFOLIO A	522 FIFTH AVE 4TH FL NEW YORK NY US 10036	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MORGAN STA INST INC. INCEPTION PORT	522 FIFTH AVE 4TH FL NEW YORK NY US 10036	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MORGAN STANLEY INSIGHT A	522 FIFTH AVE 4TH FL NEW YORK NY US 10036	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MORGAN STANLEY GLOBAL OPPORTUNITY A	522 FIFTH AVE 4TH FL NEW YORK NY US 10036	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MORGAN STANLEY INSTLINTERNTL OPP CL	522 FIFTH AVE 4TH FL NEW YORK NY US 10036	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	JPMORGAN GROWTH ADVANTAGE FD CL A	1111 POLARIS PARKWAY COLUMBUS OH US 43240	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	EVENTIDE GILEAD FD CL I	80 ARKAY STE 110 HAUPPAUGE NY US 11788	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	CATALYST MAP GLOBAL EQUITY CL I	80 ARKAY STE 110 HAUPPAUGE NY US 11788	0.10%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	EVENTIDE CORE BOND FD CL I	80 ARKAY STE 110 HAUPPAUGE NY US 11788	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	NATIXIS OAKMARK INTERNATIONAL CL A	399 BOYLSTON ST 8TH FL BOSTON MA US 02116	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	NEUBERGER BERMAN REAL ESTATE TRUST	1290 AVE OF THE AMERICAS 22ND FL NEW YORK NY US 10104	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	NEUBERGER BERMAN STRATEGIC INC INST	1290 AVE OF THE AMERICAS 22ND FL NEW YORK NY US 10104	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	NEUBERGER BERMAN LONG SHORT INSTL	1290 AVE OF THE AMERICAS 22ND FL NEW YORK NY US 10104	0.10%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AMERICAN NEW PERSPECTIVE CL F1	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AMERICAN NEW PERSPECTIVE CL F2	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AMERICAN NEW WORLD FD CL F2	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	ALTEGRIS FUTURES EVOLUTION CL A	1200 PROSPECT ST STE 400 LAJOLLA CA US 92037	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	ALTEGRIS AACA OPPORTREAL ESTATE FD	1200 PROSPECT ST STE 400 LAJOLLA CA US 92037	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PFG GLOBAL EQUITY INDEX STRATEGY CL	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PFG MFS AGGRESSIVE GROWTH STRATEGY	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PFG JP MORGAN TACTICAGGRESSIVE STRA	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PFG BNY MELLON DIVERSIFIER STRAT R	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PFG MEEDER TACTICAL STRATEGY FD R	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

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

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PFG AMERICAN FDS GROWTH STRAT CL	777 108TH AVE NE STE 2100 BELLEVUE WA US 98004	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	RED OAK TECHNOLOGY SELECT	225 PICTORIA DR STE 450 CINCINNATI OH US 45246	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	LIVE OAK HEALTH SCIENCES FD	225 PICTORIA DR STE 450 CINCINNATI OH US 45246	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	OBERWEIS INTL OPPORTUNITIES INVSTR	3333 WARRENVILLE RD STE. 500 LISLE IL US 60532	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PIMCO SHORT TERM CL A	1633 BROADWAY NEW YORK NY US 10019	0.38%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PIMCO INTL BD FD U SDOLLAR HEDGED A	1633 BROADWAY NEW YORK NY US 10019	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PARNASSUS MID CAP GROWTH FD INVST	1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO CA US 94105	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PARNASSUS MID CAP FD INSTITUTIONAL	1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO CA US 94105	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PARNASSUS VALUE EQUITY INVT	1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO CA US 94105	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PARNASSUS MID CAP	1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO CA US 94105	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PARNASSUS CORE EQUITY INVT	1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO CA US 94105	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PARNASSUS FIXED INC FD	1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO CA US 94105	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PARNASSUS CORE EQUITY INSTL	1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO CA US 94105	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	IMPAX GLOBAL ENVIRON MARKETS INSTL	1290 BROADWAY STE 1100 DENVER CO US 80203	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	IMPAX GLOBAL ENVIRONMARKETS INVESTO	1290 BROADWAY STE 1100 DENVER CO US 80203	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	IMPAX HIGH YIELD BOND INSTITL CL	1290 BROADWAY STE 1100 DENVER CO US 80203	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	IMPAX SM CAP FD INVT CL	1290 BROADWAY STE 1100 DENVER CO US 80203	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	IMPAX ELLEVATE GLBL WOMENS LDERSP I	1290 BROADWAY STE 1100 DENVER CO US 80203	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PIMCO INTL BOND FD UNHEDGED A	1633 BROADWAY NEW YORK NY US 10019	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PIMCO COMMODITY REALRETURN STRAT A	1633 BROADWAY NEW YORK NY US 10019	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PIMCO INVESTMENT GR CREDIT BOND FUN	1633 BROADWAY NEW YORK NY US 10019	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PIMCO ALL ASSET ALLAUTHORITY FD CL	1633 BROADWAY NEW YORK NY US 10019	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PIMCO DIVERSIFIED INC FD CL A	1633 BROADWAY NEW YORK NY US 10019	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PIMCO INC FD CL A	1633 BROADWAY NEW YORK NY US 10019	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PIMCO STOCKSPPLUS SHORT FD A	1633 BROADWAY NEW YORK NY US 10019	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PIMCO RAE FDAMNTALADVTG PLUS FD	1633 BROADWAY NEW YORK NY US 10019	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PIMCO COMMODITIES PLUS STRATEGY CL	1633 BROADWAY NEW YORK NY US 10019	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PIMCO TRENDS MANAGEDFUTURES STRATEG	1633 BROADWAY NEW YORK NY US 10019	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PIMCO COMMODITYREAL RETURN STRATEGY	1633 BROADWAY NEW YORK NY US 10019	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PIMCO RAE US SM FD A	1633 BROADWAY NEW YORK NY US 10019	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PIONEER ILS INTERVAL FD COMMON	60 STATE ST 17TH FL. BOSTON MA US 02109	0.20%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PIONEER STRATEGIC INC CL A	60 STATE ST 17TH FL. BOSTON MA US 02109	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PIONEER MULTI ASSET ULTSHORT INCO	60 STATE ST 17TH FL. BOSTON MA US 02109	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	T ROWE PRICE GLOBAL VALUE EQUITY IN	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	T ROWE PRICE COMM & TECHNOLOGY INVE	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	T ROWE PRICE RET 2020 FD	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	T ROWE PRICE RET 2030 FD	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PRIMECAP ODYSSEY GROWTH FD	2020 E. FINANCIAL WAY STE 100 GLEN DORA CA US 91741	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PRINCIPAL REAL ESTATE SEC INSTL CL	620 COOLIDGE DR STE 300 FOLSOM CA US 95630	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PRINCIPAL MID CAP FD CL A	620 COOLIDGE DR STE 300 FOLSOM CA US 95630	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PRINCIPAL SM MID CAP DIVIDEND IN	620 COOLIDGE DR STE 300 FOLSOM CA US 95630	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AKRE FOCUS FD RETAIL	777 E. WISCONSIN AVE. 4TH FL MILWAUKEE WI US 53202	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	THE OSTERWEIS STRATEGIC INC FD	777 E. WISCONSIN AVE 4TH FL MILWAUKEE WI US 53202	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	NASDAQ 100 PRO FD INVT CL	7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA MD US 20814	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	ULT SHORT DOW 30 INVT SHARES	7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA MD US 20814	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	BITCOIN STRATEGY FD INVT	7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA MD US 20814	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PUTNAM LRG CAP VALCL A	1 POST OFFICE SQ MAILZONE G3C BOSTON MA US 02109	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PUTNAM LRG CAP VAL FD CL Y	1 POST OFFICE SQ MAILZONE G3C BOSTON MA US 02109	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PUTNAM GLOBAL TECHNOLOGY FD CL A	1 POST OFFICE SQ MAILZONE G3C BOSTON MA US 02109	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PUTNAM FOCUSED EQ FD CL A	1 POST OFFICE SQ MAILZONE G3C BOSTON MA US 02109	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	T ROWE PRICE DIVIDEND GROWTH	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	T ROWE PRICE U.S EQUITY RESEARCH FD	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	T ROWE PRICE BLUE CHIP GROWTH INC	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	T ROWE PRICE EQUITY INDEX 500 FD	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	T ROWE PRICE ALL CAPOPPORTUNITIES I	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	T ROWE PRICE EMERG MRKTS CORP BD IN	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	T ROWE PRICE AFRICA & MIDDLE EAST F	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	T ROWE PRICE OVERSEAS STOCK FD	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	T ROWE PRICE GLOBAL STOCK	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	T ROWE PRICE VALUE	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	T ROWE PRICE SM CAP VALUE FD	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	T ROWE PRICE INTRTD US SM CAP GR EQ	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	RYDEX INVERSE NASDAQ 1002X CL H	9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	RYDEX INVERSE S&P 500 STRATEGY INV	9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	RYDEX NASDAQ 100 INV CL	9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	RYDEX INVERSE S&P 500 2X STRATEGY C	9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	RYDEX MONTHLY REBAL NASDAQ 100 2X S	9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	RYDEX NASDAQ 100 FD CL H	9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	ICON NATURAL RES AND INFRA FD INS	P.O. BOX 87 DENVER CO US 802010087	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	SCHWARTZ VALUE	801 W. ANN ARBOR TRAIL STE 244 PLYMOUTH MI US 48170	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	AVE MARIA GROWTH	801 W. ANN ARBOR TRAIL STE 244 PLYMOUTH MI US 48170	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VERITY U.S TREASURY FD	14505 BALLANTYNE LAKE RD CHARLOTTE NC US 28277	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	SHELTON NASDAQ 100 INDEX INVT	P.O. BOX 87 DENVER CO US 802010087	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	STONE RIDGE HIGH YLD REINSRNCE RSK	510 MADISON AVE NEW YORK NY US 10022	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	TCW CORE FIX ED INC CL I	865 S FIGUERA ST 22ND FL LOS ANGELES CA US 90071	0.10%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	TCW EMERGING MKTS INC CL I	865 S FIGUERA ST 22ND FL LOS ANGELES CA US 90071	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	NUVEEN CORE IMPACT BOND R6	333 WEST WACKER DR NEW YORK NY US 10017	0.06%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	THIRD AVENUE VALUE FD INVT CL	622 THIRD AVE 32 FL NEW YORK NY US 10017	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	THOMPSON BOND FD	1255 FOURIER DR STE 200 MADISON WI US 53717	0.25%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	THORNBURG STRATEGIC INC FD CL	2300 NORTH RIDGETOP RD SANTA FE NM US 87506	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	THORNBURG SM MID CAP GROWTH FD	2300 NORTH RIDGETOP RD SANTA FE NM US 87506	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	THORNBURG ULT SHORT INC I	2300 NORTH RIDGETOP RD SANTA FE NM US 87506	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	THRIVENT SM CAP STOCK FD CL S	4321 N. BALLARD ROAD APPLETON WI US 549190001	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	THRIVENT MID CAP STOCK FD CL S	4321 N. BALLARD ROAD APPLETON WI US 549190001	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	TOUCHSTONE SANDS CAP EMERG MRKTS GR	303 BROADWAY STE 1100 CINCINNATI OH US 452024203	0.07%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	TRANSAMERICA MID CAP VALUE OPPORT C	4333 EDGEWOOD RD NE CEDAR RAPIDS IA US 52499	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	TRANSAMERICA CAPT GROWTH CL I	4333 EDGEWOOD RD NE CEDAR RAPIDS IA US 52499	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	PERFORMANCE TRUST TOTAL RETRN BND I	500 WEST MADISON STE 470 CHICAGO IL US 60661	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	CROSSBRIDGE LOW DUR HIGH INC INS	615 E. MICHIGAN ST MILWAUKEE WI US 53202	0.08%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VICTORY SUSTAINABLE WORLD FD A	4900 TIEDEMAN RD 4TH FL BROOKLYN OH US 44114	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VICTORY SCIENCE & TECHNOLOGY FD A	4900 TIEDEMAN RD 4TH FL BROOKLYN OH US 44114	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VICTORY NASDAQ 100 INDEX FD CL A	4900 TIEDEMAN RD 4TH FL BROOKLYN OH US 44114	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VICTORY NASDAQ 100 INDEX FD	4900 TIEDEMAN RD 4TH FL BROOKLYN OH US 44114	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	UNDISCOVERED MGRS BEHAVIOR VALUE CL	1111 POLARIS PARKWAY COLUMBUS OH US 43240	0.08%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	WORLD PRECIOUS MINERALS FD	3 CANAL PLAZA STE 600 PORTLAND ME US 04101	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	GOLD AND PRECIOUS METALS FD	3 CANAL PLAZA STE 600 PORTLAND ME US 04101	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VALUE LINE MID CAP FOCUSED INVT	7 TIMES SQUARE STE 1606 NEW YORK NY US 10036	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VALUE LINE SM CAP OPPORT CL INST	7 TIMES SQUARE STE 1606 NEW YORK NY US 10036	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VARIANT ALTERNATIVE INC FD INS	10300 SW GREENBURG ROAD STE 308 PORTLAND OR US 97223	0.20%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VERSUS CAPT REAL ASSETS CL I	5555 DTC PARKWAY STE 330 GREENWOOD VILLAGE CO US 80111	0.20%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VICTORY RS GLOBAL FD CL Y	4900 TIEDEMAN RD 4TH FL BROOKLYN OH US 44114	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VICTORY RS GLOBAL FD CL A	4900 TIEDEMAN RD 4TH FL BROOKLYN OH US 44114	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VIRTUS KAR SM CAP GROWTH FD CL	100 SUMMIT LAKE DR 201 GREENFIELD MA US 01301	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VIRTUS KAR MID CAP GROWTH FD CL A	100 SUMMIT LAKE DR 201 GREENFIELD MA US 01301	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VIRTUS KAR INTL SM MID CAP I	100 SUMMIT LAKE DR 201 GREENFIELD MA US 01301	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VIRTUS ZEVENBERGEN INNOVATIVE GR ST	100 SUMMIT LAKE DR 201 GREENFIELD MA US 01301	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VIRTUS DUFF & PHELPS WATER FD A	100 SUMMIT LAKE DR 201 GREENFIELD MA US 01301	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VIRTUS CONVERTIBLE FD A	100 SUMMIT LAKE DR 201 GREENFIELD MA US 01301	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	WASATCH ULT GROWTH	505 WAKARA WAY STE 300 SALT LAKE CITY UT US 84108	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	WASATCH INTERNATIONAL GROWTH	505 WAKARA WAY STE 300 SALT LAKE CITY UT US 84108	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	WASATCH EMG MRKTS SELECT FD INSTL	505 WAKARA WAY STE 300 SALT LAKE CITY UT US 84108	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	WASATCH EMERGING MARKETS SELECT FUN	505 WAKARA WAY STE 300 SALT LAKE CITY UT US 84108	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	WEITZ CORE PLUS INC FD INVT	1125 SOUTH 103RD ST OMAHA NE US 68124	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	WEITZ SHORT DURATIONINC FD INVES	1125 SOUTH 103RD ST OMAHA NE US 68124	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	ALLSPRING DISCOVERY INNOVATION FD C	525 MARKET ST MAC A0103 122 SAN FRANCISCO CA US 94105	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	ALLSPRING INTRNATNL EQUITY FD INST	525 MARKET ST MAC A0103 122 SAN FRANCISCO CA US 94105	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	WESTERN ASSET CORE PLUS BOND FD I	100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	APPLIED FIN EXPLORERFD INVT	8730 STONY POINT PKWY STE 205 RICHMOND VA US 23235	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	LDR REAL ESTATE VALUE OPPORTUNITY P	8730 STONY POINT PKWY STE 205 RICHMOND VA US 23235	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	VEST US LRG CAP 20 BUFFER INVST	8730 STONY POINT PKWY STE 205 RICHMOND VA US 23235	0.40%

Boston University Retirement Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
EIN: 04-2103547 **Plan No.: 002**

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value	
Self-Directed Brokerage				
* Fidelity	BrokerageLink	\$	249,127,237	
Pooled Separate Account				
* TIAA	Real Estate		15,131,582	
Guaranteed Annuity Contract				
* TIAA	Traditional Non-Benefit Responsive Fund		427,395,846	
MetLife	Fixed Account		1,732,212	
Total Guaranteed Annuity Contract			429,128,058	
Fully Benefit-Responsive Investment Contract				
* New York Life	Guaranteed Interest Account		11,220,783	
Variable Annuity Contract				
* CREF	CREF Stock R3		367,069,053	
* CREF	CREF Social Choice R3		23,893,718	
* CREF	CREF Global Equities R3		31,700,474	
* CREF	CREF Growth R3		71,625,647	
* CREF	CREF Equity Index R3		44,109,884	
* CREF	CREF Inflation-Linked Bond R3		10,920,273	
* CREF	CREF Core Bond R3		12,034,614	
* CREF	CREF Money Market R3		26,848,685	
Total Variable Annuity Contract			588,202,348	
Money Market Fund				
Vanguard	Federal Money Market Fund		36,346,811	
Mutual Funds				
Loomis	Core Plus Bond fund		19,627,230	
PIMCO	Inflation Response Multi Asset		4,939,996	
Vanguard	FTSE Social Index		74,491,568	
Vanguard	Inflation Protection Bond		11,487,547	
Vanguard	Target Retirement 2020		150,159,581	
Vanguard	Target Retirement 2025		227,238,923	
Vanguard	Target Retirement 2030		260,441,299	
Vanguard	Target Retirement 2035		231,550,562	
Vanguard	Target Retirement 2040		171,705,607	
Vanguard	Target Retirement 2045		124,060,895	
Vanguard	Target Retirement 2050		77,197,566	
Vanguard	Target Retirement 2055		31,907,964	
Vanguard	Target Retirement 2060		15,744,410	
Vanguard	Target Retirement 2065		1,857,703	
Vanguard	Target Retirement 2070		2,964,765	
Vanguard	Target Retirement Income		107,962,058	
Vanguard	Total International Stock		31,238,543	
Vanguard	Total Stock Market		102,405,964	
Total Mutual Funds			1,646,982,181	
Total Investment:			\$ 2,976,139,000	

* A party-in-interest, as defined by ERISA.

** The cost of participant-directed investments is not required to be disclosed.