

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

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 [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [ ] a single-employer plan [ ] a DFE (specify) [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN
1b Three-digit plan number (PN): 335
1c Effective date of plan: 06/01/1976
2a Plan sponsor's name (employer, if for a single-employer plan): TENET HEALTHCARE CORPORATION
Mailing address: 14201 DALLAS PARKWAY, DALLAS, TX 75254
2b Employer Identification Number (EIN): 95-2557091
2c Plan Sponsor's telephone number: 469-893-6538
2d Business code (see instructions): 622000

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

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

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

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	149730
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	107575
	<b>6a(2)</b>	103052
	<b>6b</b>	1820
	<b>6c</b>	40531
	<b>6d</b>	145403
	<b>6e</b>	600
	<b>6f</b>	146003
	<b>6g(1)</b>	110599
	<b>6g(2)</b>	108703
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

**a Pension Schedules**

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 7
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**NEW YORK LIFE**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	GA29030	16823	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
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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	
0			

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	0
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	52835859

**6** Contracts With Allocated Funds:

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

**b** Premiums paid to carrier ..... **6b** 0

**c** Premiums due but unpaid at the end of the year ..... **6c** 0

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d** 0  
 Specify nature of costs ▶

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	0
	<b>7c(2)</b>	0
	<b>7c(3)</b>	0
	<b>7c(4)</b>	0
	<b>7c(5)</b>	0
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	0
	<b>7e(2)</b>	0
	<b>7e(3)</b>	0
	<b>7e(4)</b>	0
(5) Total deductions .....	<b>7e(5)</b>	0
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

**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**

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

**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  
**NATIONWIDE LIFE INSURANCE**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>31-4156830</b>	<b>66869</b>	<b>STATHCIP1016</b>	<b>16823</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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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>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:

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

**b** 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. .... **6d**  
 Specify nature of costs ▶

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	72448314
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	1937292
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	1937292
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	74385606
<b>e</b> Deductions:		
	<b>7e(1)</b>	7233000
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(5) Total deductions .....	<b>7e(5)</b>	7233000
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	67152606

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

**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**

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

**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  
**THE PRUDENTIAL INSURANCE COMPANY OF AMERICA**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>22-1211670</b>	<b>68241</b>	<b>062169</b>	<b>16823</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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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>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:

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

**b** 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. .... **6d**  
 Specify nature of costs ▶

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	100751296
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	2003473
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	2003473
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	102754769
<b>e</b> Deductions:	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	9926000
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	92828769

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**PACIFIC LIFE**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-1079000	67466	G027341010001	16823	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	

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> <span style="float: right;">91587878</span>
<b>c</b>	(1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> <span style="float: right;">2469604</span>
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> <span style="float: right;">2469604</span>
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> <span style="float: right;">94057482</span>
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> <span style="float: right;">9145000</span>
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b> <span style="float: right;">9145000</span>	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> <span style="float: right;">84912482</span>

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

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

**1 Coverage Information:**

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	MDA01115TR	16823	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	

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

**b** Balance at the end of the previous year ..... **7b** 93210161

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	2337783
	<b>7c(4)</b>	
	<b>7c(5)</b>	

(6) Total additions ..... **7c(6)** 2337783

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 95547944

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	9300000
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	

(5) Total deductions ..... **7e(5)** 9300000

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 86247944

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**VOYA FINANCIAL**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<b>71-0294708</b>		<b>060257</b>	<b>16823</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 103265952
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 2964748
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 2964748
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 106230700
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 10317000
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b> 10317000	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 95913700

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**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**

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

**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  
**AMERICAN GENERAL LIFE INS CO**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>25-0598210</b>		<b>1635587</b>	<b>16823</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> <span style="float: right; color: blue;">59752546</span>
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> <span style="float: right; color: blue;">1719578</span>
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> <span style="float: right; color: blue;">1719578</span>
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> <span style="float: right; color: blue;">61472124</span>
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶ <b>BOOK VALUE ADJUSTMENTS</b>	<b>7e(4)</b> <span style="float: right; color: blue;">6570501</span>
(5) Total deductions .....	<b>7e(5)</b> <span style="float: right; color: blue;">6570501</span>	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> <span style="float: right; color: blue;">54901623</span>

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

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

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**FIDELITY INVESTMENTS INSTITUTIONAL**

**04-2647786**

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

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

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

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

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	2855997	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)

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	1834502	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MORGAN STANLEY

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT ADVISOR	212139	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO EQUALLY WEIGHTED S&P 500 A 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO COMSTOCK FD CL Y 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO GOLD & SPEC MINERALS A 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO DISCOVERY MID CAP GROWTH A 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO DEVELOPING MARKETS Y 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMG YACHTMAN FOCUSED N 600 STEAMBOAT RD STE 300 GREENWICH, CT 06830	0.40%	

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

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEMPER SHORT DURATION FD INVT 52 VANDERBILT AVE. STE 401 NEW YORK, NY 10017	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ADV PREFERRED GOLD BULLION STRAT I 1445 RESEARCH BLVD STE 530 ROCKVILLE, MD 20850	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
QUANTIFIED ECKHARDT MANAGD FUT STR 1445 RESEARCH BLVD STE 530 ROCKVILLE, MD 20850	0.40%	

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

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

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

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

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

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

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

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ADVISORS PRFD QUANFDALTER INVSTMNT	1445 RESEARCH BLVD STE 530 ROCKVILLE, MD 20850	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ADVISORS PREFERRED QUANTIFIED STF	1445 RESEARCH BLVD STE 530 ROCKVILLE, MD 20850	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GQG PARTNERS EMRGING MARKETS EQUIT	1 FREEDOM VALLEY DR OAKS, PA 19456	0.40%

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

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMANA DEVELOPING WORLD FD 1300 NORTH STATE ST BELLINGHAM, WA 98225	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMANA INC FD INSTITUTIONAL 1300 NORTH STATE ST BELLINGHAM, WA 98225	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMANA GROWTH FD INSTITUTIONAL 1300 NORTH STATE ST BELLINGHAM, WA 98225	0.15%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMANA PARTICIPATION FD INVT CLA 1300 NORTH STATE ST BELLINGHAM, WA 98225	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN AMCAP FD F2 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN BEACON LRG CAP INVT 220 E LAS COLINAS BLVD STE 1200 IRVING, TX 75039	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN BALANCED CL F1 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN BALANCED FD F2 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY SHTDUR STRAT INC 4400 MAIN ST 1ST FL KANSAS CITY, MO 64111	0.25%	

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

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

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

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

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN GLOBAL BALANCED CL F2      3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.12%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FDS GRWTH& INC PORTFOLIO      3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN 2040 TARGETDATE RETIREMNT      3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN STRATEGIC BOND FD F1 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARTISAN INTL VALUE FD INV CL 875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202	0.39%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AZZAD ETHICAL MID CAP FD CL A 8000 TOWN CENTRE DR STE 400 BROADVIEW HEIGHTS, OH 44147-4031	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WISE CAPT FD 8000 TOWN CENTRE DR STE 400 BROADVIEW HEIGHTS, OH 44147-4031	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BNY MELLON DYNAMIC VALUE A 144 GLENN CURTISS BLVD 8TH FL UNIONDALE, NY 11556	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BNY MELLON LRG CAPSECURITIES FD 144 GLENN CURTISS BLVD 8TH FL UNIONDALE, NY 11556	0.35%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BNY MELLON FLOATING RATE INC A 144 GLENN CURTISS BLVD 8TH FL UNIONDALE, NY 11556	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BAIRD CORE PLUS BOND INSTITUTIONAL 777 E. WISCONSIN AVE 18TH FL MILWAUKEE, WI 53202	0.03%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BARON OPPORTUNITY FD 767 5TH AVE 49TH FL NEW YORK, NY 10153	0.40%	

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

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

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

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

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK TECHNOLOGY OPPORTUNITIES 40 EAST 52ND ST NEW YORK, NY 10022	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK TOTAL RETURN INSTITUTION 40 EAST 52ND ST NEW YORK, NY 10022	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK MID CAP VALUE FD CL A 40 EAST 52ND ST NEW YORK, NY 10022	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK STRATEGIC INC OPPRTSI 40 EAST 52ND ST NEW YORK, NY 10022	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK LOW DURATION CL R 40 EAST 52ND ST NEW YORK, NY 10022	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK INFLATION PRO BOND PORT 40 EAST 52ND ST NEW YORK, NY 10022	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK FLOATING RATE INC PORT I 40 EAST 52ND ST NEW YORK, NY 10022	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK FLOATING RATE INC PORT I 40 EAST 52ND ST NEW YORK, NY 10022	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLUEROCK TOTAL INC REAL ESTATE CL 27777 FRANKLIN ROAD STE 900 SOUTHFIELD, MI 48034	0.50%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DESTINATIONS LRG CAP EQUITY INSTL 1055 WESTLAKES DR STE 250 BERWYN, PA 19312	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DESTINATIONS SM MID CAP EQ INSTL 1055 WESTLAKES DR STE 250 BERWYN, PA 19312	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DESTINATIONS INTL EQUITY FD INSTL 1055 WESTLAKES DR STE 250 BERWYN, PA 19312	0.15%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BROWN ADVISORY SUSTAIN GROWTH INV 777 E. WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BUFFALO INTERNATIONAL FD 615 E. MICHIGAN ST MILWAUKEE, WI 53202	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CALAMOS MARKET NEUTRAL INC CL I 2020 CALAMOS COURT NAPERVILLE, IL 60563	0.15%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FDS GLOBAL INSIGHT F2 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.12%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CAPT WORLD GRTH & INC A 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	\$18.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CAPT WORLD GR & INC CL 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.15%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CAUSEWAY INTERNATNALVALUE INSTL P. O. BOX 1100 OAKS, PA 19456	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA DIVIDEND INC CL A 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA CONTRARIAN CORE FD CL A 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CS FLOATING RATE HIGH INC CL A ONE MADISON AVE 10TH FL NEW YORK, NY 10010	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA US VECTOR EQUITY PRTF INSTL CL 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA US MICRO CAP PRTF INSTL 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%	

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

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA US SM CAP VALUE PRTF INSTL 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA US LRG CAP VALUE PRTF INSTL 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA FIVE YEAR GLBL FIXED INC PRTF 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%	

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

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DWS SCIENCE AND TECHNOLOGY FD A 280 PARK AVE 9TH FLR NEW YORK, NY 10026	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA SHORT DURATION REAL RETURN INS 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DIAMOND HILL SHORT DURAT SEC BOND 325 JOHN H MCCONNELL BLVD STE 200 COLUMBUS, OH 43215	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA INTERNATIONAL VALUE PRTF INSTL 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DOUBLELINE TOTAL RT BOND FD CL N 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DOUBLELINE CORE FIXED INC CL I 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.15%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DOUBLELINE CORE FIXED INC FD CL      777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DOUBLELINE FLEXIBLE INC CL N      777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DOUBLELINE SHILLER ENHANCED CAP CL      777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DOUBLELINE LOW DURATION CL N 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DRIEHAUS EMERGING MARKETS 25 EAST ERIE ST CHICAGO, IL 60611	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EATON VANCE GLOBAL INC BUILDER A TWO INTERNATIONAL PLACE BOSTON, MA 02110	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EATON VANCE EMERGING MRKTS DEBT OP	TWO INTERNATIONAL PLACE BOSTON, MA 02110	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FMI LRG CAP FD	777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FMI INTERNATIONAL	777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.40%

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FMI COMMON STOCK FD 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FEDERATED HERMES CORP BOND FD CL A 4000 ERICSSON DR WARRENDALE, PA 15086-7515	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FEDERATED HERMES PRUDENT BEAR CL A 4000 ERICSSON DR WARRENDALE, PA 15086-7515	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FEDERATED HERMES MDT LRG CAP GROW 4000 ERICSSON DR WARRENDALE, PA 15086-7515	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALPS GLOBAL OPPORTUNITY CL INV 1290 BROADWAY STE 1100 DENVER, CO 80203	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIRST EAGLE GOLD CL A 1345 AVE OF THE AMERICAS 48TH FLR NEW YORK, NY 10105	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIRST EAGLE GLOBAL CL A 1345 AVE OF THE AMERICAS 48TH FLR NEW YORK, NY 10105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JP MORGAN MID CAP VALUE FD CL 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DF DENT MIDCAP GROWTH FD INVT 2 EAST READ ST 6TH FL BALTIMORE, MD 21202	0.12%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN FLOATING RTDAILY ACCESS C 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	\$16.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN SM CAP VALUE CL A 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	\$16.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FDAMENTAL INVTS CL F1 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FDAMENTAL INVTS CL F2      3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
POLEN GLOBAL GROWTH FD RETAIL SHA      1825 NW CORPORATE BLVD STE 300 BOCA RATON, FL 33431	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GLENMEDE TOTAL MARKET PORTFOLIO      1650 MARKET ST. STE 1200 PHILADELPHIA, PA 19103	0.40%	

**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.	
GLENMEDE LRG CAP GROWTH 1650 MARKET ST. STE 1200 PHILADELPHIA, PA 19103	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN GROWTH FDOF AMERICA CL F 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GUGGENHEIM TOTAL RETURN BOND FD IN 9601 BLACKWELL RD STE 500 ROCKVILLE, MD 20850	0.15%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GUGGENHEIM MACRO OPPORTUNITIES IN 9601 BLACKWELL RD STE 500 ROCKVILLE, MD 20850	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GUGGENHEIM TOTAL RETURN BOND CL P 9601 BLACKWELL RD STE 500 ROCKVILLE, MD 20850	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GUINNESS ATKINSON GLOBAL INNOVATOR 2220 E. ROUTE 66 STE 226 GLENDORA, CA 91740	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARDING LOEVNER INTL EQUITY PORT I PO BOX 4766 CHICAGO, IL 60680	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK FD INVT CL 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK INTL INVT CL 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%	

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

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARTFORD BALANCED INC FD CL Y 100 MATSONFORD RD STE 300 RADNOR, PA 19087	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARTFORD STRATEGIC INC FD CL A 100 MATSONFORD RD STE 300 RADNOR, PA 19087	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HENNESSY CORNERSTONEGROWTH INV CL 7250 REDWOOD BLVD. STE 200 NOVATO, CA 94945	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HENNESSY CORNERSTONEMID CAP 30 INV 7250 REDWOOD BLVD. STE 200 NOVATO, CA 94945	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HENNESSY CORNERSTONE LR GROWTH FD 7250 REDWOOD BLVD. STE 200 NOVATO, CA 94945	0.12%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HENNESSY FOCUS FD INVT CL 7250 REDWOOD BLVD. STE 200 NOVATO, CA 94945	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HOMESTEAD SM COMPANY STOCK FD 4301 WILSON BLVD ARLINGTON, VA 22203		0.12%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN INVESTMENT CO. OF AMERICA 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321		0.15%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WCM FOCUSED INTL GROWTH FD INSTL 2220 EAST ROUTE 66 STE 226 GLENDORA, CA 91740		0.12%

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

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

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

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

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

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

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

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JP MORGAN US LRG CAP CORE PLUS CL 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN ADVANTAGE FD CL I 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN CORE BOND CL I 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN EQUITY INC FD CL A 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
KINETICS PARADIGM FD 470 PARK AVE SOUTH NEW YORK, NY 10016	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LAZARD GLOBAL LISTEDINFRASTRUCTURE 30 ROCKEFELLER PLAZA 57TH FL. NEW YORK, NY 10112	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CLEARBRIDGE LRG CAP GROWTH A 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BRANDYWINEGLOBAL HIGH YIELD I 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LEUTHOLD GRIZZLY SHORT FD 33 SOUTH SIXTH ST. STE 4600 MINNEAPOLIS, MN 55402	0.40%	

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

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LORD ABBETT SHORT DURATION HI YIEL 90 HUDSON ST 10TH FL JERSEY CITY, NJ 07302	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS INTERNATIONAL GROWTH FD CL I 111 HUNTINGTON AVE BOSTON, MA 02199-7632	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS INTERNATIONAL DIVERSIFICATION 111 HUNTINGTON AVE BOSTON, MA 02199-7632	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS GLOBAL EQUITY CL A 111 HUNTINGTON AVE BOSTON, MA 02199-7632	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MADISON MID CAP FDCL Y 550 SCIENCE DR MADISON, WI 53711	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NYLI MACKAY HIGH YIELD CORP BD CL 30 HUDSON ST 23RD FL ARLINGTON, NJ 07032	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MUHLENKAMP FD 5000 STONEWOOD DR. WEXFORD, PA 15090	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MANNING & NAPIER EQUITY SERIES CL 290 WOODCLIFF DR. FAIRPORT, NY 14450	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MANNING & NAPIER HIGH YIELD BD SRS 290 WOODCLIFF DR. FAIRPORT, NY 14450	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MANNING & NAPIER OVERSEAS SERIES C 290 WOODCLIFF DR. FAIRPORT, NY 14450	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MARSICO GLOBAL FD 235 WEST GALENA ST MILWAUKEE, WI 53212	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MATTHEWS PACIFIC TIGER FD 4 EMBARCADERO CENTER STE 550 SAN FRANCISCO, CA 94111	0.40%	

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

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TCW METWEST TOTAL RETURN BOND CL 865 S FIGUEROA ST 1400 LOS ANGELES, CA 90071	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TCW METWEST HIGH YLDBOND CL M 865 S FIGUEROA ST 1400 LOS ANGELES, CA 90071	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY GROWTH PORTFOLIO A 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.40%	

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

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY INSTLINTERNL OPP C 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EVENTIDE GILEAD FD CL N 80 ARKAY STE 110 HAUPPAUGE, NY 11788	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EVENTIDE BALANCED FD CL N 80 ARKAY STE 110 HAUPPAUGE, NY 11788	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN MUTUAL GLOBL DISCOVERY Z 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	\$16.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ADVISORS CAPT ACTIVE ALL CAP FD 100 SALEM ST SMITHFIELD, RI 02917	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ADVISORS CAPT TACTICAL FX INC IN 100 SALEM ST SMITHFIELD, RI 02917	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ADVISORS CAPT SM MID CAP INVS 100 SALEM ST SMITHFIELD, RI 02917	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ADVISORS CAPT US DIVIDEND FD INV 100 SALEM ST SMITHFIELD, RI 02917	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NICHOLAS II INC CL N 411 E. WISCONSIN AVE MILWAUKEE, WI 53202	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NORTHERN SM CAP VALUE 801 SOUTH CANAL C5S CHICAGO, IL 60675	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HCM INC PLUS FD INVT 1145 HEMBREE ROAD ROSWELL, GA 30076	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ABSOLUTE CAPT DEFENDER FD INVEST 101 PENNSYLVANIA BLVD PITTSBURGH, PA 15228	0.10%	

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

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG US EQUITY INDEX STRATEGY CL 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG GLOBAL EQUITY INDEX STRATEGY C 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG MFS AGGRESSIVE GROWTH STRATEGY 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	

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

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PFG JP MORGAN TACTICMODERATE STRAT	777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PFG ACTIVE CORE BOND STRATEGY FD	777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PFG INVESCO EQ FACTRRROTATION STRAT	777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%

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

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG EQUITY INDEX FOCUSED STRATEGY 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG SECTOR EQUITY BUS CYCLE STRAT 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG BR TRGT ALLOCAT EQ STRATEGY FD 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO INC FD CL A 1633 BROADWAY NEW YORK, NY 10019	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO INFLATION RSPNS MULTI ASSET 1633 BROADWAY NEW YORK, NY 10019	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIONEER FLOATING RATE CL A 60 STATE ST 17TH FL. BOSTON, MA 02109	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE COMM & TECHNOLOGY INV 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE GLOBAL TECHNOLOGY 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE RET 2040 FD 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE US LRG CAP CORE FD 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL MID CAP FD CL A 620 COOLIDGE DR STE 300 FOLSOM, CA 95630	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AKRE FOCUS FD RETAIL 777 E. WISCONSIN AVE. 4TH FL MILWAUKEE, WI 53202	0.40%	

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

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

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

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

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PGIM FLOATING RATE INC CL Z 655 BROAD ST NEWARK, NJ 07102	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PUTNAM MORTGAGE OPPOR FD CL A 1 POST OFFICE SQ MAILZONE G3C BOSTON, MA 02109	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BOSTON PARTNERS ALL CAP VALUE INVS 223 WILMINGTON W CHESTER PIKE 216 CHADDS FORD, PA 19317	0.40%	

**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.	
BOSTON PARTNERS LONG SHORT EQ INVS 223 WILMINGTON W CHESTER PIKE 216 CHADDS FORD, PA 19317	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE DIVIDEND GROWTH 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE FINANCIAL SERVICES 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	

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

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

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

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

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

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

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

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AVE MARIA GROWTH 801 W. ANN ARBOR TRAIL STE 244 PLYMOUTH, MI 48170	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEGALL BRYANT HAMILL PLUS BOND FD 370 17TH ST STE 5000 DENVER, CO 80202	0.30%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SHELTON NASDAQ 100 INDEX INV P.O. BOX 87 DENVER, CO 80201-0087	0.15%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN SMCAP WORLD FD CL F2 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SMEAD VALUE FD INVT CL SHARES 1290 BROADWAY STE 1100 DENVER, CO 80203	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SPROTT GOLD EQUITY FD INVT 200 BAY ST STE 2600 TORONTO, ON M5J 2J1 CA	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
STEWARD COVERED CALLINC FD CL 15375 MEMORIAL DR. STE 200 HOUSTON, TX 77079	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TCW SECURITIZED BONDFD CL N 865 S FIGUERA ST 22ND FL LOS ANGELES, CA 90071	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TCW CORE FIXED INC CL N 865 S FIGUERA ST 22ND FL LOS ANGELES, CA 90071	0.35%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TCW SECURITIZED BOND FD CL I 865 S FIGUERA ST 22ND FL LOS ANGELES, CA 90071	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NUVEEN REAL ESATE SECURITIES SEL R 333 WEST WACKER DR NEW YORK, NY 10017	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE FLOATING RATE INVEST 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THE PRIVATE SHARES FD CL I 2220 E. ROUTE 66 STE 226 GLENORA, CA 91740	0.20%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THOMPSON BOND FD 1255 FOURIER DR STE 200 MADISON, WI 53717	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THRIVENT MID CAP STOCK FD CL S 4321 N. BALLARD ROAD APPLETON, WI 54919-0001	0.15%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TOUCHSTONE SANDS CAP SEL GRWTH Z 303 BROADWAY STE 1100 CINCINNATI, OH 45202-4203	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRANSAMERICA CAPT GROWTH CL A 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RIVERPARK STRATEGIC INC FD RET 615 E. MICHIGAN ST MILWAUKEE, WI 53202	0.40%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HOLBROOK STRUCTURED INC FD A 2933 NE 16TH ST PORTLAND, OR 97212	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HOLBROOK INC FD A 2933 NE 16TH ST PORTLAND, OR 97212	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VICTORY NASDAQ 100 INDEX FD 4900 TIEDEMAN RD 4TH FL BROOKLYN, OH 44114	0.15%	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VALUE LINE ASSET ALLOCATION INVEST 7 TIMES SQUARE STE 1606 NEW YORK, NY 10036	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VICTORY GLOBAL ENERGY TRANSITION A 4900 TIEDEMAN RD 4TH FL BROOKLYN, OH 44114	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VIRTUS KAR SM CAP GROWTH CL A 100 SUMMIT LAKE DR 201 GREENFIELD, MA 01301	0.40%	

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

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALLSPRING INDEX FD A 525 MARKET ST MAC A0103 122 SAN FRANCISCO, CA 94105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T ROWE PRICE INTL BD TR</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T ROWE PRICE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>30-6304154-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>78068642</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE INTL SMALL-CAP EQ</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T ROWE PRICE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>36-7612285-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>155033654</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MN CURRIE EMG MKT R3</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>82-4565709-376</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SP EXT MKT IDX CL F</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GEODE CAPITAL MANAGEMENT TRUST</u>		
<b>c</b> EIN-PN <u>82-6293122-010</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>431224279</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SP DEV INTL IDX CL F</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GEODE CAPITAL MANAGEMENT, LLC</u>		
<b>c</b> EIN-PN <u>82-6293122-006</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>614107445</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AS SPL MD CAP VAL E2</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
<b>c</b> EIN-PN <u>84-6615098-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>172363046</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>C&amp;S US REALTY C</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>46-3411346-064</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>120634538</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM ITM INF-PR BD D

**b** Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

<b>c</b> EIN-PN 20-4659714-104	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	106180265
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: SP 500 INDEX PL CL F

**b** Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT, LLC

<b>c</b> EIN-PN 82-6293122-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2569553747
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: FID GR CO POOL CL O

**b** Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

<b>c</b> EIN-PN 04-3022712-135	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1583664009
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: COL DIV INC INST MS

**b** Name of sponsor of entity listed in (a): AMERIPRISE TRUST COMPANY

<b>c</b> EIN-PN 41-0007957-218	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	139606715
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: SCHRODER INTL ALPHA

**b** Name of sponsor of entity listed in (a): SEI TRUST COMPANY

<b>c</b> EIN-PN 46-4679164-072	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	129285211
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: RT GQG EM EQ CIT C

**b** Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

<b>c</b> EIN-PN 82-6258259-012	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	301985333
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>335</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TENET HEALTHCARE CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>95-2557091</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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.

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	876197	1352022
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	119160388	73035744
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	169725930	253399302
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	39835311	39449205
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	33687811	20633182
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	189495	173567
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	376455298	361884726
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	117194904	121231605
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	5636817782	6401706884
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	56954476	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	927416749	915526342
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	0	52835859
<b>(15)</b> Other .....	<b>1c(15)</b>	489067889	452006770

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	7967382230	8693235208
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	7967382230	8693235208

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	121094411	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	425366693	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	87088798	
(2) Noncash contributions.....	<b>2a(2)</b>	0	633549902
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	4164411	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	11729814	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	4132825	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	8807175	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	1736125	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		30570350
<b>(2) Dividends: (A) Preferred stock.....</b>	<b>2b(2)(A)</b>	14265	52504195
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	1787557	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	50702373	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3) Rents.....</b>	<b>2b(3)</b>		0
<b>(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....</b>	<b>2b(4)(A)</b>	3144588796	2355086
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	3142233710	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....</b>	<b>2b(5)(A)</b>	0	26330409
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	26330409	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		1149665514
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		0
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		0
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		4896596
<b>c</b> Other income .....	<b>2c</b>		13520971
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1913393023

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	1265028324	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	0	
(3) Other .....	<b>2e(3)</b>	0	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1265028324
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		108043
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		1400115
<b>h</b> Interest expense .....	<b>2h</b>		0
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	362720	
(2) Contract administrator fees .....	<b>2i(2)</b>	11400	
(3) Recordkeeping fees .....	<b>2i(3)</b>	2782005	
(4) IQPA audit fees .....	<b>2i(4)</b>	0	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	6127022	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	0	
(7) Actuarial fees .....	<b>2i(7)</b>	0	
(8) Legal fees .....	<b>2i(8)</b>	938	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>	0	
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	0	
(11) Other expenses .....	<b>2i(11)</b>	-315351	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		8968734
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1275505216

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		637887807
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		87965171
(2) From this plan .....	<b>2l(2)</b>		0

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **DELOITTE & TOUCHE**

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

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		50000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	X		115730
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b		
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</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.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

<p><b>SCHEDULE MEP (Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p><b>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</b></p> <p>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)</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 24pt;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN</b></p>	<p><b>B</b> Three-digit Plan number (PN)..... ▶</p>	<p><b>335</b></p>
<p><b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <b>TENET HEALTHCARE CORPORATION</b></p>	<p><b>D</b> Administrator's EIN <b>95-2557091</b></p>	

**Part I Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

- a**  association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b**  professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c**  pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d**  other multiple-employer pension plan (Describe) \_\_\_\_\_ (Complete Part II)

**Part II Participating Employer Information.**

**2** All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

<b>2a</b> Name of Participating Employer <b>THE PHYSICIANS GROUP, LLC</b>	<b>2b</b> EIN <b>73-1488111</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>95.43</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>8620597811</b>
<b>2a</b> Name of Participating Employer <b>COVENANT SURGICAL PARTNERS</b>	<b>2b</b> EIN <b>26-1860389</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>4.03</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>25157113</b>

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

<b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?	<b>2e</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	<b>2f</b>	
<b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	<b>2g</b>	

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

**Schedule MEP (2024)  
v. 240311**

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TENET HEALTHCARE CORPORATION	95-2557091	0.54	82829962
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

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<b>Part III</b>	<b>Pooled Employer Plan Information</b>
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**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44).....  Yes  No

**3b** If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID \_\_\_\_\_

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# Tenet Healthcare Corporation 401(k) Retirement Savings Plan

Employer ID No: 95-2557091  
Plan Number: 335

Financial Statements (Modified Cash Basis)  
as of and for the Years Ended December 31, 2024 and 2023,  
Supplemental Schedule as of December 31, 2024,  
and Independent Auditor's Report

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

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

## INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the financial statements of Tenet Healthcare Corporation 401(k) Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended and the related notes to the financial statements (modified cash basis) ("the financial statements").

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

### Opinion

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

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

## **Basis for Opinion**

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

## **Basis of Accounting**

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

## **Responsibilities of Management for the Financial Statements**

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

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan’s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern for a reasonable period of time.

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

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

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

**Other Matter—Supplemental Schedule Required by ERISA**

The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

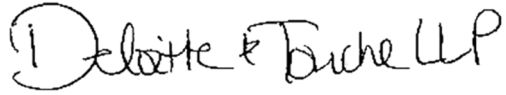
In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are

presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

A handwritten signature in black ink that reads "Deloitte & Touche LLP". The signature is written in a cursive, flowing style.

October 15, 2025

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

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)  
AS OF DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
ASSETS:		
Investments at fair value:		
Interest-bearing cash and cash equivalents	\$ 28,842,318	\$ 78,347,019
Mutual funds	817,988,210	845,559,486
Self-directed brokerage accounts	245,121,129	203,342,113
Collective trusts	6,401,706,884	5,636,817,782
U.S. government securities	140,524,143	95,009,056
Mortgage-backed securities	109,232,751	70,534,903
Corporate bonds	45,278,654	55,622,119
Common stocks	262,777,715	300,271,006
Asset-backed securities and municipal bonds	15,950,262	19,957,587
Total investments at fair value	<u>8,067,422,066</u>	<u>7,305,461,071</u>
Investments at contract value:		
Guaranteed investment contracts	56,622,265	61,103,247
Synthetic investment contracts	481,957,124	521,016,146
Total investments	<u>8,606,001,455</u>	<u>7,887,580,464</u>
Non-interest bearing cash	1,351,826	865,231
Notes receivable from participants	121,231,605	117,194,904
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 8,728,584,886</u></u>	<u><u>\$ 8,005,640,599</u></u>

See notes to financial statements.

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

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,181,106,199	\$ 1,315,931,226
Interest	34,880,783	26,393,982
Dividends	52,504,195	32,165,931
Net investment income	1,268,491,177	1,374,491,139
Interest income on notes receivable from participants	8,807,175	6,707,063
Contributions:		
Employer	121,094,411	117,958,126
Participants	425,366,693	431,243,356
Participant Rollovers	87,088,798	55,903,259
Net additions	1,910,848,254	1,986,302,943
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	1,266,536,482	841,855,158
Administrative expenses	9,332,656	9,691,198
Total deductions	1,275,869,138	851,546,356
NET INCREASE BEFORE PLAN TRANSFERS	634,979,116	1,134,756,587
Transfers from other plans	87,965,171	—
INCREASE IN NET ASSETS	722,944,287	1,134,756,587
NET ASSETS AVAILABLE FOR BENEFITS — Beginning of year	8,005,640,599	6,870,884,012
NET ASSETS AVAILABLE FOR BENEFITS — End of year	<u>\$ 8,728,584,886</u>	<u>\$ 8,005,640,599</u>

See notes to financial statements.

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

**NOTES TO FINANCIAL STATEMENTS (MODIFIED CASH BASIS)**  
**AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

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**1. DESCRIPTION OF PLAN**

The following description of the Tenet Healthcare Corporation 401(k) Retirement Savings Plan (the “Plan”) provides only general information and is applicable to the majority of the Plan’s participants.

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

Effective in August 2024, The Physicians Group, LLC and its physician owners (together, “TPG”) adopted the Plan as an unrelated separate employer. In September 2024, all participant account balances from the pre-existing retirement savings plan sponsored by TPG—The Healthcare Partners Investment LLC 401(k) Profit Sharing Plan—were merged into the Plan. The aggregate transfer amount of approximately \$87,965,000 is reflected in transfers from other plans in the accompanying Statement of Changes in Net Assets Available for Benefits. Also effective in August 2024, Covenant Surgical Partners and Covenant Practice Management (together, “Covenant”) adopted the Plan as an unrelated separate employer, and the participants in Covenant’s pre-existing retirement savings plan were given the option of rolling their accounts into the Plan.

Following its adoption by TPG and Covenant, the Plan became a multiple-employer plan under ERISA and the Internal Revenue Code (“IRC”) for which a single Form 5500 annual report is filed. All Plan assets are held in a single trust for the benefit of participants. The specific Plan provisions that apply to participants, such as eligibility requirements and vesting rules, may vary based on the applicability of collective bargaining agreements and the participant’s subsidiary employer. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

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

**Eligibility and Contributions** — Plan eligibility is based upon completion of 30 days of service with the Employer, as defined in the Plan document, and participation is elective. Participants may contribute up to 75% of their eligible compensation to the Plan as pretax and/or Roth after-tax savings. Instead of, or in addition to, pretax and/or Roth after-tax savings, participants may contribute up to 10% of their eligible compensation as after-tax savings. The total percentage of pretax, Roth after-tax and after-tax savings cannot exceed 85% of a participant’s eligible compensation. The total dollar amount a participant could contribute on a pretax and/or Roth after-tax basis was limited to \$23,000 and \$22,500, the maximum allowed by the Internal Revenue Service (“IRS”), during the years ended December 31, 2024 and 2023, respectively. In addition, participants age 50 years or over could make a catch-up contribution not to exceed \$7,500 in total for each of the years ended December 31, 2024 and 2023. An eligible employee or participant may also make rollover contributions to the Plan.

The employer matching contribution under the Plan is a discretionary amount determined by the Retirement Plans Administration Committee (“RPAC”). For the years ended December 31, 2024 and 2023, the RPAC approved an employer match equal to 50% of pretax and/or Roth after-tax contributions up to a maximum of 6% of eligible compensation. For both years, the participant was required to work a minimum of 1,000 eligible hours of service per calendar year. Certain collective bargaining agreements may allow for a different employer match in accordance with their specific collective bargaining agreement. The Sponsor also makes a Retirement Medical Benefit Account (“RMBA”) contribution for a specific group of collective bargaining agreement employees specified in the Plan document. The RMBA contribution is equal to 1% or 2% of eligible compensation, depending on the collective bargaining agreement, and is subject to 1,500 eligible hours of service annually.

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

The Plan contains provisions to allow the Employer to make discretionary match and/or profit sharing contributions. No additional discretionary matching or profit sharing contributions were made related to the Plan years ended December 31, 2024 and 2023.

**Participant Accounts** — Each participant’s account is credited with the participant’s contributions, the Employer’s contributions and Plan earnings or losses based on their investments. Participant accounts are also charged with withdrawals and an allocation of plan losses and administrative expenses. The benefit that a participant is entitled to is the amount that can be provided from the participant’s vested account. Any loans that existed in plans prior to merging into the Plan were in accordance with their original plan’s provisions. As a result of previous mergers, some loans held as of December 31, 2024 may have provisions that differ from those currently allowable under the Plan.

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

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

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

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

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

**Forfeitures** — Upon termination of employment due to involuntary or voluntary separation and upon withdrawal, the Plan document permits forfeited amounts contributed by the Employer to be applied against future Employer contributions or to pay Plan expenses. During the years ended December 31, 2024 and 2023, forfeitures of \$6,801,138 (for 2023 match processed in 2024) and \$6,018,920 (for 2022 match processed in 2023), respectively, were used to offset Employer contributions related to the 2023 and 2022 Plan years. During the years ended December 31, 2024 and 2023, forfeitures of \$696,335 and \$807,675, respectively, were used to pay Plan expenses. Forfeitures available for utilization totaled \$7,490,782 and \$7,149,627 at December 31, 2024 and 2023, respectively.

**Administrative Expenses** — Administrative expenses of the Plan are paid by the Plan or the Sponsor, as provided in the Plan document. The Plan utilized \$1,572,768 and \$1,298,012 of undistributed administrative revenues to pay certain Plan administrative expenses during the years ended December 31, 2024 and 2023, respectively.

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

**Notes Receivable from Participants** — Participants who are active employees may borrow the lesser of 50% of their vested account balance or \$50,000, less the highest outstanding loan balance in the previous 12 months, with a minimum loan of \$500. Loan transactions are treated as a transfer to (from) the participant’s investment funds from (to) the participant’s loan fund.

Loans are repaid through payroll deductions over a period of six months to five years, or up to 15 years for the purchase of a primary residence. The loans are secured by the vested balance in the participant's account. The interest rate used is equal to 1% plus the prime rate of interest as determined by Reuters on the last business day of the prior month in which the loan was executed.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** — The Plan uses, and regulatory and taxing authorities permit, the modified cash basis method of accounting where additions to net assets available for benefits are recognized when cash is received and deductions are recognized when amounts are paid, except for the recognition of unrealized gains or losses on investments at the end of the Plan year and interest and dividend income when earned. This method is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America ("GAAP"). In general, statements prepared in accordance with GAAP would include, among other things, contributions receivable as assets and accrued administrative expenses as liabilities.

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

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

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

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

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

**Contributions** — Contributions from the Employer and participants are recorded when remitted to the Plan's trust. The Employer contributions of \$121,094,411 presented on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024, includes the 2023 Plan year Employer contribution for the majority of the Plan's participants and a portion of the 2024 Plan year Employer contribution for union employees of \$645,781. Similarly, the Employer contributions of \$117,958,126 presented on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2023, includes the 2022 Plan year Employer contribution for the majority of the Plan's participants and a portion of the 2023 Plan year Employer contribution for union employees of \$676,038.

Employer contributions related to the 2024 Plan year of approximately \$113,995,000, net of forfeitures utilized of 7,500,000, were deposited into the Plan during 2025.

**Excess Contributions Payable** — The Plan is required to return contributions received during the Plan year in excess of the IRC limits.

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

**Risk and Uncertainties** — The Plan invests in various investment securities, which are exposed to various risks such as inflation, interest rate, market and credit risks. Market risks include the potential impact of domestic or foreign government policy actions—such as tariffs, trade restrictions, sanctions, and retaliatory measures—which are inherently uncertain and subject to change without notice, and could affect the value of investment securities in unpredictable ways. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment

securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

### 3. FAIR VALUE MEASUREMENTS

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

**Asset Valuation Techniques** — Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

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

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

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

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

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

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

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

**Fair Value Measurements** — The following table sets forth, by level within the fair value hierarchy, a summary of the Plan’s investments measured at fair value on a recurring basis at December 31, 2024:

	<b>Fair Value Measurements at December 31, 2024, Using</b>			
	<b>Active Markets for Identical Assets (Level 1)</b>	<b>Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>	<b>Total</b>
Short-term investment fund	\$ 18,179,923	\$ —	\$ —	\$ 18,179,923
Money market funds	10,662,395	—	—	10,662,395
Mutual funds	817,988,210	—	—	817,988,210
Self-directed brokerage accounts	245,121,129	—	—	245,121,129
U.S. government securities	140,524,143	—	—	140,524,143
Common stocks	262,777,715	—	—	262,777,715
Mortgage-backed securities	—	109,232,751	—	109,232,751
Asset-backed securities	—	14,337,343	—	14,337,343
Corporate bonds	—	45,278,654	—	45,278,654
Municipal bonds	—	1,612,919	—	1,612,919
<b>Total</b>	<b>\$ 1,495,253,515</b>	<b>\$ 170,461,667</b>	<b>\$ —</b>	<b>\$ 1,665,715,182</b>
Collective trusts measured at NAV				6,401,706,884
Total investments at fair value				<b>\$ 8,067,422,066</b>

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

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

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

#### 4. NET ASSET VALUE PER SHARE

The following table summarizes the Plan's investments with a reported NAV as of December 31, 2024. The fair value of investments in the table below has been estimated using the NAV of the investments.

	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
At December 31, 2024					
Collective trusts:					
Foreign	\$ 976,494,952	\$ —	Daily	None	None <sup>(1)</sup>
Large cap blend	2,569,553,747	—	Daily	None	None
Large cap value	139,606,715	—	Daily	None	None
Large cap growth	1,583,664,009	—	Daily	None	None
Mid cap blend	431,224,279	—	Daily	None	None
Mid cap value	172,363,046	—	Daily	None	None
Emerging markets	301,985,333	—	Daily	None	None
Intermediate term	106,180,265	—	Daily	None	None
Real Estate	120,634,538	—	Daily	None	None
Total	<u>\$ 6,401,706,884</u>	<u>\$ —</u>			

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

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

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

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

#### 5. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

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

The Plan enters into synthetic GICs with certain insurance companies and financial institutions (the "Contract Issuers") that simulate the performance of a traditional GIC, whereby participants execute Plan transactions at contract value. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals. The self-managed stable value fund is composed of a portfolio of fixed income securities and collective trust funds owned by the Plan and an investment contract issued by an insurance company or other financial institution, designed to provide a contract value "wrapper" around the fixed

income portfolio to guarantee a specific interest rate which is reset quarterly and that cannot be less than zero. The wrapper contract provides that realized and unrealized gains and losses on the underlying fixed income portfolio are not reflected immediately in the net assets of the fund, but rather are amortized over the duration of the underlying assets through adjustments to the future interest crediting rate. Primary variables impacting future crediting rates of the synthetic GICs include the current yield, duration and any existing difference between market and contract value of the underlying assets within the wrap contract. Synthetic GICs seek to provide certain protections from the credit risk associated with a traditional GIC.

The fair value of the collective trust funds held within the synthetic GICs are reported at the NAV of the investment provided by the issuer of the fund as a practical expedient. There are no restrictions on redemptions or redemption frequency, and there were no unfunded commitments between the Plan and the collective trust funds as of December 31, 2024 and 2023.

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

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

There are certain events not initiated by Plan participants that limit the ability of the Plan to transact with the issuer of the GIC or synthetic GICs at their contract value. Specific coverage provided by each traditional GIC and synthetic GIC may be different for each issuer, and can be found in the individual traditional GIC or synthetic GIC contracts held by the Plan. Examples of such events include: the Plan's failure to qualify under the IRC as amended; full or partial termination of the Plan; involuntary termination of employment as a result of a corporate merger, divestiture, spin off, or other significant business restructuring, which may include early retirement incentive programs or bankruptcy; changes to the administration of the Plan that decrease employee or employer contributions, the establishment of a competing plan by the Sponsor, the introduction of a competing investment option, or other Plan amendment that has not been approved by the Contract Issuers; dissemination of a participant communication that is designed to induce participants to transfer assets from the stable value option; or events resulting in a material adverse financial impact on the contract issuer, including changes in the IRC, laws or regulations. The Plan administrator does not believe that the occurrence of any of the aforementioned events, which would limit the Plan's ability to transact with the issuer of its GIC or synthetic GICs at their contract value with participants, is probable.

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

The average yield based on actual earnings of the Plan's investment contracts, computed by dividing the annualized one-day actual earnings of the contract on the last day of the Plan year by the fair value of the investments on the same date, was approximately 3.00% and 2.73% during the years ended December 31, 2024 and 2023, respectively. The average yield based on the interest rate credited to participants of the Plan's investment contracts, computed by dividing the annualized one-day actual earnings credited to participants on the last day of the Plan year by the fair value of the investments on the same date, was 2.94% and 2.67% during the years ended December 31, 2024 and 2023, respectively.

## **6. PLAN TERMINATION**

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

## **7. TAX STATUS**

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

The Plan administrator and the Plan's tax counsel believe that the Plan, as amended and restated effective January 1, 2024, is designed and is currently being operated in compliance with the applicable requirements of the IRC to maintain its tax-exempt status. Therefore, no provision for income taxes has been included in the Plan's financial statements.

## 8. CERTIFIED INVESTMENT INFORMATION

The following is a summary of the information regarding the Plan as of December 31, 2024 and 2023, and for the years then ended, included in the Plan's financial statements and supplemental schedule of assets held at end of year, that was prepared by or derived from information prepared by the Trustee, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee that such information is complete and accurate.

	<u>2024</u>	<u>2023</u>
Statements of net assets available for benefits:		
Investments at fair value:		
Interest-bearing cash and cash equivalents	\$ 28,842,318	\$ 78,347,019
Mutual funds	817,988,210	845,559,486
Self-directed brokerage accounts	245,121,129	203,342,113
Collective trusts	6,401,706,884	5,636,817,782
U.S. government securities	140,524,143	95,009,056
Mortgage-backed securities	109,232,751	70,534,903
Corporate bonds	45,278,654	55,622,119
Common stocks	262,777,715	300,271,006
Asset-backed securities and municipal bonds	15,950,262	19,957,587
Investments at contract value:		
Guaranteed investment contracts	56,622,265	61,103,247
Synthetic investment contracts	481,957,124	521,016,146
Non-interest bearing cash	1,351,826	865,231
Notes receivable from participants	121,231,605	117,194,904
Statements of changes in net assets available for benefits:		
Investment income:		
Net appreciation in fair value of investments	1,181,106,199	1,315,931,226
Interest	34,880,783	26,393,982
Dividends	52,504,195	32,165,931
Interest income on notes receivable from participants	8,807,175	6,707,063

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

## 9. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by an affiliate of the Trustee and, therefore, these transactions qualify as party-in-interest. These transactions are covered by an exemption from the prohibited transactions provisions of ERISA and the IRC.

Administrative revenues arise when investment managers return a portion of the investment fees to the Trustee to offset administrative expenses. The Plan receives credits for this revenue sharing on a quarterly basis. These credits are held in an unallocated account from which future Plan expenses can be paid. The Plan held undistributed administrative revenues of \$2,401,392 and \$1,198,964 at December 31, 2024 and 2023, respectively. In addition, the Trustee pays a quarterly participant revenue credit related to certain funds that the participant is invested in. The participant revenue credit is allocated to participants investing in these funds on a pro-rata basis according to their average balance in such funds.

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

## 10. PLAN AMENDMENTS

The Plan was amended and restated effective January 1, 2024, unless otherwise specified below, by the RPAC to (i) remove the lifetime minimum distribution requirement applicable to Roth after-tax savings contributions, (ii) conform the Plan's minimum distribution provisions to those enacted under the Setting Every Community Up for Retirement Enhancement (SECURE) Act of 2019 and the SECURE 2.0 Act of 2022, (iii) increase the limit for mandatory cash-out distributions to \$7,000, (iv) update the arbitration provisions effective for claims filed on or after August 1, 2024, and (v) effective January 1, 2025, amend the eligibility and vesting provisions applicable to participants employed by United Surgical Partners International to align with those applicable to participants employed by the Sponsor.

The Plan was also amended during 2024 to include the entry of TPG and Covenant as unrelated separate employers effective August 2024, as well as the merger of TPG's pre-existing retirement savings plan into the Plan. Please refer to Note 1 for additional information.

## 11. SUBSEQUENT EVENTS

For the year ended December 31, 2024, subsequent events were evaluated through October 15, 2025, the date the financial statements were available to be issued. No events occurred that require additional disclosure or adjustments to the Plan's financial statements.

## 12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits per the financial statements at December 31, 2024 and 2023 to Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per financial statements	\$ 8,728,584,886	\$ 8,005,640,599
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>(35,349,678)</u>	<u>(38,258,369)</u>
Net assets available for benefits per Form 5500	<u>\$ 8,693,235,208</u>	<u>\$ 7,967,382,230</u>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements for the years ended December 31, 2024 and 2023 to net income reported on Form 5500:

	<u>2024</u>	<u>2023</u>
Net increase in net assets before plan transfers	\$ 634,979,116	\$ 1,134,756,587
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>2,908,691</u>	<u>14,165,220</u>
Net income per Form 5500	<u>\$ 637,887,807</u>	<u>\$ 1,148,921,807</u>

**SUPPLEMENTAL SCHEDULE**

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
<b>Interest-bearing cash and cash equivalents:</b>		
* Fidelity	Fidelity Short-Term Investment Fund	\$ 18,179,923
* Fidelity	Money Market Treasury Only	8,589,883
Brown Brothers Harriman	BBH Short-Term Investment Fund	2,072,512
<b>Subtotal interest-bearing cash and cash equivalents</b>		<b>28,842,318</b>
<b>Mutual funds:</b>		
BlackRock	Strategic Global Bond Fund, Inc., Inst. Shares; 15,630,568 shares	81,122,656
* Fidelity	Long-Term Treasury Bond Index Fund; 9,791,253 shares	89,785,789
* Fidelity	U.S. Bond Index Fund; 26,826,207 shares	274,163,838
PGIM	High Yield Fund, Class R6; 15,848,570 shares	75,597,677
Western Asset	Total Return Unconstrained Fund; 8,240,123 shares	73,501,893
* Fidelity	Worldwide Fund; 2,753,931 shares	95,836,803
American Century	Small Cap Value Fund, Class R6; 12,119,275 shares	127,979,554
<b>Subtotal mutual funds</b>		<b>817,988,210</b>
<b>Self-directed brokerage accounts:</b>		
* Fidelity BrokerageLink	BrokerageLink - Mutual Funds	98,855,963
	BrokerageLink - Common Stock	97,789,180
	BrokerageLink - Preferred Stock	173,567
	BrokerageLink - Corporate & Government Bond	4,108,799
	BrokerageLink - Certificate of Deposit	5,261,955
	BrokerageLink - Interest-bearing cash	38,931,665
<b>Subtotal self-directed brokerage accounts</b>		<b>245,121,129</b>
<b>Collective trusts:</b>		
* Fidelity	Growth Company Commingled Pool, Class 3; 22,261,232 shares	1,583,664,009
* Fidelity	FIAM Int. Infl. PR Bond Index CP, Class D; 711,760 shares	106,180,265
Spartan	Developed International Index Pool, Class E; 4,136,239 shares	614,107,445
Spartan	Extended Market Index Pool, Class E; 2,523,255 shares	431,224,279
Spartan	500 Index Pool, Class F; 9,316,728 shares	2,569,553,747
Schroder	International Alpha Trust, Class 1; 7,324,941 shares	129,285,211
GQG Partners	Emerging Markets Equity CIT Class C; 32,717,803 shares	301,985,333
T. Rowe Price	International Bond Fund; 6,037,791 shares	78,068,642
T. Rowe Price	International Small-Cap Equity Trust, Class B; 6,953,808 shares	155,033,654
Columbia Threadneedle	Trust Dividend Income Fund MS; 9,735,475 shares	139,606,715
Cohen & Steers	US Realty Fund Class C; 5,618,749 shares	120,634,538
Allspring Funds Mgmt	Allspring Special Mid Cap Value Inst; 10,366,580 shares	172,363,046
<b>Subtotal collective trusts</b>		<b>6,401,706,884</b>

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
<b>U.S. government securities:</b>		
United States Treasury	4.125%; 08/15/2044; CUSIP: 912810UD8	\$ 3,067,848
United States Treasury	4.500%; 11/15/2054; CUSIP: 912810UE6	14,878,589
United States Treasury	4.625%; 11/15/2044; CUSIP: 912810UF3	11,974,682
United States Treasury	4.000%; 12/15/2027; CUSIP: 91282CMB4	9,011,173
United States Treasury	4.125%; 11/30/2029; CUSIP: 91282CMA6	9,141,632
United States Treasury	4.250%; 11/15/2034; CUSIP: 91282CLW9	19,834,368
United States Treasury	4.250%; 11/30/2026; CUSIP: 91282CLY5	6,075,259
United States Treasury	4.250%; 12/31/2026; CUSIP: 91282CME8	24,001,972
United States Treasury	4.375%; 12/31/2029; CUSIP: 91282CMD0	42,538,620
<b>Subtotal U.S. government securities</b>		<b>140,524,143</b>
<b>Mortgage-backed securities:</b>		
1211 Ave of Amer Tru 2015-1	3.900%; 08/10/2035; \$557,000; CUSIP: 90117PAC9	549,658
Ajax Mtg Loan Trust 2019-F	2.860%; 07/25/2059; \$854,497; CUSIP: 00969PAA1	818,686
BAMLL Comm Mog Sec Tr	Variable; 08/10/2038; \$650,000; CUSIP: 05491YAA8	620,936
Banc of Amer Re-Remic Tru	3.218%; 04/14/2033; \$625,000; CUSIP: 05526QAA4	619,769
Bayview Msr Opp Fd Tr	Variable; 10/25/2051; \$1,412,406; CUSIP: 07336GAH7	1,232,252
Bayview Msr Opp Fd Tr	2.500%; 10/25/2051; \$1,124,916; CUSIP: 07335UAE4	974,847
BBCMS Mtg Tru 2024-C28	5.888%; 09/15/2057; \$900,000; CUSIP: 07336WAX7	917,378
BX Coml Mtg Tr 2020	Variable; 03/11/2044; \$635,000; CUSIP: 12433XAG4	562,086
BX Tr 2019-Oc11	3.202%; 12/09/2041; \$285,000; CUSIP: 05606FAA1	257,371
BX Tr 2021-Acnt	Variable; 11/15/2038; \$519,508; CUSIP: 05609QAE6	518,217
BX Tr 2021-Acnt	Variable; 07/15/2029; \$1,018,000; CUSIP: 05612TAC9	1,023,275
BX Trust 2020-Viv3	Variable; 03/09/2044; \$400,000; CUSIP: 05608EAA2	362,180
CIM Tr 2020-Inv1	2.500%; 04/25/2050; \$1,219,486; CUSIP: 12560AAB0	993,629
Conn Ave Secs Tr	Variable; 12/25/2041; \$900,000; CUSIP: 20754AAB9	909,162
CPT Mortgage Trust 2019	2.865%; 11/13/2039; \$545,000; CUSIP: 12654YAA7	477,525
CSMC 2018-Rpl9 Tr	3.850%; 09/25/2057; \$637,272; CUSIP: 12654PAE8	608,093
CSMC 2019-Rpl1 Tr	Variable; 07/25/2058; \$527,599; CUSIP: 12596MAB2	512,663
DC Office Trust 2019	2.965%; 09/15/2045; \$580,000; CUSIP: 23312BAA8	504,987
Fed Home Ln Mtg Corp	3.000%; 01/15/2048; \$337,483; CUSIP: 3137FEQ29	254,811
Fed Home Ln Mtg Corp	3.000%; 04/15/2048; \$130,279; CUSIP: 3137FGVJ1	112,691
Fed Home Ln Mtg Corp	3.750%; 04/25/2033; \$1,095,000; CUSIP: 3137FG6T7	1,005,466
Fed Home Ln Mtg Corp	Variable; 11/25/2054; \$163,189; CUSIP: 3137HHFL0	162,679
Fed Home Ln Mtg Corp	2.000%; 03/01/2052; \$553,072; CUSIP: 3132DWDC4	430,334
Fed Home Ln Mtg Corp	2.000%; 04/01/2052; \$826,282; CUSIP: 3132DWDH3	642,913
Fed Home Ln Mtg Corp	2.500%; 01/01/2052; \$549,194; CUSIP: 3132DWC27	448,196
Fed Home Ln Mtg Corp	2.500%; 02/01/2052; \$203,823; CUSIP: 3133B5E99	165,970
Fed Home Ln Mtg Corp	2.500%; 04/01/2052; \$617,021; CUSIP: 3132DWDJ9	502,971
Fed Home Ln Mtg Corp	2.500%; 11/01/2051; \$1,393,885; CUSIP: 3132DWC6	1,139,725

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Fed Home Ln Mtg Corp	3.000%; 02/01/2047; \$695,462; CUSIP: 3128MJZM5	\$ 603,521
Fed Home Ln Mtg Corp	3.000%; 03/01/2047; \$1,270,934; CUSIP: 3128MJZQ6	1,102,121
Fed Home Ln Mtg Corp	3.000%; 02/01/2050; \$381,525; CUSIP: 3133N3VW1	324,433
Fed Home Ln Mtg Corp	3.000%; 06/01/2052; \$2,528,017; CUSIP: 3132DWDZ3	2,146,562
Fed Home Ln Mtg Corp	3.000%; 08/01/2046; \$553,445; CUSIP: 3128MJYM6	480,625
Fed Home Ln Mtg Corp	3.000%; 09/01/2046; \$170,878; CUSIP: 3128MJYT1	148,288
Fed Home Ln Mtg Corp	3.000%; 10/01/2046; \$322,790; CUSIP: 3128MJYY0	280,117
Fed Home Ln Mtg Corp	3.000%; 09/01/2046; \$569,022; CUSIP: 3131XU6Q5	493,119
Fed Home Ln Mtg Corp	3.000%; 11/01/2046; \$281,553; CUSIP: 3128MJY61	244,331
Fed Home Ln Mtg Corp	3.500%; 02/01/2047; \$153,417; CUSIP: 3128MJZN3	138,170
Fed Home Ln Mtg Corp	3.500%; 02/01/2048; \$272,125; CUSIP: 3128MJ3J7	244,401
Fed Home Ln Mtg Corp	3.500%; 01/01/2048; \$1,718,404; CUSIP: 3132XCR49	1,558,906
Fed Home Ln Mtg Corp	3.500%; 01/01/2050; \$3,357; CUSIP: 3132DVKY0	3,018
Fed Home Ln Mtg Corp	3.500%; 04/01/2045; \$673,386; CUSIP: 31335AAY4	611,726
Fed Home Ln Mtg Corp	3.500%; 04/01/2047; \$60,988; CUSIP: 3128MJZX1	54,927
Fed Home Ln Mtg Corp	3.500%; 05/01/2044; \$85,564; CUSIP: 3128MABS7	78,459
Fed Home Ln Mtg Corp	3.500%; 05/01/2046; \$472,358; CUSIP: 3132AAYV0	426,466
Fed Home Ln Mtg Corp	3.500%; 06/01/2046; \$82,066; CUSIP: 3128MJYH7	74,039
Fed Home Ln Mtg Corp	3.500%; 06/01/2047; \$38,378; CUSIP: 3128MJZ86	34,564
Fed Home Ln Mtg Corp	3.500%; 08/01/2046; \$483,490; CUSIP: 3132XCRV9	437,556
Fed Home Ln Mtg Corp	3.500%; 08/01/2046; \$299,508; CUSIP: 3128MJYN4	269,836
Fed Home Ln Mtg Corp	3.500%; 12/01/2044; \$292,796; CUSIP: 3131XQ3P9	266,448
Fed Home Ln Mtg Corp	3.500%; 12/01/2047; \$86,113; CUSIP: 3128MJ3A6	77,394
Fed Home Ln Mtg Corp	4.000%; 01/01/2045; \$218,160; CUSIP: 3128MAE62	205,045
Fed Home Ln Mtg Corp	4.000%; 03/01/2048; \$113,545; CUSIP: 3132XCR80	105,855
Fed Home Ln Mtg Corp	4.000%; 07/01/2048; \$973,849; CUSIP: 3132XCSB2	907,896
Fed Home Ln Mtg Corp	4.000%; 08/01/2052; \$1,123,663; CUSIP: 3132DQTB2	1,026,964
Fed Home Ln Mtg Corp	4.000%; 10/01/2052; \$1,587,593; CUSIP: 3132DS4E9	1,452,179
Fed Home Ln Mtg Corp	4.000%; 12/01/2045; \$611,822; CUSIP: 31335ALZ9	572,872
Fed Home Ln Mtg Corp	4.500%; 04/01/2053; \$1,190,226; CUSIP: 3133KQUS3	1,120,168
Fed Home Ln Mtg Corp	4.500%; 06/01/2053; \$783,730; CUSIP: 3132DWH8	737,048
Fed Home Ln Mtg Corp	4.500%; 08/01/2052; \$382,197; CUSIP: 3132DWEK5	360,417
Fed Home Ln Mtg Corp	4.500%; 09/01/2052; \$1,944,688; CUSIP: 3132DWES8	1,832,653
Fed Home Ln Mtg Corp	4.500%; 10/01/2048; \$214,281; CUSIP: 3128MJ5D8	204,554
Fed Home Ln Mtg Corp	4.500%; 11/01/2052; \$1,539,149; CUSIP: 3132DFFF5	1,450,477
Fed Home Ln Mtg Corp	4.500%; 12/01/2052; \$626,901; CUSIP: 3132DWFQ1	590,785
Fed Home Ln Mtg Corp	5.000%; 07/01/2048; \$70,180; CUSIP: 3128MJ4T4	69,115
Fed Home Ln Mtg Corp	5.000%; 10/01/2048; \$147,560; CUSIP: 3128MJ5E6	145,089
Fed Home Ln Mtg Corp	4.000%; 06/15/2047; \$24,974; CUSIP: 3137FKHV1	24,827
Fed Natl Mtg Assn	2.000%; 07/25/2052; \$5,498,145; CUSIP: 3136BQFV6	709,503
Fed Natl Mtg Assn	3.500%; 08/25/2042; \$1,499,191; CUSIP: 3136A7N65	1,375,801

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Fed Natl Mtg Assn	3.500%; 05/25/2046; \$19,181; CUSIP: 3136B2ZR6	\$ 19,053
Fed Natl Mtg Assn	3.000%; 06/25/2048; \$390,782; CUSIP: 3136B1Z72	337,532
Fed Natl Mtg Assn	2.000%; 03/25/2052; \$2,326,241; CUSIP: 31422M2G0	298,973
Fed Natl Mtg Assn	2.000%; 07/25/2050; \$940,226; CUSIP: 31422M2F2	119,126
Fed Natl Mtg Assn	2.000%; 09/25/2051; \$1,084,566; CUSIP: 31422M2B1	140,515
Fed Natl Mtg Assn	2.000%; 06/01/2041; \$976,799; CUSIP: 31418DZ62	816,068
Fed Natl Mtg Assn	3.000%; 10/01/2033; \$292,944; CUSIP: 31418AYD4	274,183
Fed Natl Mtg Assn	2.000%; 01/01/2051; \$2,243,919; CUSIP: 3140QGL88	1,745,246
Fed Natl Mtg Assn	2.000%; 01/01/2052; \$1,170,704; CUSIP: 3140QNCW0	910,901
Fed Natl Mtg Assn	2.000%; 01/01/2052; \$1,659,754; CUSIP: 3140QNVH1	1,291,421
Fed Natl Mtg Assn	2.000%; 01/01/2052; \$1,193,954; CUSIP: 31418EAM2	928,991
Fed Natl Mtg Assn	2.000%; 02/01/2052; \$3,596,065; CUSIP: 31418EBR0	2,798,024
Fed Natl Mtg Assn	2.000%; 02/01/2052; \$634,500; CUSIP: 3140MCAF7	493,692
Fed Natl Mtg Assn	2.000%; 04/01/2051; \$1,556,266; CUSIP: 3140QKKC1	1,217,221
Fed Natl Mtg Assn	2.000%; 04/01/2052; \$929,801; CUSIP: 3140XGX46	723,459
Fed Natl Mtg Assn	2.000%; 05/01/2051; \$1,217,766; CUSIP: 31418DYX4	950,563
Fed Natl Mtg Assn	2.000%; 10/01/2052; \$1,900,548; CUSIP: 3140XQN45	1,478,777
Fed Natl Mtg Assn	2.000%; 12/01/2051; \$2,136,380; CUSIP: 31418D7E6	1,662,274
Fed Natl Mtg Assn	2.500%; 01/01/2052; \$510,253; CUSIP: 31418EAN0	416,417
Fed Natl Mtg Assn	2.500%; 02/01/2052; \$1,641,424; CUSIP: 3140MGCW9	1,338,024
Fed Natl Mtg Assn	2.500%; 02/01/2052; \$1,305,990; CUSIP: 31418EBS8	1,065,816
Fed Natl Mtg Assn	2.500%; 03/01/2052; \$2,406,068; CUSIP: 31418EB90	1,961,331
Fed Natl Mtg Assn	2.500%; 05/01/2051; \$1,308,410; CUSIP: 3140QKVC9	1,075,968
Fed Natl Mtg Assn	2.500%; 05/01/2052; \$956,233; CUSIP: 31418EDC1	779,184
Fed Natl Mtg Assn	2.500%; 09/01/2051; \$861,379; CUSIP: 3140XCTQ1	701,085
Fed Natl Mtg Assn	2.500%; 10/01/2051; \$1,473,042; CUSIP: 3140XDCY0	1,199,385
Fed Natl Mtg Assn	3.000%; 05/01/2052; \$1,595,505; CUSIP: 31418EDD9	1,354,758
Fed Natl Mtg Assn	3.000%; 06/01/2052; \$964,706; CUSIP: 3140XNWD2	819,442
Fed Natl Mtg Assn	3.000%; 12/01/2051; \$1,243,971; CUSIP: 3140QMVY7	1,055,878
Fed Natl Mtg Assn	3.500%; 01/01/2046; \$1,105,571; CUSIP: 3140J8FW8	999,541
Fed Natl Mtg Assn	3.500%; 01/01/2047; \$290,090; CUSIP: 3138WJNN4	261,725
Fed Natl Mtg Assn	3.500%; 01/01/2048; \$542,771; CUSIP: 31418CS47	487,154
Fed Natl Mtg Assn	3.500%; 02/01/2048; \$349,824; CUSIP: 31418CUA0	313,760
Fed Natl Mtg Assn	3.500%; 02/01/2047; \$54,620; CUSIP: 31418CGE8	49,125
Fed Natl Mtg Assn	3.500%; 12/01/2047; \$418,089; CUSIP: 31418CR89	375,640
Fed Natl Mtg Assn	3.500%; 01/01/2044; \$280,943; CUSIP: 3138ENZ93	255,217
Fed Natl Mtg Assn	4.000%; 01/01/2049; \$273,198; CUSIP: 3140JLYN8	254,100
Fed Natl Mtg Assn	4.000%; 01/01/2053; \$1,402,914; CUSIP: 3140XLP93	1,282,814
Fed Natl Mtg Assn	4.000%; 04/01/2047; \$90,007; CUSIP: 31418CJE5	83,519
Fed Natl Mtg Assn	4.000%; 06/01/2047; \$154,472; CUSIP: 31418CLH5	143,336
Fed Natl Mtg Assn	4.000%; 06/01/2047; \$101,382; CUSIP: 3138WK4Q5	94,073

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Fed Natl Mtg Assn	4.000%; 07/01/2047; \$91,924; CUSIP: 3138WLCJ0	\$ 85,239
Fed Natl Mtg Assn	4.000%; 07/01/2047; \$215,166; CUSIP: 31418CMG6	199,520
Fed Natl Mtg Assn	4.000%; 12/01/2052; \$1,980,411; CUSIP: 31418ELV0	1,810,253
Fed Natl Mtg Assn	4.000%; 08/01/2042; \$290,106; CUSIP: 31418AHY7	273,506
Fed Natl Mtg Assn	4.500%; 04/01/2053; \$991,800; CUSIP: 3140XLGK8	933,422
Fed Natl Mtg Assn	4.500%; 08/01/2048; \$129,612; CUSIP: 3140Q9N25	123,562
Fed Natl Mtg Assn	4.500%; 08/01/2046; \$1,406,210; CUSIP: 3140J56D6	1,356,398
Fed Natl Mtg Assn	4.500%; 09/01/2052; \$2,048,224; CUSIP: 31418EHK9	1,930,224
Fed Natl Mtg Assn	5.000%; 04/01/2053; \$618,528; CUSIP: 31418EQ86	597,692
Fed Natl Mtg Assn	5.000%; 06/01/2053; \$877,103; CUSIP: 31418ES43	847,009
Fed Natl Mtg Assn	5.000%; 11/01/2053; \$307,168; CUSIP: 3140XPBW8	296,629
Fed Natl Mtg Assn	5.500%; 08/01/2053; \$2,134,128; CUSIP: 31418EU99	2,107,454
Fed Natl Mtg Assn	3.250%; 02/25/2049; \$87,558; CUSIP: 3136B3A34	75,868
Fed Natl Mtg Assn	2.000%; 07/25/2051; \$2,750,554; CUSIP: 31422M2H8	350,115
Freddie Mac Stacr Remic Tr	Variable; 01/25/2042; \$484,217; CUSIP: 35564KPU7	484,343
GCAT 2021-Nqm6 Trust	1.855%; 08/25/2066; \$732,896; CUSIP: 36167KAA6	650,725
Ginnie Mae II	3.000%; 10/20/2049; \$250,354; CUSIP: 36179U3S9	213,437
Ginnie Mae II	3.500%; 06/20/2049; \$76,886; CUSIP: 36179UT93	67,970
Ginnie Mae II	3.500%; 07/20/2049; \$35,136; CUSIP: 36179UVX7	31,061
Ginnie Mae II	2.500%; 09/20/2051; \$631,269; CUSIP: 36179WNE4	526,875
Ginnie Mae II	3.500%; 01/20/2047; \$117,139; CUSIP: 36179SUV7	106,044
Ginnie Mae II	3.500%; 02/20/2047; \$155,500; CUSIP: 36179SWX1	140,724
Ginnie Mae II	3.500%; 03/20/2046; \$140,748; CUSIP: 36179R4E6	127,593
Ginnie Mae II	3.500%; 04/20/2046; \$70,270; CUSIP: 36179R7J2	63,680
Ginnie Mae II	3.500%; 05/20/2047; \$297,471; CUSIP: 36179S5L7	269,110
Ginnie Mae II	3.500%; 06/20/2047; \$75,363; CUSIP: 36179TAK1	68,178
Ginnie Mae II	3.500%; 07/20/2047; \$41,035; CUSIP: 36179TCX1	37,097
Ginnie Mae II	3.500%; 09/20/2047; \$79,179; CUSIP: 36179TG41	71,580
Ginnie Mae II	3.500%; 12/20/2046; \$261,451; CUSIP: 36179SSQ1	236,688
Ginnie Mae II	4.000%; 03/20/2048; \$211,817; CUSIP: 36179TUB9	196,993
Ginnie Mae II	4.000%; 08/20/2047; \$71,105; CUSIP: 36179TE27	66,151
Ginnie Mae II	4.000%; 09/20/2048; \$104,444; CUSIP: 36179UCB6	97,102
Ginnie Mae II	4.000%; 09/20/2047; \$507,351; CUSIP: 36179TG58	472,004
Ginnie Mae II	4.000%; 11/20/2047; \$126,409; CUSIP: 36179TLT0	117,602
Ginnie Mae II	4.000%; 12/20/2047; \$3,681; CUSIP: 36179TNS0	3,425
Ginnie Mae II	4.500%; 08/20/2048; \$604,012; CUSIP: 36179T7L3	576,782
Ginnie Mae II	5.000%; 03/20/2047; \$50,355; CUSIP: 36179SYV3	50,298
Ginnie Mae II	5.000%; 05/20/2046; \$86,222; CUSIP: 36179SCB1	86,118
Ginnie Mae II	5.000%; 05/20/2047; \$108,828; CUSIP: 36179S5P8	108,253
Ginnie Mae II	5.000%; 07/20/2046; \$32,112; CUSIP: 36179SGP6	32,079
Ginnie Mae II	5.000%; 09/20/2045; \$152,586; CUSIP: 36179RNZ8	152,377

(Continued)

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Ginnie Mae II	4.500%; 08/20/2052; \$1,481,082; CUSIP: 36179XDE3	\$ 1,400,543
GNMA Gtd Remic	Variable; 6/20/2054; \$766,913; CUSIP: 38384PYX2	765,339
GNMA Gtd Remic	3.500%; 09/20/2048; \$217,998; CUSIP: 38380Y2X2	193,621
Gs Mtg Backed Secs Tr 2018	3.750%; 10/25/2057; \$508,457; CUSIP: 36256BAC4	492,946
Hudson Yds 2019	3.228%; 07/10/2039; \$580,000; CUSIP: 44421GAA1	526,967
Hudson Yds 2019	Variable; 12/10/2041; \$580,000; CUSIP: 44421MAA8	515,994
HVMLT 2005	Variable; 06/20/2035; \$944,224; CUSIP: 41161PSK0	854,875
IMM 05-2 1A1	Variable; 04/25/2035; \$418,396; CUSIP: 45254NMY0	408,456
JP Morgan Mtg Tr	3.000%; 08/25/2052; \$1,365,812; CUSIP: 46654UAK1	1,257,963
JP Morgan Mtg Tr	2.500%; 12/25/2051; \$1,820,318; CUSIP: 46654AAC3	1,450,333
JP Morgan Mtg Tr	Variable; 04/25/2035; \$144,826; CUSIP: 466247NK5	141,539
JPM Chase Coml Mtg Secs Tr	3.397%; 06/05/2039; \$550,000; CUSIP: 46651EAA2	501,434
Magnetite XII Ltd	Variable; 10/15/2031; \$398,881; CUSIP: 55953HBD4	399,479
Manhattan West	2.130%; 09/10/2039; \$440,000; CUSIP: 563136AA8	404,122
MLCC 2004-A	Variable; 04/25/2029; \$88,646; CUSIP: 59020UAR6	82,069
MLMI 2005-A10	Variable; 02/25/2036; \$769,609; CUSIP: 59020UZ65	731,434
Mortgageit Tr 2005	Variable; 12/25/2035; \$153,392; CUSIP: 61915RAU0	150,135
New Cent Home Eq Ln Tr 04-2	Variable; 08/25/2034; \$668,237; CUSIP: 64352VFW6	649,092
Nrth 2024	Variable; 03/15/2039; \$564,000; CUSIP: 67021HAA4	564,353
OBX 2021-J3 Trust	2.500%; 10/25/2051; \$1,308,114; CUSIP: 67448XAD8	1,141,930
Oceanview Mtg Tru 2021	2.500%; 07/25/2051; \$1,323,456; CUSIP: 67647WAE7	1,156,011
One Bryant Pk Tr 2019	2.516%; 09/15/2054; \$740,000; CUSIP: 68236JAA9	646,143
Option One Mtg Ln Tr	Variable; 01/25/2036; \$147,220; CUSIP: 68389FKQ6	146,440
PRPM 2024-RCF5 LLC	4.000%; 08/25/2054; \$1,012,638; CUSIP: 69381JAA0	980,104
Rockford Tower Clo 2019	Variable; 08/20/2032; \$781,908; CUSIP: 77341GAS9	782,572
SFave Coml Mtg Secs Tr 15	Variable; 01/05/2043; \$300,000; CUSIP: 78413MAA6	252,828
SFave Coml Mtg Secs Tr 15	Variable; 01/05/2043; \$35,000; CUSIP: 78413MAE8	29,977
SMRT 2022-Mini B	Variable; 01/15/2039; \$530,000; CUSIP: 78457JAG7	526,211
TOWD Pt Mtg Tr 2017	Variable; 07/25/2057; \$36,092; CUSIP: 89169DAA9	35,861
UBS Coml Mtg Tr 2017	3.724%; 06/15/2050; \$535,000; CUSIP: 90276EAH0	511,351
Verus Sec Tr 2023	5.811%; 05/25/2068; \$593,482; CUSIP: 92539TAA1	593,931
WAMU 04-AR7	Variable; 07/25/2034; \$512,667; CUSIP: 92922FTB4	485,666
WAMU 05-AR13	Variable; 10/25/2045; \$356,909; CUSIP: 92922F4M7	339,669
WAMU 05-AR19	Variable; 12/25/2045; \$620,506; CUSIP: 92925CBA9	606,094
WAMU 2005-AR2	Variable; 01/25/2045; \$385,291; CUSIP: 92922FE95	376,427
WAMU 2005-AR9	Variable; 07/25/2045; \$207,494; CUSIP: 92922FU48	197,606
<b>Subtotal mortgage-backed securities</b>		<b>109,232,751</b>
<b>Corporate bonds:</b>		
AEP Tex Inc	6.650%; 02/15/2033; \$250,000; CUSIP: 0010EPAF5	265,342
Aercap Global Aviation Tr	3.300%; 01/30/2032; \$695,000; CUSIP: 00774MAX3	605,567

(Continued)

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Air Lease Corp	2.200%; 01/15/2027; \$155,000; CUSIP: 00914AAR3	\$ 147,138
Air Lease Corp	3.250%; 03/01/2025; \$65,000; CUSIP: 00912XBA1	64,814
Air Lease Corp	3.250%; 10/01/2029; \$150,000; CUSIP: 00914AAE2	138,458
Air Lease Corp	3.625%; 12/01/2027; \$320,000; CUSIP: 00912XAY0	309,244
American Assets Trust LP	3.375%; 02/01/2031; \$470,000; CUSIP: 02401LAA2	408,842
American Homes 4 Rent LP	3.625%; 04/15/2032; \$72,000; CUSIP: 02666TAE7	64,364
American Homes 4 Rent LP	4.300%; 04/15/2052; \$315,000; CUSIP: 02666TAF4	245,281
American Tower Corp	2.300%; 09/15/2031; \$243,000; CUSIP: 03027XBS8	202,037
American Tower Corp	2.700%; 04/15/2031; \$605,000; CUSIP: 03027XBM1	522,300
Amgen Inc	4.200%; 02/22/2052; \$320,000; CUSIP: 031162DF4	247,100
Aon Corp	2.800%; 05/15/2030; \$505,000; CUSIP: 037389BE2	449,977
Appalachian Power Co	3.300%; 06/01/2027; \$370,000; CUSIP: 037735CW5	357,575
Appalachian Power Co	4.500%; 03/01/2049; \$450,000; CUSIP: 037735CX3	360,319
Arizona Public Service Co	6.350%; 12/15/2032; \$685,000; CUSIP: 040555DE1	723,356
Arthur J Gallagher & Co	3.050%; 03/09/2052; \$355,000; CUSIP: 04316JAB5	221,345
Bank of America Corporation	Variable; 03/11/2027; \$515,000; CUSIP: 06051GJQ3	496,247
Bank of America Corporation	Variable; 10/24/2031; \$1,300,000; CUSIP: 06051GJL4	1,086,052
Bank of America Corporation	Variable; 02/04/2033; \$1,045,000; CUSIP: 06051GKK4	898,216
Barnabas Health Inc	4.000%; 07/01/2028; \$1,085,000; CUSIP: 06769QAA8	1,053,591
Berry Global Inc	1.650%; 01/15/2027; \$850,000; CUSIP: 08576PAF8	795,896
Berry Global Inc	5.650%; 01/15/2034; \$125,000; CUSIP: 08576PAP6	125,358
Boeing Co	5.805%; 05/01/2050; \$300,000; CUSIP: 097023CW3	279,046
Boeing Co	6.528%; 05/01/2034; \$40,000; CUSIP: 097023DS1	41,904
Centene Corp	2.625%; 08/01/2031; \$625,000; CUSIP: 15135BAZ4	514,672
Charter Comm Operating LLC	5.375%; 05/01/2047; \$440,000; CUSIP: 161175BL7	361,139
Charter Comm Operating LLC	5.375%; 04/01/2038; \$30,000; CUSIP: 161175BM5	26,686
Charter Comm Operating LLC	5.750%; 04/01/2048; \$266,000; CUSIP: 161175BN3	227,387
Charter Comm Operating LLC	4.800%; 03/01/2050; \$285,000; CUSIP: 161175BT0	214,080
Charter Comm Operating LLC	3.700%; 04/01/2051; \$879,000; CUSIP: 161175BV5	549,075
Charter Comm Operating LLC	3.900%; 06/01/2052; \$330,000; CUSIP: 161175CA0	212,292
Citigroup Inc	Variable; 05/01/2032; \$345,000; CUSIP: 172967MY4	292,009
Citigroup Inc	Variable; 06/03/2031; \$20,000; CUSIP: 172967MS7	17,431
Citigroup Inc	Variable; 01/25/2033; \$65,000; CUSIP: 17327CAQ6	55,838
Commonspirit Health	2.782%; 10/01/2030; \$280,000; CUSIP: 20268JAF0	247,852
Commonwealth Edison Co	3.850%; 03/15/2052; \$230,000; CUSIP: 202795JV3	170,364
Crown Castle Intl Corp	2.100%; 04/01/2031; \$335,000; CUSIP: 22822VAW1	277,267
Crown Castle Intl Corp	3.300%; 07/01/2030; \$350,000; CUSIP: 22822VAR2	318,007
CVS Health Corp	4.780%; 03/25/2038; \$65,000; CUSIP: 126650CY4	56,204
CVS Health Corp	5.050%; 03/25/2048; \$195,000; CUSIP: 126650CZ1	160,786
CVS Health Corp	5.125%; 07/20/2045; \$120,000; CUSIP: 126650CN8	100,820
CVS Health Corp	5.875%; 06/01/2053; \$160,000; CUSIP: 126650DZ0	146,774

(Continued)

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Delta Airlines Inc	2.000%; 12/10/2029; \$1,461,855; CUSIP: 247361ZV3	\$ 1,345,831
Duke Energy Carolinas LLC	3.750%; 06/01/2045; \$880,000; CUSIP: 26442CAP9	673,416
Duke Energy Carolinas LLC	5.350%; 01/15/2053; \$295,000; CUSIP: 26442CBK9	280,634
Duke Energy Florida LLC	5.875%; 11/15/2033; \$10,000; CUSIP: 26444HAQ4	10,408
Elevance Health Inc	5.200%; 02/15/2035; \$155,000; CUSIP: 036752BD4	151,378
Energy Transfer LP	5.150%; 03/15/2045; \$95,000; CUSIP: 29273RBF5	83,138
Entergy Tex Inc	3.450%; 12/01/2027; \$900,000; CUSIP: 29365TAF1	860,688
Evergy Kansas Central	5.700%; 03/15/2053; \$490,000; CUSIP: 30036FAB7	481,205
Eversource Energy	5.950%; 02/01/2029; \$480,000; CUSIP: 30040WAW8	494,507
Extra Space Storage LP	2.200%; 10/15/2030; \$93,000; CUSIP: 30225VAP2	79,129
Extra Space Storage LP	3.900%; 04/01/2029; \$265,000; CUSIP: 30225VAH0	253,346
GE Aerospace Frn	Variable; 08/15/2036; \$964,000; CUSIP: 36962GX74	906,165
Global Payments Inc	5.300%; 08/15/2029; \$520,000; CUSIP: 37940XAN2	520,910
GLP Cap LP	4.000%; 01/15/2030; \$151,000; CUSIP: 361841AP4	140,638
GLP Cap LP	4.000%; 01/15/2031; \$35,000; CUSIP: 361841AQ2	32,013
Goldman Sachs Group Inc	Variable; 03/09/2027; \$1,185,000; CUSIP: 38141GYA6	1,137,629
Goldman Sachs Group Inc	Variable; 09/10/2027; \$315,000; CUSIP: 38141GYG3	297,855
Goldman Sachs Group Inc	Variable; 10/21/2027; \$580,000; CUSIP: 38141GYM0	550,291
Healthcare Rlty Hldgs LP	3.500%; 08/01/2026; \$190,000; CUSIP: 42225UAD6	185,682
Healthcare Rlty Hldgs LP	3.625%; 01/15/2028; \$650,000; CUSIP: 42225UAK0	617,385
Healthcare Rlty Hldgs LP	3.875%; 05/01/2025; \$280,000; CUSIP: 42225UAJ3	278,609
Healthpeak Op LLC	3.400%; 02/01/2025; \$31,000; CUSIP: 40414LAM1	30,954
HSBC Holdings PLC	Variable; 09/22/2028; \$615,000; CUSIP: 404280CL1	567,020
Hudson Pac Pptys LP	3.950%; 11/01/2027; \$402,000; CUSIP: 44409MAA4	348,901
Illumina Inc	5.750%; 12/13/2027; \$610,000; CUSIP: 452327AP4	625,944
Indiana Michigan Power Co	4.550%; 03/15/2046; \$400,000; CUSIP: 454889AQ9	338,306
Inter Flavs & Frag Inc	4.375%; 06/01/2047; \$165,000; CUSIP: 459506AE1	129,040
Inter Flavs & Frag Inc	5.000%; 09/26/2048; \$250,000; CUSIP: 459506AL5	214,578
Interstate Pwr & Lt Co	5.450%; 09/30/2054; \$110,000; CUSIP: 461070AW4	104,047
Interstate Pwr & Lt Co	5.700%; 10/15/2033; \$275,000; CUSIP: 461070AU8	279,426
Invitation Homes Oper Part	2.000%; 08/15/2031; \$319,000; CUSIP: 46188BAA0	258,830
Invitation Homes Oper Part	5.500%; 08/15/2033; \$51,000; CUSIP: 46188BAF9	50,702
JBS USA Hldg Lux	6.750%; 03/15/2034; \$358,000; CUSIP: 47214BAC2	378,500
Jersey Cent Pwr & Light Co	6.400%; 05/15/2036; \$175,000; CUSIP: 476556CP8	183,507
JPMorgan Chase & Co	Variable; 02/04/2027; \$285,000; CUSIP: 46647PBW5	273,811
JPMorgan Chase & Co	Variable; 11/19/2026; \$95,000; CUSIP: 46647PBT2	91,955
JPMorgan Chase & Co	Variable; 09/22/2027; \$125,000; CUSIP: 46647PCP9	118,245
JPMorgan Chase & Co	Variable; 04/22/2027; \$1,740,000; CUSIP: 46647PCB0	1,670,797
JPMorgan Chase & Co	Variable; 02/04/2032; \$20,000; CUSIP: 46647PBX3	16,577
JPMorgan Chase & Co	Variable; 06/01/2028; \$135,000; CUSIP: 46647PBR6	126,799
JPMorgan Chase & Co	Variable; 04/22/2032; \$175,000; CUSIP: 46647PCC8	150,118

(Continued)

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
JPMorgan Chase & Co	Variable; 02/24/2028; \$150,000; CUSIP: 46647PCW4	\$ 144,291
Kimco Realty Op LLC	3.250%; 08/15/2026; \$500,000; CUSIP: 948741AM5	486,735
LXP Industrial Trust	2.375%; 10/01/2031; \$340,000; CUSIP: 529537AA0	276,423
Morgan Stanley	Variable; 01/21/2028; \$1,315,000; CUSIP: 61747YEK7	1,253,148
Morgan Stanley	Variable; 01/21/2033; \$250,000; CUSIP: 61747YEL5	214,192
NNN REIT Inc	5.600%; 10/15/2033; \$280,000; CUSIP: 637417AS5	282,373
Oracle Corp	3.950%; 03/25/2051; \$907,000; CUSIP: 68389XCA1	671,820
Petroleos Mexicanos	6.350%; 02/12/2048; \$38,000; CUSIP: 71654QCL4	24,961
Piedmont Natural Gas Co	5.050%; 05/15/2052; \$260,000; CUSIP: 720186AP0	228,083
Pilgrims Pride Corp	3.500%; 03/01/2032; \$37,000; CUSIP: 72147KAH1	31,906
Pilgrims Pride Corp	6.250%; 07/01/2033; \$235,000; CUSIP: 72147KAK4	239,434
Pilgrims Pride Corp	6.875%; 05/15/2034; \$150,000; CUSIP: 72147KAL2	159,502
PNC Finl Svcs Group Inc	Variable; 01/22/2035; \$95,000; CUSIP: 693475BW4	96,097
PNC Finl Svcs Group Inc	Variable; 10/20/2034; \$100,000; CUSIP: 693475BU8	109,156
Public Service Co of CO	5.250%; 04/01/2053; \$260,000; CUSIP: 744448CY5	241,509
Public Svc Co New Mexico	3.850%; 08/01/2025; \$500,000; CUSIP: 744542AC5	496,215
Rexford Industrial Realty LP	2.150%; 09/01/2031; \$35,000; CUSIP: 76169XAB0	28,438
Reynolds American Inc	5.700%; 08/15/2035; \$30,000; CUSIP: 761713BA3	30,086
Santander UK Grp Hldgs PLC	Variable; 06/14/2027; \$195,000; CUSIP: 80281LAQ8	185,605
Southern Co Gas Cap	4.950%; 09/15/2034; \$875,000; CUSIP: 8426EPAH1	846,763
Southern Co Gas Cap	5.750%; 09/15/2033; \$635,000; CUSIP: 8426EPAG3	650,737
Southwestern Elec Power Co	3.250%; 11/01/2051; \$75,000; CUSIP: 845437BT8	47,486
Spire Inc	4.700%; 08/15/2044; \$325,000; CUSIP: 505597AD6	270,229
TC Pipelines MLP	4.375%; 03/13/2025; \$310,000; CUSIP: 87233QAB4	309,436
Time Warner Cable LLC	5.500%; 09/01/2041; \$391,000; CUSIP: 88732JBB3	331,801
T-Mobile USA Inc	3.375%; 04/15/2029; \$250,000; CUSIP: 87264ABV6	233,340
T-Mobile USA Inc	4.700%; 01/15/2035; \$470,000; CUSIP: 87264ADM4	444,530
Uber Technologies Inc	4.800%; 09/15/2034; \$470,000; CUSIP: 90353TAP5	449,822
UnitedHealth Group Inc	5.150%; 07/15/2034; \$915,000; CUSIP: 91324PFJ6	902,790
Untd Airls Pass Thru Tr 2013	4.300%; 02/15/2027; \$589,470; CUSIP: 909319AA3	586,223
US Airways Inc	4.625%; 12/03/2026; \$258,498; CUSIP: 90345WAD6	257,636
US Bancorp	Variable; 02/01/2034; \$230,000; CUSIP: 91159HJL5	220,164
US Bancorp	Variable; 01/23/2035; \$25,000; CUSIP: 91159HJR2	25,211
Voya Clo 2016	Variable; 10/18/2031; \$475,600; CUSIP: 92915HAW3	476,622
WarnerMedia Holdings Inc	5.050%; 03/15/2042; \$655,000; CUSIP: 55903VBD4	525,888
WarnerMedia Holdings Inc	5.141%; 03/15/2052; \$1,346,000; CUSIP: 55903VBE2	1,000,084
Wells Fargo & Co	Variable; 10/30/2030; \$365,000; CUSIP: 95000U2G7	329,239
Wells Fargo & Co	Variable; 05/22/2028; \$1,575,000; CUSIP: 95000U2A0	1,526,244
Wells Fargo & Co	Variable; 07/25/2033; \$145,000; CUSIP: 95000U3B7	140,036
Wells Fargo & Co	Variable; 04/24/2034; \$90,000; CUSIP: 95000U3D3	88,999
Wells Fargo & Co	Variable; 03/02/2033; \$240,000; CUSIP: 95000U2U6	210,395

(Continued)

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Willis North America Inc	5.350%; 05/15/2033; \$200,000; CUSIP: 970648AM3	\$ 198,596
Wisconsin Pwr & Lt Co	4.950%; 04/01/2033; \$520,000; CUSIP: 976826BR7	504,760
Xcel Energy Inc	4.600%; 06/01/2032; \$110,000; CUSIP: 98388MAD9	104,683
<b>Subtotal corporate bonds</b>		<b>45,278,654</b>
<b>Common stocks:</b>		
Aaon Inc	63,043 shares; CUSIP: 000360206	7,418,900
Agilysys Inc	8,770 shares; CUSIP: 00847J105	1,155,097
Altair Engineering Inc Cl A	20,360 shares; CUSIP: 021369103	2,221,480
Azenta Inc	38,110 shares; CUSIP: 114340102	1,905,500
Balchem Corp	23,495 shares; CUSIP: 057665200	3,829,568
Bio Techne Corp	22,808 shares; CUSIP: 09073M104	1,642,860
BJs Whsl Club Hldgs Inc	30,070 shares; CUSIP: 05550J101	2,686,755
Blackline Inc	51,515 shares; CUSIP: 09239B109	3,130,051
Broadridge Financial Sol	13,407 shares; CUSIP: 11133T103	3,031,189
Burlington Stores Inc	9,800 shares; CUSIP: 122017106	2,793,588
BWX Technologies Inc	12,173 shares; CUSIP: 05605H100	1,355,950
Casella Waste Sys Inc Cl A	61,415 shares; CUSIP: 147448104	6,498,321
Casey General Stores	6,487 shares; CUSIP: 147528103	2,570,344
CCC Intelligent Sol Hold	239,000 shares; CUSIP: 12510Q100	2,803,470
CDW Corporation	13,373 shares; CUSIP: 12514G108	2,327,437
Churchill Downs Inc	20,584 shares; CUSIP: 171484108	2,748,787
Clearwater Analytics Hdg Inc	134,110 shares; CUSIP: 185123106	3,690,707
Construction Partners Inc	67,140 shares; CUSIP: 21044C107	5,939,204
Copart Inc	35,543 shares; CUSIP: 217204106	2,039,813
Costar Group Inc	32,608 shares; CUSIP: 22160N109	2,334,407
Crane Nxt Co	13,000 shares; CUSIP: 224441105	756,860
CSW Industrials Inc	11,475 shares; CUSIP: 126402106	4,048,380
Datadog Inc Cl A	16,748 shares; CUSIP: 23804L103	2,393,122
Descartes Sys Group Inc	80,226 shares; CUSIP: 2528834	9,113,674
Dexcom Inc	17,315 shares; CUSIP: 252131107	1,346,588
Diamondback Energy Inc	11,490 shares; CUSIP: 25278X109	1,882,407
Digi International Inc	84,850 shares; CUSIP: 253798102	2,565,016
Dr Horton Inc	10,270 shares; CUSIP: 23331A109	1,435,951
Dutch Bros Inc	42,520 shares; CUSIP: 26701L100	2,227,198
Dynatrace Inc	25,989 shares; CUSIP: 268150109	1,412,502
Epam Systems Inc	10,750 shares; CUSIP: 29414B104	2,513,565
Equifax Inc	10,453 shares; CUSIP: 294429105	2,663,947
ESCO Technologies Inc	25,825 shares; CUSIP: 296315104	3,440,148
Exponent Inc	55,180 shares; CUSIP: 30214U102	4,916,538
Fastenal Co	36,675 shares; CUSIP: 311900104	2,637,299

(Continued)

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Federal Signal Corp	34,060 shares; CUSIP: 313855108	\$ 3,146,803
Ferguson Enterprises Inc	10,111 shares; CUSIP: 31488V107	1,754,966
FirstService Corp	27,235 shares; CUSIP: BJQ0C55	4,930,080
Floor & Decor Holdings Inc	12,782 shares; CUSIP: 339750101	1,274,365
Globant Sa	14,246 shares; CUSIP: BP40HF4	3,054,627
Graco Inc	26,419 shares; CUSIP: 384109104	2,226,858
Heico Corp	8,110 shares; CUSIP: 422806109	1,928,071
Helios Technologies Inc	50,690 shares; CUSIP: 42328H109	2,262,802
Henry (Jack) & Assoc Inc	14,151 shares; CUSIP: 426281101	2,480,670
Hillman Solutions Corp	173,915 shares; CUSIP: 431636109	1,693,932
Hubspot Inc	2,645 shares; CUSIP: 443573100	1,842,957
Icon PLC	6,903 shares; CUSIP: B94G471	1,447,628
IDEX Corporation	10,720 shares; CUSIP: 45167R104	2,243,589
Idexx Labs Inc	4,665 shares; CUSIP: 45168D104	1,928,698
Ingersoll Rand Inc	25,388 shares; CUSIP: 45687V106	2,296,598
Insulet Corp	10,946 shares; CUSIP: 45784P101	2,857,672
JBT Marel Corp	18,905 shares; CUSIP: 477839104	2,402,826
Kadant Inc	2,100 shares; CUSIP: 48282T104	724,479
Kinsale Capital Group Inc	5,831 shares; CUSIP: 49714P108	2,712,173
Lamb Weston Holdings Inc	24,678 shares; CUSIP: 513272104	1,649,231
Lemaitre Vascular Inc	41,500 shares; CUSIP: 525558201	3,823,810
Lennox International Inc	2,617 shares; CUSIP: 526107107	1,594,538
Manhattan Associates Inc	9,628 shares; CUSIP: 562750109	2,601,871
Marketaxess Hlds Inc	7,785 shares; CUSIP: 57060D108	1,759,721
Mercury Systems Inc	39,755 shares; CUSIP: 589378108	1,534,862
Merit Medical Systems Inc	44,345 shares; CUSIP: 589889104	4,289,048
Mesa Laboratories Inc	14,463 shares; CUSIP: 59064R109	1,907,236
Microchip Technology	14,205 shares; CUSIP: 595017104	814,657
Monolithic Power Sys Inc	4,767 shares; CUSIP: 609839105	2,820,634
MSA Safety Inc	10,600 shares; CUSIP: 553498106	1,757,162
MSCI Inc	4,939 shares; CUSIP: 55354G100	2,963,449
NCINO Inc	42,400 shares; CUSIP: 63947X101	1,423,792
Neogen Corp	181,615 shares; CUSIP: 640491106	2,204,806
Novanta Inc	26,875 shares; CUSIP: 67000B104	4,105,694
Paycor HCM Inc	143,425 shares; CUSIP: 70435P102	2,663,402
Penumbra Inc	11,173 shares; CUSIP: 70975L107	2,653,364
Pool Corp	4,969 shares; CUSIP: 73278L105	1,694,131
PTC Inc	14,195 shares; CUSIP: 69370C100	2,610,035
Pure Storage Inc Cl A	20,509 shares; CUSIP: 74624M102	1,259,868
Q2 Holdings Inc	36,045 shares; CUSIP: 74736L109	3,627,929
Raymond James Financial Inc.	16,030 shares; CUSIP: 754730109	2,489,940

(Continued)

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
RBC Bearings Inc	14,330 shares; CUSIP: 75524B104	\$ 4,286,676
Repligen	30,038 shares; CUSIP: 759916109	4,323,670
Resmed Inc	6,612 shares; CUSIP: 761152107	1,512,098
Rollins Inc	45,143 shares; CUSIP: 775711104	2,092,378
Shift4 Payments Inc	13,053 shares; CUSIP: 82452J109	1,354,640
Simpson Manufacturing Co	22,900 shares; CUSIP: 829073105	3,797,507
Simulations Plus Inc	56,620 shares; CUSIP: 829214105	1,579,132
Siteone Landscape Supply Inc	23,000 shares; CUSIP: 82982L103	3,030,710
SPS Commerce Inc	25,200 shares; CUSIP: 78463M107	4,636,548
SPX Technologies Inc	15,415 shares; CUSIP: 78473E103	2,243,191
Stevanato Group S.P.A.	159,220 shares; CUSIP: BNM0752	3,469,404
Texas Roadhouse Inc	10,547 shares; CUSIP: 882681109	1,902,995
Transcat Inc	21,965 shares; CUSIP: 893529107	2,322,579
Trex Co Inc	63,458 shares; CUSIP: 89531P105	4,380,506
Tyler Technologies Inc	4,773 shares; CUSIP: 902252105	2,752,303
UL Solutions Inc Cl A	17,890 shares; CUSIP: 903731107	892,353
Veeva Sys Inc Cl A	10,294 shares; CUSIP: 922475108	2,164,314
Vericel Corp	49,095 shares; CUSIP: 92346J108	2,695,806
Vertex Inc - Class A	54,530 shares; CUSIP: 92538J106	2,909,176
Vertiv Holdings Co	18,914 shares; CUSIP: 92537N108	2,148,820
WD 40 Co	8,125 shares; CUSIP: 929236107	1,971,775
Workiva Inc	22,670 shares; CUSIP: 98139A105	2,482,363
Zebra Technologies Corp Cl A	7,491 shares; CUSIP: 989207105	2,893,174
<b>Subtotal common stocks</b>		<b>262,777,715</b>
<b>Asset-backed securities:</b>		
AIG Clo 2019-2 Ltd	Variable; 10/25/2033; \$980,000; CUSIP: 00142MAE0	980,664
AMMC CDO	Variable; 01/20/2035; \$950,000; CUSIP: 00177LAJ9	950,089
Apidos Clo XII	Variable; 04/15/2031; \$648,095; CUSIP: 03764DAM3	648,762
Barings Clo Ltd 2019-III	Variable; 01/20/2036; \$750,000; CUSIP: 06761KAW1	750,044
Carv Auto Rec Tr 2024-P4 5	5.100%; 05/12/2031; \$350,000; CUSIP: 14076LAF0	346,183
CIFC 2021-7A	Variable; 01/23/2035; \$825,000; CUSIP: 12567HAC6	827,171
ECMC Grp Stu Ln Tr 2021-1	Variable; 11/25/2070; \$546,631; CUSIP: 26833RAB4	540,920
Global SC Finance VII Srl	2.170%; 10/17/2040; \$526,074; CUSIP: 37959PAA5	495,264
Goldentree Loan Management	Variable; 10/20/2034; \$950,000; CUSIP: 38136NAY2	953,615
Huntington Bank Auto Credit	5.442%; 10/20/2032; \$775,191; CUSIP: 44644NAG4	775,760
Huntington Bank Auto Credit	6.153%; 05/20/2032; \$444,516; CUSIP: 44644NAA7	449,431
Navient Student Ln Tr 2021	1.680%; 02/25/2070; \$942,952; CUSIP: 63942QAA9	828,531
NAVSL 2014	Variable; 05/27/2049; \$625,961; CUSIP: 63939DAC9	617,586
Palmer Square Clo Ltd	Variable; 04/20/2035; \$850,000; CUSIP: 69689QAA3	852,087
Palmer Square Ln Fnd 2022	Variable; 04/15/2031; \$700,000; CUSIP: 69690CAN3	700,350

(Continued)

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
RCTTE 1A	Variable; 04/20/2034; \$1,150,000; CUSIP: 75620TAW8	\$ 1,151,021
SLM Student Ln Tr 2008	Variable; 07/25/2073; \$740,000; CUSIP: 78444YAE5	765,057
SLM Student Ln Tr 2008	Variable; 01/25/2083; \$230,000; CUSIP: 784442AD7	238,279
Stack Inf Issuer LLC	1.877%; 03/26/2046; \$690,000; CUSIP: 85236KAE2	663,766
Taco Bell Fdg LLC	1.946%; 08/25/2051; \$859,688; CUSIP: 87342RAG9	802,763
<b>Subtotal asset-backed securities</b>		<b>14,337,343</b>
<b>Municipal bonds:</b>		
New York St	1.952%; 03/15/2029; \$320,000; CUSIP: 64990FD84	287,891
New York St	5.628%; 03/15/2039; \$245,000; CUSIP: 64990FMT8	245,151
NY NYC Trans	5.508%; 08/01/2037; \$500,000; CUSIP: 64971M4P4	492,948
NYC TFA	5.267%; 05/01/2027; \$165,000; CUSIP: 64971MT44	166,523
NYS UDC	3.370%; 03/15/2030; \$450,000; CUSIP: 6500355Z7	420,406
<b>Subtotal municipal bonds</b>		<b>1,612,919</b>
<b>Guaranteed investment contracts:</b>		
New York Life	NYL GA-29030	52,835,859
<b>Synthetic investment contracts:</b>		
Prudential	Pru Core Conserv Int BD FD	83,343,550
Pacific Life	Pacific Life G-27341.01.001:	
	MFB Coltv Daily 1-5 Yr Cr Bd ; 2.385%; CUSIP: 786993972	3,170,399
	MFB Coltv Daily 1-10 Yr Int; CUSIP: 004000964	6,537,582
	NT Coltv Short Term; 0.869%; CUSIP: 66586W326	11,894,345
	MFB NT Coltv Asset-Backed; 0.597%; CUSIP: 003999AF6	12,689,333
	MFB NT Coltv Comm Mort Backed; 0.747%; CUSIP: 665999538	4,953,887
	MFB Coltv MB Sec Idx Fd-Non; 1.880%; CUSIP: 004992AA1	15,838,527
	NT Col 1-10 Yr Int Bd Idx Fd; 2.489%; CUSIP: 66586U726	24,160,741
Voya Ret. Ins. & Annuity Co.	Voya Ret. Ins. & Annuity Co. 60257:	
	MFB Coltv Daily 1-5 Yr Cr Bd; 2.385%; CUSIP: 786993972	31,420,823
	NT Collective Short Term; 0.869%; CUSIP: 66586W326	21,182,827
	MFB NT Coltv Asset-Backed; 0.597%; CUSIP: 003999AF6	14,579,747
	MFB NT Coltv Comm MB; 0.747%; CUSIP: 665999538	5,691,917
	MFB NT Coltv MB Sec Idx Fd; 1.880%; CUSIP: 004992AA1	18,198,210
Transamerica Premier Life	Transamerica Premier Life MDA01115TR:	
	1-3 Year Credit Bond Index Fund	11,672,232
	Asset-Backed Securities Index Fund	12,880,320
	Commercial Mortgage-Backed Securities Index Fund	5,036,925
	1-3 Year Government Bond Index Fund	14,700,941
	Intermediate Government Bond Index Fund	4,026,240

(Continued)

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	Intermediate Term Credit Bond Index Fund	\$ 16,106,015
	Mortgage-Backed Securities Index Fund	16,122,069
Nationwide	Nationwide STA THC IP 1016:	
	1-3 Year Credit Bond Index Fund	2,496,678
	Asset-Backed Securities Index Fund	9,998,020
	Commercial Mortgage-Backed Securities Index Fund	3,909,794
	1-3 Year Government Bond Index Fund	7,504,140
	Intermediate Government Bond Index Fund	7,033,981
	Intermediate Term Credit Bond Index Fund	19,064,865
	Mortgage-Backed Securities Index Fund	12,514,389
American General Life	American General Life 1635587:	
	American General Life Cash Account	1,084,090
	AEPTC 2019-1 A1	187,434
	AMXCA 2022-4 A	437,603
	AMXCA 2022-1 A	1,917,852
	BBCMS 2022-C18 A2	1,356,804
	BMO 2022-C3 A2	821,784
	BMWLT 2024-2 A3	272,005
	BANK 2023-BNK45 A2	610,997
	BMARK 2024-V9 A3	1,454,606
	BMO 2024-5C4 A2	1,670,243
	CD 2016-CD2 A3	1,129,988
	CNH 2022-A A3	501,287
	CNH 2022-B A3	225,023
	CNH 2023-A A3	719,249
	COMET 2022-A1 A1	583,546
	CARMX 2024-1 A3	214,626
	CNH 2024-B A3	496,673
	DBJPM 2017-C6 A4	1,392,606
	DTRT 2024-1 A3	294,416
	DCENT 2022-A1 A1	1,297,189
	DCENT 2022-A3 A3	1,718,942
	FNR 2015-29 PA	572,800
	FNR 2016-43 GV	1,067,791
	FNR 2017-11 KA	670,864
	FNR 2017-43 A	284,975
	FNR 2017-47 EA	762,802
	FNR 2021-45 EA	1,424,049
	FNR 2021-91 DA	1,238,717
	FNR 2022-13 MA	1,268,238

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	FNR 2022-1 DA	\$ 693,716
	FHR 4427 MA	779,119
	FHR 5081 NH	1,270,184
	FHR 5009 GD	1,218,713
	FHR 5094 DA	733,807
	FHR 5156 HB	843,842
	FHR 5222 A	902,656
	FHR 5263 EA	703,625
	FHR 5319 A	1,054,511
	FORDO 2023-A A3	242,931
	GMALT 2024-2 A3	412,107
	GNR 2012-6 LH	202,431
	GNR 2013-144 EC	356,077
	GNR 2014-2 EA	468,163
	GNR 2015-3 DA	377,532
	GNR 2020-78 HL	215,419
	GNR 2021-8 TP	759,045
	GNR 2022-212 HP	1,480,522
	GNR 2022-100 KA	638,133
	GNR 2022-112 MA	760,324
	GNR 2022-180 DA	639,562
	GNR 2022-153 HA	1,944,654
	HAROT 2024-1 A3	627,841
	JDOT 2022-A A3	450,470
	JDOT 2022-B A3	322,671
	JDOT 2023-A A3	654,322
	JDOT 2024-A A3	238,323
	MBART 2022-1 A3	460,523
	NAROT 2022-B A3	283,951
	PCG 4.838 06/01/33	609,512
	TAOT 2023-B A3	446,292
	TAOT 2022-A A3	143,092
	T 4 1/8 02/15/27	2,042,528
	T 4 1/8 11/15/27	3,702,629
	WOART 2022-C A3	165,291
	WOART 2024-A A3	1,143,638
	Wrapper agreement	—
	<b>Subtotal synthetic investment contracts</b>	<b>450,393,852</b>

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	Non-interest bearing cash	\$ 1,351,826
Various participants	Participant loans, interest rates from 4.25% to 10.50%; maturity dates from January 2025 to September 2048	121,231,605
	<b>Total assets at fair value</b>	<b>8,693,235,208</b>
	Adjustment from fair value to contract value	35,349,678
	<b>Total assets (Held at End of Year)</b>	<b><u>\$8,728,584,886</u></b>

(Concluded)

\* Party-in-interest

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

See accompanying Independent Auditor's Report.

# Tenet Healthcare Corporation 401(k) Retirement Savings Plan

Employer ID No: 95-2557091  
Plan Number: 335

Financial Statements (Modified Cash Basis)  
as of and for the Years Ended December 31, 2024 and 2023,  
Supplemental Schedule as of December 31, 2024,  
and Independent Auditor's Report

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

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

## INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the financial statements of Tenet Healthcare Corporation 401(k) Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended and the related notes to the financial statements (modified cash basis) ("the financial statements").

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

### Opinion

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

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

## **Basis for Opinion**

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

## **Basis of Accounting**

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

## **Responsibilities of Management for the Financial Statements**

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

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan’s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern for a reasonable period of time.

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

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

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

#### **Other Matter—Supplemental Schedule Required by ERISA**

The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

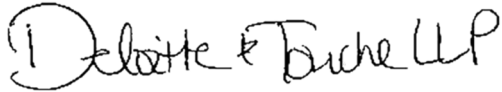
In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are

presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

A handwritten signature in black ink that reads "Deloitte & Touche LLP". The signature is written in a cursive, flowing style.

October 15, 2025

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

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)  
AS OF DECEMBER 31, 2024 AND 2023**

	2024	2023
<b>ASSETS:</b>		
Investments at fair value:		
Interest-bearing cash and cash equivalents	\$ 28,842,318	\$ 78,347,019
Mutual funds	817,988,210	845,559,486
Self-directed brokerage accounts	245,121,129	203,342,113
Collective trusts	6,401,706,884	5,636,817,782
U.S. government securities	140,524,143	95,009,056
Mortgage-backed securities	109,232,751	70,534,903
Corporate bonds	45,278,654	55,622,119
Common stocks	262,777,715	300,271,006
Asset-backed securities and municipal bonds	15,950,262	19,957,587
Total investments at fair value	8,067,422,066	7,305,461,071
Investments at contract value:		
Guaranteed investment contracts	56,622,265	61,103,247
Synthetic investment contracts	481,957,124	521,016,146
Total investments	8,606,001,455	7,887,580,464
Non-interest bearing cash	1,351,826	865,231
Notes receivable from participants	121,231,605	117,194,904
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 8,728,584,886</b>	<b>\$ 8,005,640,599</b>

See notes to financial statements.

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

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,181,106,199	\$ 1,315,931,226
Interest	34,880,783	26,393,982
Dividends	52,504,195	32,165,931
Net investment income	1,268,491,177	1,374,491,139
Interest income on notes receivable from participants	8,807,175	6,707,063
Contributions:		
Employer	121,094,411	117,958,126
Participants	425,366,693	431,243,356
Participant Rollovers	87,088,798	55,903,259
Net additions	1,910,848,254	1,986,302,943
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	1,266,536,482	841,855,158
Administrative expenses	9,332,656	9,691,198
Total deductions	1,275,869,138	851,546,356
NET INCREASE BEFORE PLAN TRANSFERS	634,979,116	1,134,756,587
Transfers from other plans	87,965,171	—
INCREASE IN NET ASSETS	722,944,287	1,134,756,587
NET ASSETS AVAILABLE FOR BENEFITS — Beginning of year	8,005,640,599	6,870,884,012
NET ASSETS AVAILABLE FOR BENEFITS — End of year	<u>\$ 8,728,584,886</u>	<u>\$ 8,005,640,599</u>

See notes to financial statements.

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

**NOTES TO FINANCIAL STATEMENTS (MODIFIED CASH BASIS)  
AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

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**1. DESCRIPTION OF PLAN**

The following description of the Tenet Healthcare Corporation 401(k) Retirement Savings Plan (the “Plan”) provides only general information and is applicable to the majority of the Plan’s participants.

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

Effective in August 2024, The Physicians Group, LLC and its physician owners (together, “TPG”) adopted the Plan as an unrelated separate employer. In September 2024, all participant account balances from the pre-existing retirement savings plan sponsored by TPG—The Healthcare Partners Investment LLC 401(k) Profit Sharing Plan—were merged into the Plan. The aggregate transfer amount of approximately \$87,965,000 is reflected in transfers from other plans in the accompanying Statement of Changes in Net Assets Available for Benefits. Also effective in August 2024, Covenant Surgical Partners and Covenant Practice Management (together, “Covenant”) adopted the Plan as an unrelated separate employer, and the participants in Covenant’s pre-existing retirement savings plan were given the option of rolling their accounts into the Plan.

Following its adoption by TPG and Covenant, the Plan became a multiple-employer plan under ERISA and the Internal Revenue Code (“IRC”) for which a single Form 5500 annual report is filed. All Plan assets are held in a single trust for the benefit of participants. The specific Plan provisions that apply to participants, such as eligibility requirements and vesting rules, may vary based on the applicability of collective bargaining agreements and the participant’s subsidiary employer. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

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

**Eligibility and Contributions** — Plan eligibility is based upon completion of 30 days of service with the Employer, as defined in the Plan document, and participation is elective. Participants may contribute up to 75% of their eligible compensation to the Plan as pretax and/or Roth after-tax savings. Instead of, or in addition to, pretax and/or Roth after-tax savings, participants may contribute up to 10% of their eligible compensation as after-tax savings. The total percentage of pretax, Roth after-tax and after-tax savings cannot exceed 85% of a participant’s eligible compensation. The total dollar amount a participant could contribute on a pretax and/or Roth after-tax basis was limited to \$23,000 and \$22,500, the maximum allowed by the Internal Revenue Service (“IRS”), during the years ended December 31, 2024 and 2023, respectively. In addition, participants age 50 years or over could make a catch-up contribution not to exceed \$7,500 in total for each of the years ended December 31, 2024 and 2023. An eligible employee or participant may also make rollover contributions to the Plan.

The employer matching contribution under the Plan is a discretionary amount determined by the Retirement Plans Administration Committee (“RPAC”). For the years ended December 31, 2024 and 2023, the RPAC approved an employer match equal to 50% of pretax and/or Roth after-tax contributions up to a maximum of 6% of eligible compensation. For both years, the participant was required to work a minimum of 1,000 eligible hours of service per calendar year. Certain collective bargaining agreements may allow for a different employer match in accordance with their specific collective bargaining agreement. The Sponsor also makes a Retirement Medical Benefit Account (“RMBA”) contribution for a specific group of collective bargaining agreement employees specified in the Plan document. The RMBA contribution is equal to 1% or 2% of eligible compensation, depending on the collective bargaining agreement, and is subject to 1,500 eligible hours of service annually.

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

The Plan contains provisions to allow the Employer to make discretionary match and/or profit sharing contributions. No additional discretionary matching or profit sharing contributions were made related to the Plan years ended December 31, 2024 and 2023.

**Participant Accounts** — Each participant’s account is credited with the participant’s contributions, the Employer’s contributions and Plan earnings or losses based on their investments. Participant accounts are also charged with withdrawals and an allocation of plan losses and administrative expenses. The benefit that a participant is entitled to is the amount that can be provided from the participant’s vested account. Any loans that existed in plans prior to merging into the Plan were in accordance with their original plan’s provisions. As a result of previous mergers, some loans held as of December 31, 2024 may have provisions that differ from those currently allowable under the Plan.

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

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

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

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

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

**Forfeitures** — Upon termination of employment due to involuntary or voluntary separation and upon withdrawal, the Plan document permits forfeited amounts contributed by the Employer to be applied against future Employer contributions or to pay Plan expenses. During the years ended December 31, 2024 and 2023, forfeitures of \$6,801,138 (for 2023 match processed in 2024) and \$6,018,920 (for 2022 match processed in 2023), respectively, were used to offset Employer contributions related to the 2023 and 2022 Plan years. During the years ended December 31, 2024 and 2023, forfeitures of \$696,335 and \$807,675, respectively, were used to pay Plan expenses. Forfeitures available for utilization totaled \$7,490,782 and \$7,149,627 at December 31, 2024 and 2023, respectively.

**Administrative Expenses** — Administrative expenses of the Plan are paid by the Plan or the Sponsor, as provided in the Plan document. The Plan utilized \$1,572,768 and \$1,298,012 of undistributed administrative revenues to pay certain Plan administrative expenses during the years ended December 31, 2024 and 2023, respectively.

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

**Notes Receivable from Participants** — Participants who are active employees may borrow the lesser of 50% of their vested account balance or \$50,000, less the highest outstanding loan balance in the previous 12 months, with a minimum loan of \$500. Loan transactions are treated as a transfer to (from) the participant’s investment funds from (to) the participant’s loan fund.

Loans are repaid through payroll deductions over a period of six months to five years, or up to 15 years for the purchase of a primary residence. The loans are secured by the vested balance in the participant's account. The interest rate used is equal to 1% plus the prime rate of interest as determined by Reuters on the last business day of the prior month in which the loan was executed.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** — The Plan uses, and regulatory and taxing authorities permit, the modified cash basis method of accounting where additions to net assets available for benefits are recognized when cash is received and deductions are recognized when amounts are paid, except for the recognition of unrealized gains or losses on investments at the end of the Plan year and interest and dividend income when earned. This method is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America ("GAAP"). In general, statements prepared in accordance with GAAP would include, among other things, contributions receivable as assets and accrued administrative expenses as liabilities.

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

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

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

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

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

**Contributions** — Contributions from the Employer and participants are recorded when remitted to the Plan's trust. The Employer contributions of \$121,094,411 presented on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024, includes the 2023 Plan year Employer contribution for the majority of the Plan's participants and a portion of the 2024 Plan year Employer contribution for union employees of \$645,781. Similarly, the Employer contributions of \$117,958,126 presented on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2023, includes the 2022 Plan year Employer contribution for the majority of the Plan's participants and a portion of the 2023 Plan year Employer contribution for union employees of \$676,038.

Employer contributions related to the 2024 Plan year of approximately \$113,995,000, net of forfeitures utilized of 7,500,000, were deposited into the Plan during 2025.

**Excess Contributions Payable** — The Plan is required to return contributions received during the Plan year in excess of the IRC limits.

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

**Risk and Uncertainties** — The Plan invests in various investment securities, which are exposed to various risks such as inflation, interest rate, market and credit risks. Market risks include the potential impact of domestic or foreign government policy actions—such as tariffs, trade restrictions, sanctions, and retaliatory measures—which are inherently uncertain and subject to change without notice, and could affect the value of investment securities in unpredictable ways. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment

securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

### 3. FAIR VALUE MEASUREMENTS

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

**Asset Valuation Techniques** — Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

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

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

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

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

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

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

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

**Fair Value Measurements** — The following table sets forth, by level within the fair value hierarchy, a summary of the Plan’s investments measured at fair value on a recurring basis at December 31, 2024:

	<b>Fair Value Measurements at December 31, 2024, Using</b>			
	<b>Active Markets for Identical Assets (Level 1)</b>	<b>Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>	<b>Total</b>
Short-term investment fund	\$ 18,179,923	\$ —	\$ —	\$ 18,179,923
Money market funds	10,662,395	—	—	10,662,395
Mutual funds	817,988,210	—	—	817,988,210
Self-directed brokerage accounts	245,121,129	—	—	245,121,129
U.S. government securities	140,524,143	—	—	140,524,143
Common stocks	262,777,715	—	—	262,777,715
Mortgage-backed securities	—	109,232,751	—	109,232,751
Asset-backed securities	—	14,337,343	—	14,337,343
Corporate bonds	—	45,278,654	—	45,278,654
Municipal bonds	—	1,612,919	—	1,612,919
<b>Total</b>	<b>\$ 1,495,253,515</b>	<b>\$ 170,461,667</b>	<b>\$ —</b>	<b>\$ 1,665,715,182</b>
Collective trusts measured at NAV				6,401,706,884
<b>Total investments at fair value</b>				<b>\$ 8,067,422,066</b>

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

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

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

#### 4. NET ASSET VALUE PER SHARE

The following table summarizes the Plan's investments with a reported NAV as of December 31, 2024. The fair value of investments in the table below has been estimated using the NAV of the investments.

	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
At December 31, 2024					
Collective trusts:					
Foreign	\$ 976,494,952	\$ —	Daily	None	None <sup>(1)</sup>
Large cap blend	2,569,553,747	—	Daily	None	None
Large cap value	139,606,715	—	Daily	None	None
Large cap growth	1,583,664,009	—	Daily	None	None
Mid cap blend	431,224,279	—	Daily	None	None
Mid cap value	172,363,046	—	Daily	None	None
Emerging markets	301,985,333	—	Daily	None	None
Intermediate term	106,180,265	—	Daily	None	None
Real Estate	120,634,538	—	Daily	None	None
Total	<u>\$ 6,401,706,884</u>	<u>\$ —</u>			

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

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

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

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

#### 5. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

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

The Plan enters into synthetic GICs with certain insurance companies and financial institutions (the "Contract Issuers") that simulate the performance of a traditional GIC, whereby participants execute Plan transactions at contract value. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals. The self-managed stable value fund is composed of a portfolio of fixed income securities and collective trust funds owned by the Plan and an investment contract issued by an insurance company or other financial institution, designed to provide a contract value "wrapper" around the fixed

income portfolio to guarantee a specific interest rate which is reset quarterly and that cannot be less than zero. The wrapper contract provides that realized and unrealized gains and losses on the underlying fixed income portfolio are not reflected immediately in the net assets of the fund, but rather are amortized over the duration of the underlying assets through adjustments to the future interest crediting rate. Primary variables impacting future crediting rates of the synthetic GICs include the current yield, duration and any existing difference between market and contract value of the underlying assets within the wrap contract. Synthetic GICs seek to provide certain protections from the credit risk associated with a traditional GIC.

The fair value of the collective trust funds held within the synthetic GICs are reported at the NAV of the investment provided by the issuer of the fund as a practical expedient. There are no restrictions on redemptions or redemption frequency, and there were no unfunded commitments between the Plan and the collective trust funds as of December 31, 2024 and 2023.

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

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

There are certain events not initiated by Plan participants that limit the ability of the Plan to transact with the issuer of the GIC or synthetic GICs at their contract value. Specific coverage provided by each traditional GIC and synthetic GIC may be different for each issuer, and can be found in the individual traditional GIC or synthetic GIC contracts held by the Plan. Examples of such events include: the Plan's failure to qualify under the IRC as amended; full or partial termination of the Plan; involuntary termination of employment as a result of a corporate merger, divestiture, spin off, or other significant business restructuring, which may include early retirement incentive programs or bankruptcy; changes to the administration of the Plan that decrease employee or employer contributions, the establishment of a competing plan by the Sponsor, the introduction of a competing investment option, or other Plan amendment that has not been approved by the Contract Issuers; dissemination of a participant communication that is designed to induce participants to transfer assets from the stable value option; or events resulting in a material adverse financial impact on the contract issuer, including changes in the IRC, laws or regulations. The Plan administrator does not believe that the occurrence of any of the aforementioned events, which would limit the Plan's ability to transact with the issuer of its GIC or synthetic GICs at their contract value with participants, is probable.

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

The average yield based on actual earnings of the Plan's investment contracts, computed by dividing the annualized one-day actual earnings of the contract on the last day of the Plan year by the fair value of the investments on the same date, was approximately 3.00% and 2.73% during the years ended December 31, 2024 and 2023, respectively. The average yield based on the interest rate credited to participants of the Plan's investment contracts, computed by dividing the annualized one-day actual earnings credited to participants on the last day of the Plan year by the fair value of the investments on the same date, was 2.94% and 2.67% during the years ended December 31, 2024 and 2023, respectively.

## **6. PLAN TERMINATION**

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

## **7. TAX STATUS**

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

The Plan administrator and the Plan's tax counsel believe that the Plan, as amended and restated effective January 1, 2024, is designed and is currently being operated in compliance with the applicable requirements of the IRC to maintain its tax-exempt status. Therefore, no provision for income taxes has been included in the Plan's financial statements.

## 8. CERTIFIED INVESTMENT INFORMATION

The following is a summary of the information regarding the Plan as of December 31, 2024 and 2023, and for the years then ended, included in the Plan's financial statements and supplemental schedule of assets held at end of year, that was prepared by or derived from information prepared by the Trustee, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee that such information is complete and accurate.

	<u>2024</u>	<u>2023</u>
Statements of net assets available for benefits:		
Investments at fair value:		
Interest-bearing cash and cash equivalents	\$ 28,842,318	\$ 78,347,019
Mutual funds	817,988,210	845,559,486
Self-directed brokerage accounts	245,121,129	203,342,113
Collective trusts	6,401,706,884	5,636,817,782
U.S. government securities	140,524,143	95,009,056
Mortgage-backed securities	109,232,751	70,534,903
Corporate bonds	45,278,654	55,622,119
Common stocks	262,777,715	300,271,006
Asset-backed securities and municipal bonds	15,950,262	19,957,587
Investments at contract value:		
Guaranteed investment contracts	56,622,265	61,103,247
Synthetic investment contracts	481,957,124	521,016,146
Non-interest bearing cash	1,351,826	865,231
Notes receivable from participants	121,231,605	117,194,904
Statements of changes in net assets available for benefits:		
Investment income:		
Net appreciation in fair value of investments	1,181,106,199	1,315,931,226
Interest	34,880,783	26,393,982
Dividends	52,504,195	32,165,931
Interest income on notes receivable from participants	8,807,175	6,707,063

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

## 9. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by an affiliate of the Trustee and, therefore, these transactions qualify as party-in-interest. These transactions are covered by an exemption from the prohibited transactions provisions of ERISA and the IRC.

Administrative revenues arise when investment managers return a portion of the investment fees to the Trustee to offset administrative expenses. The Plan receives credits for this revenue sharing on a quarterly basis. These credits are held in an unallocated account from which future Plan expenses can be paid. The Plan held undistributed administrative revenues of \$2,401,392 and \$1,198,964 at December 31, 2024 and 2023, respectively. In addition, the Trustee pays a quarterly participant revenue credit related to certain funds that the participant is invested in. The participant revenue credit is allocated to participants investing in these funds on a pro-rata basis according to their average balance in such funds.

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

## 10. PLAN AMENDMENTS

The Plan was amended and restated effective January 1, 2024, unless otherwise specified below, by the RPAC to (i) remove the lifetime minimum distribution requirement applicable to Roth after-tax savings contributions, (ii) conform the Plan's minimum distribution provisions to those enacted under the Setting Every Community Up for Retirement Enhancement (SECURE) Act of 2019 and the SECURE 2.0 Act of 2022, (iii) increase the limit for mandatory cash-out distributions to \$7,000, (iv) update the arbitration provisions effective for claims filed on or after August 1, 2024, and (v) effective January 1, 2025, amend the eligibility and vesting provisions applicable to participants employed by United Surgical Partners International to align with those applicable to participants employed by the Sponsor.

The Plan was also amended during 2024 to include the entry of TPG and Covenant as unrelated separate employers effective August 2024, as well as the merger of TPG's pre-existing retirement savings plan into the Plan. Please refer to Note 1 for additional information.

## 11. SUBSEQUENT EVENTS

For the year ended December 31, 2024, subsequent events were evaluated through October 15, 2025, the date the financial statements were available to be issued. No events occurred that require additional disclosure or adjustments to the Plan's financial statements.

## 12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits per the financial statements at December 31, 2024 and 2023 to Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per financial statements	\$ 8,728,584,886	\$ 8,005,640,599
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>(35,349,678)</u>	<u>(38,258,369)</u>
Net assets available for benefits per Form 5500	<u>\$ 8,693,235,208</u>	<u>\$ 7,967,382,230</u>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements for the years ended December 31, 2024 and 2023 to net income reported on Form 5500:

	<u>2024</u>	<u>2023</u>
Net increase in net assets before plan transfers	\$ 634,979,116	\$ 1,134,756,587
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>2,908,691</u>	<u>14,165,220</u>
Net income per Form 5500	<u>\$ 637,887,807</u>	<u>\$ 1,148,921,807</u>

**SUPPLEMENTAL SCHEDULE**

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
<b>Interest-bearing cash and cash equivalents:</b>		
* Fidelity	Fidelity Short-Term Investment Fund	\$ 18,179,923
* Fidelity	Money Market Treasury Only	8,589,883
Brown Brothers Harriman	BBH Short-Term Investment Fund	2,072,512
	<b>Subtotal interest-bearing cash and cash equivalents</b>	<b>28,842,318</b>
<b>Mutual funds:</b>		
BlackRock	Strategic Global Bond Fund, Inc., Inst. Shares; 15,630,568 shares	81,122,656
* Fidelity	Long-Term Treasury Bond Index Fund; 9,791,253 shares	89,785,789
* Fidelity	U.S. Bond Index Fund; 26,826,207 shares	274,163,838
PGIM	High Yield Fund, Class R6; 15,848,570 shares	75,597,677
Western Asset	Total Return Unconstrained Fund; 8,240,123 shares	73,501,893
* Fidelity	Worldwide Fund; 2,753,931 shares	95,836,803
American Century	Small Cap Value Fund, Class R6; 12,119,275 shares	127,979,554
	<b>Subtotal mutual funds</b>	<b>817,988,210</b>
<b>Self-directed brokerage accounts:</b>		
* Fidelity BrokerageLink	BrokerageLink - Mutual Funds	98,855,963
	BrokerageLink - Common Stock	97,789,180
	BrokerageLink - Preferred Stock	173,567
	BrokerageLink - Corporate & Government Bond	4,108,799
	BrokerageLink - Certificate of Deposit	5,261,955
	BrokerageLink - Interest-bearing cash	38,931,665
	<b>Subtotal self-directed brokerage accounts</b>	<b>245,121,129</b>
<b>Collective trusts:</b>		
* Fidelity	Growth Company Commingled Pool, Class 3; 22,261,232 shares	1,583,664,009
* Fidelity	FIAM Int. Infl. PR Bond Index CP, Class D; 711,760 shares	106,180,265
Spartan	Developed International Index Pool, Class E; 4,136,239 shares	614,107,445
Spartan	Extended Market Index Pool, Class E; 2,523,255 shares	431,224,279
Spartan	500 Index Pool, Class F; 9,316,728 shares	2,569,553,747
Schroder	International Alpha Trust, Class 1; 7,324,941 shares	129,285,211
GQG Partners	Emerging Markets Equity CIT Class C; 32,717,803 shares	301,985,333
T. Rowe Price	International Bond Fund; 6,037,791 shares	78,068,642
T. Rowe Price	International Small-Cap Equity Trust, Class B; 6,953,808 shares	155,033,654
Columbia Threadneedle	Trust Dividend Income Fund MS; 9,735,475 shares	139,606,715
Cohen & Steers	US Realty Fund Class C; 5,618,749 shares	120,634,538
Allspring Funds Mgmt	Allspring Special Mid Cap Value Inst; 10,366,580 shares	172,363,046
	<b>Subtotal collective trusts</b>	<b>6,401,706,884</b>

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
<b>U.S. government securities:</b>		
United States Treasury	4.125%; 08/15/2044; CUSIP: 912810UD8	\$ 3,067,848
United States Treasury	4.500%; 11/15/2054; CUSIP: 912810UE6	14,878,589
United States Treasury	4.625%; 11/15/2044; CUSIP: 912810UF3	11,974,682
United States Treasury	4.000%; 12/15/2027; CUSIP: 91282CMB4	9,011,173
United States Treasury	4.125%; 11/30/2029; CUSIP: 91282CMA6	9,141,632
United States Treasury	4.250%; 11/15/2034; CUSIP: 91282CLW9	19,834,368
United States Treasury	4.250%; 11/30/2026; CUSIP: 91282CLY5	6,075,259
United States Treasury	4.250%; 12/31/2026; CUSIP: 91282CME8	24,001,972
United States Treasury	4.375%; 12/31/2029; CUSIP: 91282CMD0	42,538,620
<b>Subtotal U.S. government securities</b>		<b>140,524,143</b>
<b>Mortgage-backed securities:</b>		
1211 Ave of Amer Tru 2015-1	3.900%; 08/10/2035; \$557,000; CUSIP: 90117PAC9	549,658
Ajax Mtg Loan Trust 2019-F	2.860%; 07/25/2059; \$854,497; CUSIP: 00969PAA1	818,686
BAMLL Comm Mog Sec Tr	Variable; 08/10/2038; \$650,000; CUSIP: 05491YAA8	620,936
Banc of Amer Re-Remic Tru	3.218%; 04/14/2033; \$625,000; CUSIP: 05526QAA4	619,769
Bayview Msr Opp Fd Tr	Variable; 10/25/2051; \$1,412,406; CUSIP: 07336GAH7	1,232,252
Bayview Msr Opp Fd Tr	2.500%; 10/25/2051; \$1,124,916; CUSIP: 07335UAE4	974,847
BBCMS Mtg Tru 2024-C28	5.888%; 09/15/2057; \$900,000; CUSIP: 07336WAX7	917,378
BX Coml Mtg Tr 2020	Variable; 03/11/2044; \$635,000; CUSIP: 12433XAG4	562,086
BX Tr 2019-Oc11	3.202%; 12/09/2041; \$285,000; CUSIP: 05606FAA1	257,371
BX Tr 2021-Acnt	Variable; 11/15/2038; \$519,508; CUSIP: 05609QAE6	518,217
BX Tr 2021-Acnt	Variable; 07/15/2029; \$1,018,000; CUSIP: 05612TAC9	1,023,275
BX Trust 2020-Viv3	Variable; 03/09/2044; \$400,000; CUSIP: 05608EAA2	362,180
CIM Tr 2020-Inv1	2.500%; 04/25/2050; \$1,219,486; CUSIP: 12560AAB0	993,629
Conn Ave Secs Tr	Variable; 12/25/2041; \$900,000; CUSIP: 20754AAB9	909,162
CPT Mortgage Trust 2019	2.865%; 11/13/2039; \$545,000; CUSIP: 12654YAA7	477,525
CSMC 2018-Rpl9 Tr	3.850%; 09/25/2057; \$637,272; CUSIP: 12654PAE8	608,093
CSMC 2019-Rpl1 Tr	Variable; 07/25/2058; \$527,599; CUSIP: 12596MAB2	512,663
DC Office Trust 2019	2.965%; 09/15/2045; \$580,000; CUSIP: 23312BAA8	504,987
Fed Home Ln Mtg Corp	3.000%; 01/15/2048; \$337,483; CUSIP: 3137FEQ29	254,811
Fed Home Ln Mtg Corp	3.000%; 04/15/2048; \$130,279; CUSIP: 3137FGVJ1	112,691
Fed Home Ln Mtg Corp	3.750%; 04/25/2033; \$1,095,000; CUSIP: 3137FG6T7	1,005,466
Fed Home Ln Mtg Corp	Variable; 11/25/2054; \$163,189; CUSIP: 3137HHFL0	162,679
Fed Home Ln Mtg Corp	2.000%; 03/01/2052; \$553,072; CUSIP: 3132DWDC4	430,334
Fed Home Ln Mtg Corp	2.000%; 04/01/2052; \$826,282; CUSIP: 3132DWDH3	642,913
Fed Home Ln Mtg Corp	2.500%; 01/01/2052; \$549,194; CUSIP: 3132DWC27	448,196
Fed Home Ln Mtg Corp	2.500%; 02/01/2052; \$203,823; CUSIP: 3133B5E99	165,970
Fed Home Ln Mtg Corp	2.500%; 04/01/2052; \$617,021; CUSIP: 3132DWDJ9	502,971
Fed Home Ln Mtg Corp	2.500%; 11/01/2051; \$1,393,885; CUSIP: 3132DWC6	1,139,725

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Fed Home Ln Mtg Corp	3.000%; 02/01/2047; \$695,462; CUSIP: 3128MJZM5	\$ 603,521
Fed Home Ln Mtg Corp	3.000%; 03/01/2047; \$1,270,934; CUSIP: 3128MJZQ6	1,102,121
Fed Home Ln Mtg Corp	3.000%; 02/01/2050; \$381,525; CUSIP: 3133N3VW1	324,433
Fed Home Ln Mtg Corp	3.000%; 06/01/2052; \$2,528,017; CUSIP: 3132DWDZ3	2,146,562
Fed Home Ln Mtg Corp	3.000%; 08/01/2046; \$553,445; CUSIP: 3128MJYM6	480,625
Fed Home Ln Mtg Corp	3.000%; 09/01/2046; \$170,878; CUSIP: 3128MJYT1	148,288
Fed Home Ln Mtg Corp	3.000%; 10/01/2046; \$322,790; CUSIP: 3128MJYY0	280,117
Fed Home Ln Mtg Corp	3.000%; 09/01/2046; \$569,022; CUSIP: 3131XU6Q5	493,119
Fed Home Ln Mtg Corp	3.000%; 11/01/2046; \$281,553; CUSIP: 3128MJY61	244,331
Fed Home Ln Mtg Corp	3.500%; 02/01/2047; \$153,417; CUSIP: 3128MJZN3	138,170
Fed Home Ln Mtg Corp	3.500%; 02/01/2048; \$272,125; CUSIP: 3128MJ3J7	244,401
Fed Home Ln Mtg Corp	3.500%; 01/01/2048; \$1,718,404; CUSIP: 3132XCR49	1,558,906
Fed Home Ln Mtg Corp	3.500%; 01/01/2050; \$3,357; CUSIP: 3132DVKY0	3,018
Fed Home Ln Mtg Corp	3.500%; 04/01/2045; \$673,386; CUSIP: 31335AAY4	611,726
Fed Home Ln Mtg Corp	3.500%; 04/01/2047; \$60,988; CUSIP: 3128MJZX1	54,927
Fed Home Ln Mtg Corp	3.500%; 05/01/2044; \$85,564; CUSIP: 3128MABS7	78,459
Fed Home Ln Mtg Corp	3.500%; 05/01/2046; \$472,358; CUSIP: 3132AAYV0	426,466
Fed Home Ln Mtg Corp	3.500%; 06/01/2046; \$82,066; CUSIP: 3128MJYH7	74,039
Fed Home Ln Mtg Corp	3.500%; 06/01/2047; \$38,378; CUSIP: 3128MJZ86	34,564
Fed Home Ln Mtg Corp	3.500%; 08/01/2046; \$483,490; CUSIP: 3132XCRV9	437,556
Fed Home Ln Mtg Corp	3.500%; 08/01/2046; \$299,508; CUSIP: 3128MJYN4	269,836
Fed Home Ln Mtg Corp	3.500%; 12/01/2044; \$292,796; CUSIP: 3131XQ3P9	266,448
Fed Home Ln Mtg Corp	3.500%; 12/01/2047; \$86,113; CUSIP: 3128MJ3A6	77,394
Fed Home Ln Mtg Corp	4.000%; 01/01/2045; \$218,160; CUSIP: 3128MAE62	205,045
Fed Home Ln Mtg Corp	4.000%; 03/01/2048; \$113,545; CUSIP: 3132XCR80	105,855
Fed Home Ln Mtg Corp	4.000%; 07/01/2048; \$973,849; CUSIP: 3132XCSB2	907,896
Fed Home Ln Mtg Corp	4.000%; 08/01/2052; \$1,123,663; CUSIP: 3132DQTB2	1,026,964
Fed Home Ln Mtg Corp	4.000%; 10/01/2052; \$1,587,593; CUSIP: 3132DS4E9	1,452,179
Fed Home Ln Mtg Corp	4.000%; 12/01/2045; \$611,822; CUSIP: 31335ALZ9	572,872
Fed Home Ln Mtg Corp	4.500%; 04/01/2053; \$1,190,226; CUSIP: 3133KQUS3	1,120,168
Fed Home Ln Mtg Corp	4.500%; 06/01/2053; \$783,730; CUSIP: 3132DWH8	737,048
Fed Home Ln Mtg Corp	4.500%; 08/01/2052; \$382,197; CUSIP: 3132DWEK5	360,417
Fed Home Ln Mtg Corp	4.500%; 09/01/2052; \$1,944,688; CUSIP: 3132DWES8	1,832,653
Fed Home Ln Mtg Corp	4.500%; 10/01/2048; \$214,281; CUSIP: 3128MJ5D8	204,554
Fed Home Ln Mtg Corp	4.500%; 11/01/2052; \$1,539,149; CUSIP: 3132DFFF5	1,450,477
Fed Home Ln Mtg Corp	4.500%; 12/01/2052; \$626,901; CUSIP: 3132DWFQ1	590,785
Fed Home Ln Mtg Corp	5.000%; 07/01/2048; \$70,180; CUSIP: 3128MJ4T4	69,115
Fed Home Ln Mtg Corp	5.000%; 10/01/2048; \$147,560; CUSIP: 3128MJ5E6	145,089
Fed Home Ln Mtg Corp	4.000%; 06/15/2047; \$24,974; CUSIP: 3137FKHV1	24,827
Fed Natl Mtg Assn	2.000%; 07/25/2052; \$5,498,145; CUSIP: 3136BQFV6	709,503
Fed Natl Mtg Assn	3.500%; 08/25/2042; \$1,499,191; CUSIP: 3136A7N65	1,375,801

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Fed Natl Mtg Assn	3.500%; 05/25/2046; \$19,181; CUSIP: 3136B2ZR6	\$ 19,053
Fed Natl Mtg Assn	3.000%; 06/25/2048; \$390,782; CUSIP: 3136B1Z72	337,532
Fed Natl Mtg Assn	2.000%; 03/25/2052; \$2,326,241; CUSIP: 31422M2G0	298,973
Fed Natl Mtg Assn	2.000%; 07/25/2050; \$940,226; CUSIP: 31422M2F2	119,126
Fed Natl Mtg Assn	2.000%; 09/25/2051; \$1,084,566; CUSIP: 31422M2B1	140,515
Fed Natl Mtg Assn	2.000%; 06/01/2041; \$976,799; CUSIP: 31418DZ62	816,068
Fed Natl Mtg Assn	3.000%; 10/01/2033; \$292,944; CUSIP: 31418AYD4	274,183
Fed Natl Mtg Assn	2.000%; 01/01/2051; \$2,243,919; CUSIP: 3140QGL88	1,745,246
Fed Natl Mtg Assn	2.000%; 01/01/2052; \$1,170,704; CUSIP: 3140QNCW0	910,901
Fed Natl Mtg Assn	2.000%; 01/01/2052; \$1,659,754; CUSIP: 3140QNWH1	1,291,421
Fed Natl Mtg Assn	2.000%; 01/01/2052; \$1,193,954; CUSIP: 31418EAM2	928,991
Fed Natl Mtg Assn	2.000%; 02/01/2052; \$3,596,065; CUSIP: 31418EBR0	2,798,024
Fed Natl Mtg Assn	2.000%; 02/01/2052; \$634,500; CUSIP: 3140MCAF7	493,692
Fed Natl Mtg Assn	2.000%; 04/01/2051; \$1,556,266; CUSIP: 3140QKKC1	1,217,221
Fed Natl Mtg Assn	2.000%; 04/01/2052; \$929,801; CUSIP: 3140XGX46	723,459
Fed Natl Mtg Assn	2.000%; 05/01/2051; \$1,217,766; CUSIP: 31418DYX4	950,563
Fed Natl Mtg Assn	2.000%; 10/01/2052; \$1,900,548; CUSIP: 3140XQN45	1,478,777
Fed Natl Mtg Assn	2.000%; 12/01/2051; \$2,136,380; CUSIP: 31418D7E6	1,662,274
Fed Natl Mtg Assn	2.500%; 01/01/2052; \$510,253; CUSIP: 31418EAN0	416,417
Fed Natl Mtg Assn	2.500%; 02/01/2052; \$1,641,424; CUSIP: 3140MGCW9	1,338,024
Fed Natl Mtg Assn	2.500%; 02/01/2052; \$1,305,990; CUSIP: 31418EBS8	1,065,816
Fed Natl Mtg Assn	2.500%; 03/01/2052; \$2,406,068; CUSIP: 31418EB90	1,961,331
Fed Natl Mtg Assn	2.500%; 05/01/2051; \$1,308,410; CUSIP: 3140QKVC9	1,075,968
Fed Natl Mtg Assn	2.500%; 05/01/2052; \$956,233; CUSIP: 31418EDC1	779,184
Fed Natl Mtg Assn	2.500%; 09/01/2051; \$861,379; CUSIP: 3140XCTQ1	701,085
Fed Natl Mtg Assn	2.500%; 10/01/2051; \$1,473,042; CUSIP: 3140XDCY0	1,199,385
Fed Natl Mtg Assn	3.000%; 05/01/2052; \$1,595,505; CUSIP: 31418EDD9	1,354,758
Fed Natl Mtg Assn	3.000%; 06/01/2052; \$964,706; CUSIP: 3140XNWD2	819,442
Fed Natl Mtg Assn	3.000%; 12/01/2051; \$1,243,971; CUSIP: 3140QMVY7	1,055,878
Fed Natl Mtg Assn	3.500%; 01/01/2046; \$1,105,571; CUSIP: 3140J8FW8	999,541
Fed Natl Mtg Assn	3.500%; 01/01/2047; \$290,090; CUSIP: 3138WJNN4	261,725
Fed Natl Mtg Assn	3.500%; 01/01/2048; \$542,771; CUSIP: 31418CS47	487,154
Fed Natl Mtg Assn	3.500%; 02/01/2048; \$349,824; CUSIP: 31418CUA0	313,760
Fed Natl Mtg Assn	3.500%; 02/01/2047; \$54,620; CUSIP: 31418CGE8	49,125
Fed Natl Mtg Assn	3.500%; 12/01/2047; \$418,089; CUSIP: 31418CR89	375,640
Fed Natl Mtg Assn	3.500%; 01/01/2044; \$280,943; CUSIP: 3138ENZ93	255,217
Fed Natl Mtg Assn	4.000%; 01/01/2049; \$273,198; CUSIP: 3140JLYN8	254,100
Fed Natl Mtg Assn	4.000%; 01/01/2053; \$1,402,914; CUSIP: 3140XLP93	1,282,814
Fed Natl Mtg Assn	4.000%; 04/01/2047; \$90,007; CUSIP: 31418CJE5	83,519
Fed Natl Mtg Assn	4.000%; 06/01/2047; \$154,472; CUSIP: 31418CLH5	143,336
Fed Natl Mtg Assn	4.000%; 06/01/2047; \$101,382; CUSIP: 3138WK4Q5	94,073

(Continued)

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Fed Natl Mtg Assn	4.000%; 07/01/2047; \$91,924; CUSIP: 3138WLCJ0	\$ 85,239
Fed Natl Mtg Assn	4.000%; 07/01/2047; \$215,166; CUSIP: 31418CMG6	199,520
Fed Natl Mtg Assn	4.000%; 12/01/2052; \$1,980,411; CUSIP: 31418ELV0	1,810,253
Fed Natl Mtg Assn	4.000%; 08/01/2042; \$290,106; CUSIP: 31418AHY7	273,506
Fed Natl Mtg Assn	4.500%; 04/01/2053; \$991,800; CUSIP: 3140XLGK8	933,422
Fed Natl Mtg Assn	4.500%; 08/01/2048; \$129,612; CUSIP: 3140Q9N25	123,562
Fed Natl Mtg Assn	4.500%; 08/01/2046; \$1,406,210; CUSIP: 3140J56D6	1,356,398
Fed Natl Mtg Assn	4.500%; 09/01/2052; \$2,048,224; CUSIP: 31418EHK9	1,930,224
Fed Natl Mtg Assn	5.000%; 04/01/2053; \$618,528; CUSIP: 31418EQ86	597,692
Fed Natl Mtg Assn	5.000%; 06/01/2053; \$877,103; CUSIP: 31418ES43	847,009
Fed Natl Mtg Assn	5.000%; 11/01/2053; \$307,168; CUSIP: 3140XPBW8	296,629
Fed Natl Mtg Assn	5.500%; 08/01/2053; \$2,134,128; CUSIP: 31418EU99	2,107,454
Fed Natl Mtg Assn	3.250%; 02/25/2049; \$87,558; CUSIP: 3136B3A34	75,868
Fed Natl Mtg Assn	2.000%; 07/25/2051; \$2,750,554; CUSIP: 31422M2H8	350,115
Freddie Mac Stacr Remic Tr	Variable; 01/25/2042; \$484,217; CUSIP: 35564KPU7	484,343
GCAT 2021-Nqm6 Trust	1.855%; 08/25/2066; \$732,896; CUSIP: 36167KAA6	650,725
Ginnie Mae II	3.000%; 10/20/2049; \$250,354; CUSIP: 36179U3S9	213,437
Ginnie Mae II	3.500%; 06/20/2049; \$76,886; CUSIP: 36179UT93	67,970
Ginnie Mae II	3.500%; 07/20/2049; \$35,136; CUSIP: 36179UVX7	31,061
Ginnie Mae II	2.500%; 09/20/2051; \$631,269; CUSIP: 36179WNE4	526,875
Ginnie Mae II	3.500%; 01/20/2047; \$117,139; CUSIP: 36179SUV7	106,044
Ginnie Mae II	3.500%; 02/20/2047; \$155,500; CUSIP: 36179SWX1	140,724
Ginnie Mae II	3.500%; 03/20/2046; \$140,748; CUSIP: 36179R4E6	127,593
Ginnie Mae II	3.500%; 04/20/2046; \$70,270; CUSIP: 36179R7J2	63,680
Ginnie Mae II	3.500%; 05/20/2047; \$297,471; CUSIP: 36179S5L7	269,110
Ginnie Mae II	3.500%; 06/20/2047; \$75,363; CUSIP: 36179TAK1	68,178
Ginnie Mae II	3.500%; 07/20/2047; \$41,035; CUSIP: 36179TCX1	37,097
Ginnie Mae II	3.500%; 09/20/2047; \$79,179; CUSIP: 36179TG41	71,580
Ginnie Mae II	3.500%; 12/20/2046; \$261,451; CUSIP: 36179SSQ1	236,688
Ginnie Mae II	4.000%; 03/20/2048; \$211,817; CUSIP: 36179TUB9	196,993
Ginnie Mae II	4.000%; 08/20/2047; \$71,105; CUSIP: 36179TE27	66,151
Ginnie Mae II	4.000%; 09/20/2048; \$104,444; CUSIP: 36179UCB6	97,102
Ginnie Mae II	4.000%; 09/20/2047; \$507,351; CUSIP: 36179TG58	472,004
Ginnie Mae II	4.000%; 11/20/2047; \$126,409; CUSIP: 36179TLT0	117,602
Ginnie Mae II	4.000%; 12/20/2047; \$3,681; CUSIP: 36179TNS0	3,425
Ginnie Mae II	4.500%; 08/20/2048; \$604,012; CUSIP: 36179T7L3	576,782
Ginnie Mae II	5.000%; 03/20/2047; \$50,355; CUSIP: 36179SYV3	50,298
Ginnie Mae II	5.000%; 05/20/2046; \$86,222; CUSIP: 36179SCB1	86,118
Ginnie Mae II	5.000%; 05/20/2047; \$108,828; CUSIP: 36179S5P8	108,253
Ginnie Mae II	5.000%; 07/20/2046; \$32,112; CUSIP: 36179SGP6	32,079
Ginnie Mae II	5.000%; 09/20/2045; \$152,586; CUSIP: 36179RNZ8	152,377

(Continued)

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Ginnie Mae II	4.500%; 08/20/2052; \$1,481,082; CUSIP: 36179XDE3	\$ 1,400,543
GNMA Gtd Remic	Variable; 6/20/2054; \$766,913; CUSIP: 38384PYX2	765,339
GNMA Gtd Remic	3.500%; 09/20/2048; \$217,998; CUSIP: 38380Y2X2	193,621
Gs Mtg Backed Secs Tr 2018	3.750%; 10/25/2057; \$508,457; CUSIP: 36256BAC4	492,946
Hudson Yds 2019	3.228%; 07/10/2039; \$580,000; CUSIP: 44421GAA1	526,967
Hudson Yds 2019	Variable; 12/10/2041; \$580,000; CUSIP: 44421MAA8	515,994
HVMLT 2005	Variable; 06/20/2035; \$944,224; CUSIP: 41161PSK0	854,875
IMM 05-2 1A1	Variable; 04/25/2035; \$418,396; CUSIP: 45254NMY0	408,456
JP Morgan Mtg Tr	3.000%; 08/25/2052; \$1,365,812; CUSIP: 46654UAK1	1,257,963
JP Morgan Mtg Tr	2.500%; 12/25/2051; \$1,820,318; CUSIP: 46654AAC3	1,450,333
JP Morgan Mtg Tr	Variable; 04/25/2035; \$144,826; CUSIP: 466247NK5	141,539
JPM Chase Coml Mtg Secs Tr	3.397%; 06/05/2039; \$550,000; CUSIP: 46651EAA2	501,434
Magnetite XII Ltd	Variable; 10/15/2031; \$398,881; CUSIP: 55953HBD4	399,479
Manhattan West	2.130%; 09/10/2039; \$440,000; CUSIP: 563136AA8	404,122
MLCC 2004-A	Variable; 04/25/2029; \$88,646; CUSIP: 59020UAR6	82,069
MLMI 2005-A10	Variable; 02/25/2036; \$769,609; CUSIP: 59020UZ65	731,434
Mortgageit Tr 2005	Variable; 12/25/2035; \$153,392; CUSIP: 61915RAU0	150,135
New Cent Home Eq Ln Tr 04-2	Variable; 08/25/2034; \$668,237; CUSIP: 64352VFW6	649,092
Nrth 2024	Variable; 03/15/2039; \$564,000; CUSIP: 67021HAA4	564,353
OBX 2021-J3 Trust	2.500%; 10/25/2051; \$1,308,114; CUSIP: 67448XAD8	1,141,930
Oceanview Mtg Tru 2021	2.500%; 07/25/2051; \$1,323,456; CUSIP: 67647WAE7	1,156,011
One Bryant Pk Tr 2019	2.516%; 09/15/2054; \$740,000; CUSIP: 68236JAA9	646,143
Option One Mtg Ln Tr	Variable; 01/25/2036; \$147,220; CUSIP: 68389FKQ6	146,440
PRPM 2024-RCF5 LLC	4.000%; 08/25/2054; \$1,012,638; CUSIP: 69381JAA0	980,104
Rockford Tower Clo 2019	Variable; 08/20/2032; \$781,908; CUSIP: 77341GAS9	782,572
SFave Coml Mtg Secs Tr 15	Variable; 01/05/2043; \$300,000; CUSIP: 78413MAA6	252,828
SFave Coml Mtg Secs Tr 15	Variable; 01/05/2043; \$35,000; CUSIP: 78413MAE8	29,977
SMRT 2022-Mini B	Variable; 01/15/2039; \$530,000; CUSIP: 78457JAG7	526,211
TOWD Pt Mtg Tr 2017	Variable; 07/25/2057; \$36,092; CUSIP: 89169DAA9	35,861
UBS Coml Mtg Tr 2017	3.724%; 06/15/2050; \$535,000; CUSIP: 90276EAH0	511,351
Verus Sec Tr 2023	5.811%; 05/25/2068; \$593,482; CUSIP: 92539TAA1	593,931
WAMU 04-AR7	Variable; 07/25/2034; \$512,667; CUSIP: 92922FTB4	485,666
WAMU 05-AR13	Variable; 10/25/2045; \$356,909; CUSIP: 92922F4M7	339,669
WAMU 05-AR19	Variable; 12/25/2045; \$620,506; CUSIP: 92925CBA9	606,094
WAMU 2005-AR2	Variable; 01/25/2045; \$385,291; CUSIP: 92922FE95	376,427
WAMU 2005-AR9	Variable; 07/25/2045; \$207,494; CUSIP: 92922FU48	197,606
<b>Subtotal mortgage-backed securities</b>		<b>109,232,751</b>
<b>Corporate bonds:</b>		
AEP Tex Inc	6.650%; 02/15/2033; \$250,000; CUSIP: 0010EPAF5	265,342
Aercap Global Aviation Tr	3.300%; 01/30/2032; \$695,000; CUSIP: 00774MAX3	605,567

(Continued)

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Air Lease Corp	2.200%; 01/15/2027; \$155,000; CUSIP: 00914AAR3	\$ 147,138
Air Lease Corp	3.250%; 03/01/2025; \$65,000; CUSIP: 00912XBA1	64,814
Air Lease Corp	3.250%; 10/01/2029; \$150,000; CUSIP: 00914AAE2	138,458
Air Lease Corp	3.625%; 12/01/2027; \$320,000; CUSIP: 00912XAY0	309,244
American Assets Trust LP	3.375%; 02/01/2031; \$470,000; CUSIP: 02401LAA2	408,842
American Homes 4 Rent LP	3.625%; 04/15/2032; \$72,000; CUSIP: 02666TAE7	64,364
American Homes 4 Rent LP	4.300%; 04/15/2052; \$315,000; CUSIP: 02666TAF4	245,281
American Tower Corp	2.300%; 09/15/2031; \$243,000; CUSIP: 03027XBS8	202,037
American Tower Corp	2.700%; 04/15/2031; \$605,000; CUSIP: 03027XBM1	522,300
Amgen Inc	4.200%; 02/22/2052; \$320,000; CUSIP: 031162DF4	247,100
Aon Corp	2.800%; 05/15/2030; \$505,000; CUSIP: 037389BE2	449,977
Appalachian Power Co	3.300%; 06/01/2027; \$370,000; CUSIP: 037735CW5	357,575
Appalachian Power Co	4.500%; 03/01/2049; \$450,000; CUSIP: 037735CX3	360,319
Arizona Public Service Co	6.350%; 12/15/2032; \$685,000; CUSIP: 040555DE1	723,356
Arthur J Gallagher & Co	3.050%; 03/09/2052; \$355,000; CUSIP: 04316JAB5	221,345
Bank of America Corporation	Variable; 03/11/2027; \$515,000; CUSIP: 06051GJQ3	496,247
Bank of America Corporation	Variable; 10/24/2031; \$1,300,000; CUSIP: 06051GJL4	1,086,052
Bank of America Corporation	Variable; 02/04/2033; \$1,045,000; CUSIP: 06051GKK4	898,216
Barnabas Health Inc	4.000%; 07/01/2028; \$1,085,000; CUSIP: 06769QAA8	1,053,591
Berry Global Inc	1.650%; 01/15/2027; \$850,000; CUSIP: 08576PAF8	795,896
Berry Global Inc	5.650%; 01/15/2034; \$125,000; CUSIP: 08576PAP6	125,358
Boeing Co	5.805%; 05/01/2050; \$300,000; CUSIP: 097023CW3	279,046
Boeing Co	6.528%; 05/01/2034; \$40,000; CUSIP: 097023DS1	41,904
Centene Corp	2.625%; 08/01/2031; \$625,000; CUSIP: 15135BAZ4	514,672
Charter Comm Operating LLC	5.375%; 05/01/2047; \$440,000; CUSIP: 161175BL7	361,139
Charter Comm Operating LLC	5.375%; 04/01/2038; \$30,000; CUSIP: 161175BM5	26,686
Charter Comm Operating LLC	5.750%; 04/01/2048; \$266,000; CUSIP: 161175BN3	227,387
Charter Comm Operating LLC	4.800%; 03/01/2050; \$285,000; CUSIP: 161175BT0	214,080
Charter Comm Operating LLC	3.700%; 04/01/2051; \$879,000; CUSIP: 161175BV5	549,075
Charter Comm Operating LLC	3.900%; 06/01/2052; \$330,000; CUSIP: 161175CA0	212,292
Citigroup Inc	Variable; 05/01/2032; \$345,000; CUSIP: 172967MY4	292,009
Citigroup Inc	Variable; 06/03/2031; \$20,000; CUSIP: 172967MS7	17,431
Citigroup Inc	Variable; 01/25/2033; \$65,000; CUSIP: 17327CAQ6	55,838
Commonspirit Health	2.782%; 10/01/2030; \$280,000; CUSIP: 20268JAF0	247,852
Commonwealth Edison Co	3.850%; 03/15/2052; \$230,000; CUSIP: 202795JV3	170,364
Crown Castle Intl Corp	2.100%; 04/01/2031; \$335,000; CUSIP: 22822VAW1	277,267
Crown Castle Intl Corp	3.300%; 07/01/2030; \$350,000; CUSIP: 22822VAR2	318,007
CVS Health Corp	4.780%; 03/25/2038; \$65,000; CUSIP: 126650CY4	56,204
CVS Health Corp	5.050%; 03/25/2048; \$195,000; CUSIP: 126650CZ1	160,786
CVS Health Corp	5.125%; 07/20/2045; \$120,000; CUSIP: 126650CN8	100,820
CVS Health Corp	5.875%; 06/01/2053; \$160,000; CUSIP: 126650DZ0	146,774

(Continued)

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Delta Airlines Inc	2.000%; 12/10/2029; \$1,461,855; CUSIP: 247361ZV3	\$ 1,345,831
Duke Energy Carolinas LLC	3.750%; 06/01/2045; \$880,000; CUSIP: 26442CAP9	673,416
Duke Energy Carolinas LLC	5.350%; 01/15/2053; \$295,000; CUSIP: 26442CBK9	280,634
Duke Energy Florida LLC	5.875%; 11/15/2033; \$10,000; CUSIP: 26444HAQ4	10,408
Elevance Health Inc	5.200%; 02/15/2035; \$155,000; CUSIP: 036752BD4	151,378
Energy Transfer LP	5.150%; 03/15/2045; \$95,000; CUSIP: 29273RBF5	83,138
Entergy Tex Inc	3.450%; 12/01/2027; \$900,000; CUSIP: 29365TAF1	860,688
Evergy Kansas Central	5.700%; 03/15/2053; \$490,000; CUSIP: 30036FAB7	481,205
Eversource Energy	5.950%; 02/01/2029; \$480,000; CUSIP: 30040WAW8	494,507
Extra Space Storage LP	2.200%; 10/15/2030; \$93,000; CUSIP: 30225VAP2	79,129
Extra Space Storage LP	3.900%; 04/01/2029; \$265,000; CUSIP: 30225VAH0	253,346
GE Aerospace Frn	Variable; 08/15/2036; \$964,000; CUSIP: 36962GX74	906,165
Global Payments Inc	5.300%; 08/15/2029; \$520,000; CUSIP: 37940XAN2	520,910
GLP Cap LP	4.000%; 01/15/2030; \$151,000; CUSIP: 361841AP4	140,638
GLP Cap LP	4.000%; 01/15/2031; \$35,000; CUSIP: 361841AQ2	32,013
Goldman Sachs Group Inc	Variable; 03/09/2027; \$1,185,000; CUSIP: 38141GYA6	1,137,629
Goldman Sachs Group Inc	Variable; 09/10/2027; \$315,000; CUSIP: 38141GYG3	297,855
Goldman Sachs Group Inc	Variable; 10/21/2027; \$580,000; CUSIP: 38141GYM0	550,291
Healthcare Rlty Hldgs LP	3.500%; 08/01/2026; \$190,000; CUSIP: 42225UAD6	185,682
Healthcare Rlty Hldgs LP	3.625%; 01/15/2028; \$650,000; CUSIP: 42225UAK0	617,385
Healthcare Rlty Hldgs LP	3.875%; 05/01/2025; \$280,000; CUSIP: 42225UAJ3	278,609
Healthpeak Op LLC	3.400%; 02/01/2025; \$31,000; CUSIP: 40414LAM1	30,954
HSBC Holdings PLC	Variable; 09/22/2028; \$615,000; CUSIP: 404280CL1	567,020
Hudson Pac Pptys LP	3.950%; 11/01/2027; \$402,000; CUSIP: 44409MAA4	348,901
Illumina Inc	5.750%; 12/13/2027; \$610,000; CUSIP: 452327AP4	625,944
Indiana Michigan Power Co	4.550%; 03/15/2046; \$400,000; CUSIP: 454889AQ9	338,306
Inter Flavs & Frag Inc	4.375%; 06/01/2047; \$165,000; CUSIP: 459506AE1	129,040
Inter Flavs & Frag Inc	5.000%; 09/26/2048; \$250,000; CUSIP: 459506AL5	214,578
Interstate Pwr & Lt Co	5.450%; 09/30/2054; \$110,000; CUSIP: 461070AW4	104,047
Interstate Pwr & Lt Co	5.700%; 10/15/2033; \$275,000; CUSIP: 461070AU8	279,426
Invitation Homes Oper Part	2.000%; 08/15/2031; \$319,000; CUSIP: 46188BAA0	258,830
Invitation Homes Oper Part	5.500%; 08/15/2033; \$51,000; CUSIP: 46188BAF9	50,702
JBS USA Hldg Lux	6.750%; 03/15/2034; \$358,000; CUSIP: 47214BAC2	378,500
Jersey Cent Pwr & Light Co	6.400%; 05/15/2036; \$175,000; CUSIP: 476556CP8	183,507
JPMorgan Chase & Co	Variable; 02/04/2027; \$285,000; CUSIP: 46647PBW5	273,811
JPMorgan Chase & Co	Variable; 11/19/2026; \$95,000; CUSIP: 46647PBT2	91,955
JPMorgan Chase & Co	Variable; 09/22/2027; \$125,000; CUSIP: 46647PCP9	118,245
JPMorgan Chase & Co	Variable; 04/22/2027; \$1,740,000; CUSIP: 46647PCB0	1,670,797
JPMorgan Chase & Co	Variable; 02/04/2032; \$20,000; CUSIP: 46647PBX3	16,577
JPMorgan Chase & Co	Variable; 06/01/2028; \$135,000; CUSIP: 46647PBR6	126,799
JPMorgan Chase & Co	Variable; 04/22/2032; \$175,000; CUSIP: 46647PCC8	150,118

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
JPMorgan Chase & Co	Variable; 02/24/2028; \$150,000; CUSIP: 46647PCW4	\$ 144,291
Kimco Realty Op LLC	3.250%; 08/15/2026; \$500,000; CUSIP: 948741AM5	486,735
LXP Industrial Trust	2.375%; 10/01/2031; \$340,000; CUSIP: 529537AA0	276,423
Morgan Stanley	Variable; 01/21/2028; \$1,315,000; CUSIP: 61747YEK7	1,253,148
Morgan Stanley	Variable; 01/21/2033; \$250,000; CUSIP: 61747YEL5	214,192
NNN REIT Inc	5.600%; 10/15/2033; \$280,000; CUSIP: 637417AS5	282,373
Oracle Corp	3.950%; 03/25/2051; \$907,000; CUSIP: 68389XCA1	671,820
Petroleos Mexicanos	6.350%; 02/12/2048; \$38,000; CUSIP: 71654QCL4	24,961
Piedmont Natural Gas Co	5.050%; 05/15/2052; \$260,000; CUSIP: 720186AP0	228,083
Pilgrims Pride Corp	3.500%; 03/01/2032; \$37,000; CUSIP: 72147KAH1	31,906
Pilgrims Pride Corp	6.250%; 07/01/2033; \$235,000; CUSIP: 72147KAK4	239,434
Pilgrims Pride Corp	6.875%; 05/15/2034; \$150,000; CUSIP: 72147KAL2	159,502
PNC Finl Svcs Group Inc	Variable; 01/22/2035; \$95,000; CUSIP: 693475BW4	96,097
PNC Finl Svcs Group Inc	Variable; 10/20/2034; \$100,000; CUSIP: 693475BU8	109,156
Public Service Co of CO	5.250%; 04/01/2053; \$260,000; CUSIP: 744448CY5	241,509
Public Svc Co New Mexico	3.850%; 08/01/2025; \$500,000; CUSIP: 744542AC5	496,215
Rexford Industrial Realty LP	2.150%; 09/01/2031; \$35,000; CUSIP: 76169XAB0	28,438
Reynolds American Inc	5.700%; 08/15/2035; \$30,000; CUSIP: 761713BA3	30,086
Santander UK Grp Hldgs PLC	Variable; 06/14/2027; \$195,000; CUSIP: 80281LAQ8	185,605
Southern Co Gas Cap	4.950%; 09/15/2034; \$875,000; CUSIP: 8426EPAH1	846,763
Southern Co Gas Cap	5.750%; 09/15/2033; \$635,000; CUSIP: 8426EPAG3	650,737
Southwestern Elec Power Co	3.250%; 11/01/2051; \$75,000; CUSIP: 845437BT8	47,486
Spire Inc	4.700%; 08/15/2044; \$325,000; CUSIP: 505597AD6	270,229
TC Pipelines MLP	4.375%; 03/13/2025; \$310,000; CUSIP: 87233QAB4	309,436
Time Warner Cable LLC	5.500%; 09/01/2041; \$391,000; CUSIP: 88732JBB3	331,801
T-Mobile USA Inc	3.375%; 04/15/2029; \$250,000; CUSIP: 87264ABV6	233,340
T-Mobile USA Inc	4.700%; 01/15/2035; \$470,000; CUSIP: 87264ADM4	444,530
Uber Technologies Inc	4.800%; 09/15/2034; \$470,000; CUSIP: 90353TAP5	449,822
UnitedHealth Group Inc	5.150%; 07/15/2034; \$915,000; CUSIP: 91324PFJ6	902,790
Untd Airls Pass Thru Tr 2013	4.300%; 02/15/2027; \$589,470; CUSIP: 909319AA3	586,223
US Airways Inc	4.625%; 12/03/2026; \$258,498; CUSIP: 90345WAD6	257,636
US Bancorp	Variable; 02/01/2034; \$230,000; CUSIP: 91159HJL5	220,164
US Bancorp	Variable; 01/23/2035; \$25,000; CUSIP: 91159HJR2	25,211
Voya Clo 2016	Variable; 10/18/2031; \$475,600; CUSIP: 92915HAW3	476,622
WarnerMedia Holdings Inc	5.050%; 03/15/2042; \$655,000; CUSIP: 55903VBD4	525,888
WarnerMedia Holdings Inc	5.141%; 03/15/2052; \$1,346,000; CUSIP: 55903VBE2	1,000,084
Wells Fargo & Co	Variable; 10/30/2030; \$365,000; CUSIP: 95000U2G7	329,239
Wells Fargo & Co	Variable; 05/22/2028; \$1,575,000; CUSIP: 95000U2A0	1,526,244
Wells Fargo & Co	Variable; 07/25/2033; \$145,000; CUSIP: 95000U3B7	140,036
Wells Fargo & Co	Variable; 04/24/2034; \$90,000; CUSIP: 95000U3D3	88,999
Wells Fargo & Co	Variable; 03/02/2033; \$240,000; CUSIP: 95000U2U6	210,395

(Continued)

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Willis North America Inc	5.350%; 05/15/2033; \$200,000; CUSIP: 970648AM3	\$ 198,596
Wisconsin Pwr & Lt Co	4.950%; 04/01/2033; \$520,000; CUSIP: 976826BR7	504,760
Xcel Energy Inc	4.600%; 06/01/2032; \$110,000; CUSIP: 98388MAD9	104,683
<b>Subtotal corporate bonds</b>		<b>45,278,654</b>
<b>Common stocks:</b>		
Aaon Inc	63,043 shares; CUSIP: 000360206	7,418,900
Agilysys Inc	8,770 shares; CUSIP: 00847J105	1,155,097
Altair Engineering Inc Cl A	20,360 shares; CUSIP: 021369103	2,221,480
Azenta Inc	38,110 shares; CUSIP: 114340102	1,905,500
Balchem Corp	23,495 shares; CUSIP: 057665200	3,829,568
Bio Techne Corp	22,808 shares; CUSIP: 09073M104	1,642,860
BJs Whsl Club Hldgs Inc	30,070 shares; CUSIP: 05550J101	2,686,755
Blackline Inc	51,515 shares; CUSIP: 09239B109	3,130,051
Broadridge Financial Sol	13,407 shares; CUSIP: 11133T103	3,031,189
Burlington Stores Inc	9,800 shares; CUSIP: 122017106	2,793,588
BWX Technologies Inc	12,173 shares; CUSIP: 05605H100	1,355,950
Casella Waste Sys Inc Cl A	61,415 shares; CUSIP: 147448104	6,498,321
Casey General Stores	6,487 shares; CUSIP: 147528103	2,570,344
CCC Intelligent Sol Hold	239,000 shares; CUSIP: 12510Q100	2,803,470
CDW Corporation	13,373 shares; CUSIP: 12514G108	2,327,437
Churchill Downs Inc	20,584 shares; CUSIP: 171484108	2,748,787
Clearwater Analytics Hdg Inc	134,110 shares; CUSIP: 185123106	3,690,707
Construction Partners Inc	67,140 shares; CUSIP: 21044C107	5,939,204
Copart Inc	35,543 shares; CUSIP: 217204106	2,039,813
Costar Group Inc	32,608 shares; CUSIP: 22160N109	2,334,407
Crane Nxt Co	13,000 shares; CUSIP: 224441105	756,860
CSW Industrials Inc	11,475 shares; CUSIP: 126402106	4,048,380
Datadog Inc Cl A	16,748 shares; CUSIP: 23804L103	2,393,122
Descartes Sys Group Inc	80,226 shares; CUSIP: 2528834	9,113,674
Dexcom Inc	17,315 shares; CUSIP: 252131107	1,346,588
Diamondback Energy Inc	11,490 shares; CUSIP: 25278X109	1,882,407
Digi International Inc	84,850 shares; CUSIP: 253798102	2,565,016
Dr Horton Inc	10,270 shares; CUSIP: 23331A109	1,435,951
Dutch Bros Inc	42,520 shares; CUSIP: 26701L100	2,227,198
Dynatrace Inc	25,989 shares; CUSIP: 268150109	1,412,502
Epam Systems Inc	10,750 shares; CUSIP: 29414B104	2,513,565
Equifax Inc	10,453 shares; CUSIP: 294429105	2,663,947
ESCO Technologies Inc	25,825 shares; CUSIP: 296315104	3,440,148
Exponent Inc	55,180 shares; CUSIP: 30214U102	4,916,538
Fastenal Co	36,675 shares; CUSIP: 311900104	2,637,299

(Continued)

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Federal Signal Corp	34,060 shares; CUSIP: 313855108	\$ 3,146,803
Ferguson Enterprises Inc	10,111 shares; CUSIP: 31488V107	1,754,966
FirstService Corp	27,235 shares; CUSIP: BJQ0C55	4,930,080
Floor & Decor Holdings Inc	12,782 shares; CUSIP: 339750101	1,274,365
Globant Sa	14,246 shares; CUSIP: BP40HF4	3,054,627
Graco Inc	26,419 shares; CUSIP: 384109104	2,226,858
Heico Corp	8,110 shares; CUSIP: 422806109	1,928,071
Helios Technologies Inc	50,690 shares; CUSIP: 42328H109	2,262,802
Henry (Jack) & Assoc Inc	14,151 shares; CUSIP: 426281101	2,480,670
Hillman Solutions Corp	173,915 shares; CUSIP: 431636109	1,693,932
Hubspot Inc	2,645 shares; CUSIP: 443573100	1,842,957
Icon PLC	6,903 shares; CUSIP: B94G471	1,447,628
IDEX Corporation	10,720 shares; CUSIP: 45167R104	2,243,589
Idexx Labs Inc	4,665 shares; CUSIP: 45168D104	1,928,698
Ingersoll Rand Inc	25,388 shares; CUSIP: 45687V106	2,296,598
Insulet Corp	10,946 shares; CUSIP: 45784P101	2,857,672
JBT Marel Corp	18,905 shares; CUSIP: 477839104	2,402,826
Kadant Inc	2,100 shares; CUSIP: 48282T104	724,479
Kinsale Capital Group Inc	5,831 shares; CUSIP: 49714P108	2,712,173
Lamb Weston Holdings Inc	24,678 shares; CUSIP: 513272104	1,649,231
Lemaitre Vascular Inc	41,500 shares; CUSIP: 525558201	3,823,810
Lennox International Inc	2,617 shares; CUSIP: 526107107	1,594,538
Manhattan Associates Inc	9,628 shares; CUSIP: 562750109	2,601,871
Marketaxess Hlds Inc	7,785 shares; CUSIP: 57060D108	1,759,721
Mercury Systems Inc	39,755 shares; CUSIP: 589378108	1,534,862
Merit Medical Systems Inc	44,345 shares; CUSIP: 589889104	4,289,048
Mesa Laboratories Inc	14,463 shares; CUSIP: 59064R109	1,907,236
Microchip Technology	14,205 shares; CUSIP: 595017104	814,657
Monolithic Power Sys Inc	4,767 shares; CUSIP: 609839105	2,820,634
MSA Safety Inc	10,600 shares; CUSIP: 553498106	1,757,162
MSCI Inc	4,939 shares; CUSIP: 55354G100	2,963,449
NCINO Inc	42,400 shares; CUSIP: 63947X101	1,423,792
Neogen Corp	181,615 shares; CUSIP: 640491106	2,204,806
Novanta Inc	26,875 shares; CUSIP: 67000B104	4,105,694
Paycor HCM Inc	143,425 shares; CUSIP: 70435P102	2,663,402
Penumbra Inc	11,173 shares; CUSIP: 70975L107	2,653,364
Pool Corp	4,969 shares; CUSIP: 73278L105	1,694,131
PTC Inc	14,195 shares; CUSIP: 69370C100	2,610,035
Pure Storage Inc Cl A	20,509 shares; CUSIP: 74624M102	1,259,868
Q2 Holdings Inc	36,045 shares; CUSIP: 74736L109	3,627,929
Raymond James Financial Inc.	16,030 shares; CUSIP: 754730109	2,489,940

(Continued)

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
RBC Bearings Inc	14,330 shares; CUSIP: 75524B104	\$ 4,286,676
Repligen	30,038 shares; CUSIP: 759916109	4,323,670
Resmed Inc	6,612 shares; CUSIP: 761152107	1,512,098
Rollins Inc	45,143 shares; CUSIP: 775711104	2,092,378
Shift4 Payments Inc	13,053 shares; CUSIP: 82452J109	1,354,640
Simpson Manufacturing Co	22,900 shares; CUSIP: 829073105	3,797,507
Simulations Plus Inc	56,620 shares; CUSIP: 829214105	1,579,132
Siteone Landscape Supply Inc	23,000 shares; CUSIP: 82982L103	3,030,710
SPS Commerce Inc	25,200 shares; CUSIP: 78463M107	4,636,548
SPX Technologies Inc	15,415 shares; CUSIP: 78473E103	2,243,191
Stevanato Group S.P.A.	159,220 shares; CUSIP: BNM0752	3,469,404
Texas Roadhouse Inc	10,547 shares; CUSIP: 882681109	1,902,995
Transcat Inc	21,965 shares; CUSIP: 893529107	2,322,579
Trex Co Inc	63,458 shares; CUSIP: 89531P105	4,380,506
Tyler Technologies Inc	4,773 shares; CUSIP: 902252105	2,752,303
UL Solutions Inc Cl A	17,890 shares; CUSIP: 903731107	892,353
Veeva Sys Inc Cl A	10,294 shares; CUSIP: 922475108	2,164,314
Vericel Corp	49,095 shares; CUSIP: 92346J108	2,695,806
Vertex Inc - Class A	54,530 shares; CUSIP: 92538J106	2,909,176
Vertiv Holdings Co	18,914 shares; CUSIP: 92537N108	2,148,820
WD 40 Co	8,125 shares; CUSIP: 929236107	1,971,775
Workiva Inc	22,670 shares; CUSIP: 98139A105	2,482,363
Zebra Technologies Corp Cl A	7,491 shares; CUSIP: 989207105	2,893,174
<b>Subtotal common stocks</b>		<b>262,777,715</b>
<b>Asset-backed securities:</b>		
AIG Clo 2019-2 Ltd	Variable; 10/25/2033; \$980,000; CUSIP: 00142MAE0	980,664
AMMC CDO	Variable; 01/20/2035; \$950,000; CUSIP: 00177LAJ9	950,089
Apidos Clo XII	Variable; 04/15/2031; \$648,095; CUSIP: 03764DAM3	648,762
Barings Clo Ltd 2019-III	Variable; 01/20/2036; \$750,000; CUSIP: 06761KAW1	750,044
Carv Auto Rec Tr 2024-P4 5	5.100%; 05/12/2031; \$350,000; CUSIP: 14076LAF0	346,183
CIFC 2021-7A	Variable; 01/23/2035; \$825,000; CUSIP: 12567HAC6	827,171
ECMC Grp Stu Ln Tr 2021-1	Variable; 11/25/2070; \$546,631; CUSIP: 26833RAB4	540,920
Global SC Finance VII Srl	2.170%; 10/17/2040; \$526,074; CUSIP: 37959PAA5	495,264
Goldentree Loan Management	Variable; 10/20/2034; \$950,000; CUSIP: 38136NAY2	953,615
Huntington Bank Auto Credit	5.442%; 10/20/2032; \$775,191; CUSIP: 44644NAG4	775,760
Huntington Bank Auto Credit	6.153%; 05/20/2032; \$444,516; CUSIP: 44644NAA7	449,431
Navient Student Ln Tr 2021	1.680%; 02/25/2070; \$942,952; CUSIP: 63942QAA9	828,531
NAVSL 2014	Variable; 05/27/2049; \$625,961; CUSIP: 63939DAC9	617,586
Palmer Square Clo Ltd	Variable; 04/20/2035; \$850,000; CUSIP: 69689QAA3	852,087
Palmer Square Ln Fnd 2022	Variable; 04/15/2031; \$700,000; CUSIP: 69690CAN3	700,350

(Continued)

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
RCTTE 1A	Variable; 04/20/2034; \$1,150,000; CUSIP: 75620TAW8	\$ 1,151,021
SLM Student Ln Tr 2008	Variable; 07/25/2073; \$740,000; CUSIP: 78444YAE5	765,057
SLM Student Ln Tr 2008	Variable; 01/25/2083; \$230,000; CUSIP: 784442AD7	238,279
Stack Inf Issuer LLC	1.877%; 03/26/2046; \$690,000; CUSIP: 85236KAE2	663,766
Taco Bell Fdg LLC	1.946%; 08/25/2051; \$859,688; CUSIP: 87342RAG9	802,763
<b>Subtotal asset-backed securities</b>		<b>14,337,343</b>
<b>Municipal bonds:</b>		
New York St	1.952%; 03/15/2029; \$320,000; CUSIP: 64990FD84	287,891
New York St	5.628%; 03/15/2039; \$245,000; CUSIP: 64990FMT8	245,151
NY NYC Trans	5.508%; 08/01/2037; \$500,000; CUSIP: 64971M4P4	492,948
NYC TFA	5.267%; 05/01/2027; \$165,000; CUSIP: 64971MT44	166,523
NYS UDC	3.370%; 03/15/2030; \$450,000; CUSIP: 6500355Z7	420,406
<b>Subtotal municipal bonds</b>		<b>1,612,919</b>
<b>Guaranteed investment contracts:</b>		
New York Life	NYL GA-29030	52,835,859
<b>Synthetic investment contracts:</b>		
Prudential	Pru Core Conserv Int BD FD	83,343,550
Pacific Life	Pacific Life G-27341.01.001:	
	MFB Coltv Daily 1-5 Yr Cr Bd ; 2.385%; CUSIP: 786993972	3,170,399
	MFB Coltv Daily 1-10 Yr Int; CUSIP: 004000964	6,537,582
	NT Coltv Short Term; 0.869%; CUSIP: 66586W326	11,894,345
	MFB NT Coltv Asset-Backed; 0.597%; CUSIP: 003999AF6	12,689,333
	MFB NT Coltv Comm Mort Backed; 0.747%; CUSIP: 665999538	4,953,887
	MFB Coltv MB Sec Idx Fd-Non; 1.880%; CUSIP: 004992AA1	15,838,527
	NT Col 1-10 Yr Int Bd Idx Fd; 2.489%; CUSIP: 66586U726	24,160,741
Voya Ret. Ins. & Annuity Co.	Voya Ret. Ins. & Annuity Co. 60257:	
	MFB Coltv Daily 1-5 Yr Cr Bd; 2.385%; CUSIP: 786993972	31,420,823
	NT Collective Short Term; 0.869%; CUSIP: 66586W326	21,182,827
	MFB NT Coltv Asset-Backed; 0.597%; CUSIP: 003999AF6	14,579,747
	MFB NT Coltv Comm MB; 0.747%; CUSIP: 665999538	5,691,917
	MFB NT Coltv MB Sec Idx Fd; 1.880%; CUSIP: 004992AA1	18,198,210
Transamerica Premier Life	Transamerica Premier Life MDA01115TR:	
	1-3 Year Credit Bond Index Fund	11,672,232
	Asset-Backed Securities Index Fund	12,880,320
	Commercial Mortgage-Backed Securities Index Fund	5,036,925
	1-3 Year Government Bond Index Fund	14,700,941
	Intermediate Government Bond Index Fund	4,026,240

(Continued)

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	Intermediate Term Credit Bond Index Fund	\$ 16,106,015
	Mortgage-Backed Securities Index Fund	16,122,069
Nationwide	Nationwide STA THC IP 1016:	
	1-3 Year Credit Bond Index Fund	2,496,678
	Asset-Backed Securities Index Fund	9,998,020
	Commercial Mortgage-Backed Securities Index Fund	3,909,794
	1-3 Year Government Bond Index Fund	7,504,140
	Intermediate Government Bond Index Fund	7,033,981
	Intermediate Term Credit Bond Index Fund	19,064,865
	Mortgage-Backed Securities Index Fund	12,514,389
American General Life	American General Life 1635587:	
	American General Life Cash Account	1,084,090
	AEPTC 2019-1 A1	187,434
	AMXCA 2022-4 A	437,603
	AMXCA 2022-1 A	1,917,852
	BBCMS 2022-C18 A2	1,356,804
	BMO 2022-C3 A2	821,784
	BMWLT 2024-2 A3	272,005
	BANK 2023-BNK45 A2	610,997
	BMARK 2024-V9 A3	1,454,606
	BMO 2024-5C4 A2	1,670,243
	CD 2016-CD2 A3	1,129,988
	CNH 2022-A A3	501,287
	CNH 2022-B A3	225,023
	CNH 2023-A A3	719,249
	COMET 2022-A1 A1	583,546
	CARMX 2024-1 A3	214,626
	CNH 2024-B A3	496,673
	DBJPM 2017-C6 A4	1,392,606
	DTRT 2024-1 A3	294,416
	DCENT 2022-A1 A1	1,297,189
	DCENT 2022-A3 A3	1,718,942
	FNR 2015-29 PA	572,800
	FNR 2016-43 GV	1,067,791
	FNR 2017-11 KA	670,864
	FNR 2017-43 A	284,975
	FNR 2017-47 EA	762,802
	FNR 2021-45 EA	1,424,049
	FNR 2021-91 DA	1,238,717
	FNR 2022-13 MA	1,268,238

(Continued)

**TENET HEALTHCARE CORPORATION**  
**401(k) RETIREMENT SAVINGS PLAN**  
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**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	FNR 2022-1 DA	\$ 693,716
	FHR 4427 MA	779,119
	FHR 5081 NH	1,270,184
	FHR 5009 GD	1,218,713
	FHR 5094 DA	733,807
	FHR 5156 HB	843,842
	FHR 5222 A	902,656
	FHR 5263 EA	703,625
	FHR 5319 A	1,054,511
	FORDO 2023-A A3	242,931
	GMALT 2024-2 A3	412,107
	GNR 2012-6 LH	202,431
	GNR 2013-144 EC	356,077
	GNR 2014-2 EA	468,163
	GNR 2015-3 DA	377,532
	GNR 2020-78 HL	215,419
	GNR 2021-8 TP	759,045
	GNR 2022-212 HP	1,480,522
	GNR 2022-100 KA	638,133
	GNR 2022-112 MA	760,324
	GNR 2022-180 DA	639,562
	GNR 2022-153 HA	1,944,654
	HAROT 2024-1 A3	627,841
	JDOT 2022-A A3	450,470
	JDOT 2022-B A3	322,671
	JDOT 2023-A A3	654,322
	JDOT 2024-A A3	238,323
	MBART 2022-1 A3	460,523
	NAROT 2022-B A3	283,951
	PCG 4.838 06/01/33	609,512
	TAOT 2023-B A3	446,292
	TAOT 2022-A A3	143,092
	T 4 1/8 02/15/27	2,042,528
	T 4 1/8 11/15/27	3,702,629
	WOART 2022-C A3	165,291
	WOART 2024-A A3	1,143,638
	Wrapper agreement	—
	<b>Subtotal synthetic investment contracts</b>	<b>450,393,852</b>

(Continued)

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

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS)**  
**AS OF DECEMBER 31, 2024**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	Non-interest bearing cash	\$ 1,351,826
Various participants	Participant loans, interest rates from 4.25% to 10.50%; maturity dates from January 2025 to September 2048	121,231,605
	<b>Total assets at fair value</b>	<b>8,693,235,208</b>
	Adjustment from fair value to contract value	35,349,678
	<b>Total assets (Held at End of Year)</b>	<b><u>\$8,728,584,886</u></b>

(Concluded)

\* Party-in-interest

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

See accompanying Independent Auditor's Report.