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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- ☐ a multiemployer plan
- ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan
- ☐ a DFE (specify) _____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 335

1c Effective date of plan 06/01/1976

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TENET HEALTHCARE CORPORATION

14201 DALLAS PARKWAY
DALLAS, TX 75254

2b Employer Identification Number (EIN)
95-2557091

2c Plan Sponsor's telephone number
469-893-6538

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	AMANDA HIBBARD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	146003
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	103052
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	99232
b	Retired or separated participants receiving benefits	**6b**	2033
c	Other retired or separated participants entitled to future benefits	**6c**	39831
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	141096
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	599
f	Total. Add lines **6d** and **6e**.	**6f**	141695
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	108703
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	6761
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	3660
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] 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)** [X] **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)** [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
TENET HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
95-2557091

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

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	15629	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	51150504
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	0		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below) ▶	7c(5)	0		
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below) ▶	7e(4)	0		
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	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:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
TENET HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
95-2557091

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

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	STATHCIP1016	15629	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year		7b	67152606
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	1927693	
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6) Total additions		7c(6)	1927693
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	69080299
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3989000	
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	3989000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	65091299

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
TENET HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
95-2557091

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	062169	15629	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	92828769
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	1976026		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below) ▶	7c(5)	0		
	(6) Total additions			7c(6)	1976026
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	94804795
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below) ▶ CASH	7e(4)	8169000		
	(5) Total deductions			7e(5)	8169000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	86635795

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
TENET HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
95-2557091

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

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	15629	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	84912482
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	2448959		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	2448959
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	87361441
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	5043000		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)	0		
	(5) Total deductions			7e(5)	5043000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	82318441

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
TENET HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
95-2557091

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

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	15629	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	86247944
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	2387783		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	2387783
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	88635727
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	5121000		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	5121000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	83514727

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
TENET HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
95-2557091

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VOYA FINANCIAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	060257	15629	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	95913700
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	0		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below) ▶	7c(5)	2957668		
	(6) Total additions			7c(6)	2957668
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	98871368
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	5699000		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below) ▶	7e(4)	0		
	(5) Total deductions			7e(5)	5699000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	93172368

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
TENET HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
95-2557091

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
25-0598210		1635587	15629	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	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	Balance at the end of the previous year			7b	54901623
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1753680		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	1753680
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	56655303
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	6794594		
	▶ BOOK VALUE ADJ				
	(5) Total deductions			7e(5)	6794594
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	49860709

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
TENET HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
95-2557091

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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(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

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	3210988	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

STRATEGIC ADVISERS LLC

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	1994730	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORGAN STANLEY

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT ADVISOR	218228	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BR STRAT GLB BD INST - BNY MELLON 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	0.15%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO SUMMIT CLASS 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 SELECT RISK GROWTH INV 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 COMSTOCK FUND CLASS Y	11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	0.15%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AQR LONG SHORT EQUITY FUND CL I	1 GREENWICH PLAZA GREENWICH, CT 06830	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.
CAMBIAR OPPORTUNITY INVESTOR CL	1 FREEDOM VALLEY DR OAKS, PA 19456	0.40%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PZENA EMERGING MRKTS FOCUSED VAL I	320 PARK AVE 8TH FL NEW YORK, NY 10022	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.
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 GOVT'T INC 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 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.
ADVISORS PRFD QUANTIFIED STF ADVSR	1445 RESEARCH BLVD STE 530 ROCKVILLE, MD 20850	$12.00

(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.
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 LARGE CAP GROWTH CLASS A	8000 IH 10 W STE 1400 14TH FL SAN ANTONIO, TX 78230	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMANA MUTUAL FUND TRUST INCOME	1300 NORTH STATE ST BELLINGHAM, WA 98225	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMANA MUTUAL FUND TRUST GROWTH	1300 NORTH STATE ST BELLINGHAM, WA 98225	0.40%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMANA DEVELOPING WORLD FUND	1300 NORTH STATE ST BELLINGHAM, WA 98225	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMANA INCOME FUND INSTITUTIONAL	1300 NORTH STATE ST BELLINGHAM, WA 98225	0.10%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMANA GROWTH FUND INSTITUTIONAL	1300 NORTH STATE ST BELLINGHAM, WA 98225	0.10%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMANA PARTICIPATION FD INVESTOR CL	1300 NORTH STATE ST BELLINGHAM, WA 98225	0.40%

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

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

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN BALANCED FUND 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 INCOME INV 4400 MAIN ST 1ST FL KANSAS CITY, MO 64111	0.35%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY MIDCAP VALUE INV 4400 MAIN ST 1ST FL KANSAS CITY, MO 64111	0.35%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY SMALL CAP VALUE I 4400 MAIN ST 1ST FL KANSAS CITY, MO 64111	0.35%

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 FOCUSEDDYNAMIC 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 GLOBAL GOLD INV C	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 GROWTH INVESTOR C	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 GLOBAL BALANCED 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.
AMERICAN FUNDS GRWTH& INC PORTFOLI	3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS CONV GRWTH & INCM P	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%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ASHMORE EMERG MRKTS EQUITY FD CL A	801 S. CANAL ST CHICAGO, IL 60607	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.
AZZAD ETHICHAL MID CAP FUND CL A	8000 TOWN CENTRE DR STE 400 BROADVIEW HEIGHTS, OH 44147-4031	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WISE CAPITAL FUND	8000 TOWN CENTRE DR STE 400 BROADVIEW HEIGHTS, OH 44147-4031	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BAILLIE GIFFORD EMERG MRKTS EQ INS	780 THIRD AVE NEW YORK, NY 10017	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.
BARON OPPORTUNITY FUND 767 5TH AVE 49TH FL NEW YORK, NY 10153	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BARON PARTNERS FUND 767 5TH AVE 49TH FL NEW YORK, NY 10153	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BARON FOCUSED GROWTHFUND 767 5TH AVE 49TH FL NEW YORK, NY 10153	0.40%

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.
BERKSHIRE FOCUS FUND 475 MILAN DR STE 103 SAN JOSE, CA 95134	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK TECHNOLOGYOPPORTUNITIES 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%

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 MID CAP VALUE FUND CL A	40 EAST 52ND ST NEW YORK, NY 10022	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK STRATEGIC INCOME 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%

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.
DESTINATIONS LARGE CAP EQUITY INST	1055 WESTLAKES DR STE 250 BERWYN, PA 19312	0.15%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DESTINATIONS SMALL MID CAP EQ INST	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.
DESTINATIONS INTL EQUITY FD INSTL	1055 WESTLAKES DR STE 250 BERWYN, PA 19312	0.15%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CALAMOS MARKET NEUTRAL INCOME CL I	2020 CALAMOS COURT NAPERVILLE, IL 60563	0.15%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS GLOBAL INSIGHT F2	3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	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.
AMERICAN CAPITAL WORLD GRTH & INC 3500 WISEMAN BLVD SAN ANTONIO, TX 78251	$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 CAPITAL WORLD GR & INC CL 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.
CAUSEWAY INTERNATNALVALUE INSTL P. O. BOX 1100 OAKS, PA 19456	0.15%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
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%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(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%

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 INT'L SMALL CAP VALUE	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 SMALL 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 LARGE CAP VALUE 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.
DFA FIVE YEAR GLBL FIXED INC PRTF	6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
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%

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.
DAVIS BALANCED FUND CLASS A	2949 E ELVIRA ROAD STE 101 TUCSON, AZ 85756	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.
DWS SCIENCE AND TECHNOLOGY FUND 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%

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 CORE FIXED INCOME CL I 777 EAST WISCONSIN AVE 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.
DOUBLELINE LOW DURATION CL N 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.
EATON VANCE GLOBAL INCOME BUILDER	TWO INTERNATIONAL PLACE BOSTON, MA 02110	0.40%

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIRST EAGLE GOLD CLASS A	1345 AVE OF THE AMERICAS 48TH FLR NEW YORK, NY 10105	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIRST EAGLE GLOBAL CLASS A	1345 AVE OF THE AMERICAS 48TH FLR NEW YORK, NY 10105	0.40%

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

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

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

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

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 LARGE 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 FUNDOF AMERICA CL	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 OPPORTUNTITIES 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.
GUIDESTONE EQUITY INDEX FD INVS CL 2401 CEDAR SPRINGS RD DALLAS, TX 75201	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.
GUIDESTONE INTERNATL EQUITY INDEX 2401 CEDAR SPRINGS RD DALLAS, TX 75201	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.
GUINNESS ATKINSON GLOBAL INNOVATOR	2220 E. ROUTE 66 STE 226 GLENDORA, CA 91740	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
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 FUND INVESTOR CLASS	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 INTL INVESTOR CL	111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK GLOBAL SELECT FD INVESTOR	111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK GLOBAL FUND INVESTOR CLASS	111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARTFORD BALANCED INCOME FUND CL Y	100 MATSONFORD RD STE 300 RADNOR, PA 19087	0.10%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HENNESSY FOCUS FUND INVESTOR CLASS	7250 REDWOOD BLVD. STE 200 NOVATO, CA 94945	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NEXPOINT MERGER ARBITRAGE CL Z	200 CRESCENT COURT STE 700 DALLAS, TX 75201	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.
HOMESTEAD SMALL 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 FUND 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 OVERSEAS 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 MULTISECTOR INCOME 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.
JOHN HANCOCK DISCIPLVALUE INTL FD	601 CONGRESS ST. 9TH FL. BOSTON, MA 02210	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 EQUITY FUND CLASS I	1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JP MORGAN US LARGE CAP CORE PLUS C	1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.40%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPMORGAN CORE BOND CLASS I	1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
KINETICS PARADIGM FUND	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.
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.
LORD ABBETT BOND DEBENTURE CLASS A	90 HUDSON ST 10TH FL JERSEY CITY, NJ 07302	0.37%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LORD ABBETT SHORT DURATION HI YIEL	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.
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%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(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 LIFETIME 2040 FDCLASS A 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.
LEUTHOLD GRIZZLY SHORT RETAIL 100 NORTH 6TH STREET SUITE 600A MINNEAPOLIS, MN 55403	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%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(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%

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 PACIFIC TIGER FUND	4 EMBARCADERO CENTER STE 550 SAN FRANCISCO, CA 94111	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MATTHEWS EMERGING MKTS EQUITY INVE	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.
TCW METWEST HIGH YLDBOND CL M	865 S FIGUEROA ST 1400 LOS ANGELES, CA 90071	0.40%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MORGAN 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 INSIGHT A	522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EVENTIDE GILEAD FUND CLASS 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.
EVENTIDE BALANCED FUND CL N	80 ARKAY STE 110 HAUPPAUGE, NY 11788	0.40%

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NICHOLAS II INC CLASS N	411 E. 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.
NORTHERN SMALL CAP VALUE	801 SOUTH CANAL C5S CHICAGO, IL 60675	0.40%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HCM MULTI ASSET PLUSINVESTOR 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 CAPITAL DEFENDER FD INVES 101 PENNSYLVANIA BLVD PITTSBURGH, PA 15228	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ABSOLUTE CAPITAL ASSET ALLOCATOR I 101 PENNSYLVANIA BLVD PITTSBURGH, PA 15228	0.40%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HCM SECTOR PLUS INVESTOR 1145 HEMBREE ROAD ROSWELL, GA 30076	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HCM TACTICAL PLUS INVESTOR 1145 HEMBREE ROAD ROSWELL, GA 30076	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PFG US EQUITY INDEX STRATEGY CLASS 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	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.
PFG GLOBAL EQUITY INDEX STRATEGY C 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	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.
PFG MFS AGGRESSIVE GROWTH STRATEGY 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	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.
PFG JP MORGAN TACTICAGGRESSIVE STR 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	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.
PFG BNY MELLON DIVERSIFIER STRAT R 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	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.
PFG MEEDER TACTICAL STRATEGY FUND 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	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.
PFG JP MORGAN TACTICMODERATE STRAT 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	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.
PFG ACTIVE CORE BOND STRATEGY FUND	777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	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.
THE TEBERG FUND INVESTOR CLASS	5161 MILLER TRUNK HIGHWAY DULUTH, MN 55811	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.
PFG INVESCO EQ FACTRROTATION STRAT	777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	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.
PFG JANUS HENDERSON BALANCED STRAT	777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	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.
PFG FIDELITY INST AMCORE PLUS BD S	777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	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.
PFG JANUS HENDERSON TACTICAL INC S	777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	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.
PFG EQUITY INDEX FOCUSED STRATEGY 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	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.
PFG SECTOR EQUITY BUS CYCLE STRAT 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	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.
PFG BR TRGT ALLOCAT EQ STRATEGY FD 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	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.
PFG AMERICAN FUNDS GROWTH STRAT CL 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	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.
PFG AMERICAN FDS CONS INC STRAT CL 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	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.
NUVEEN FLOATING RATEINCOME A 333 WEST WACKER DR CHICAGO, IL 60606	0.40%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NUVEEN PREFERRED SECS AND INC CL A 333 WEST WACKER DR CHICAGO, IL 60606	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO TOTAL RETURN CLASS A 1633 BROADWAY NEW YORK, NY 10019	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO INTL BD FD U SDOLLAR HEDGED 1633 BROADWAY NEW YORK, NY 10019	0.40%

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.
PARNASSUS CORE EQUITY INVESTOR	1 MARKET ST STEUART TOWER STE 1600 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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(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 AGGRESSIVEGROWTH PORTFOL	600 MONTGOMERY ST STE 4100 SAN FRANCISCO, CA 94111-2702	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.
POTOMAC RISK DEFENSIVE BULL 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.
POTOMAC RISK TACTICAL OPP FUND 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.
POTOMAC 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.
POTOMAC RISK MANAGEDVOLATILITY FUN	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.
PIMCO INFLATION RSPNS MULTI ASSET	1633 BROADWAY NEW YORK, NY 10019	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO MORTGAGE OPPOR AND BOND FUND	1633 BROADWAY NEW YORK, NY 10019	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 COMM & TECHNOLOGY INV	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 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%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(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 LARGE CAP CORE FUN 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.
PRINCIPAL SPECTRUM PREF CAPT SEC I	620 COOLIDGE DR STE 300 FOLSOM, CA 95630	0.10%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THE OSTERWEIS STRATEGIC INCOME FD	777 E. WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202	0.15%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VILLERE BALANCED	601 POYDRAS ST STE 1808 NEW ORLEANS, LA 70130-6038	0.40%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BANKS ULTRA SECTOR PRO FUND INVEST	7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA, MD 20814	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BITCOIN STRATEGY FD INVESTOR	7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA, MD 20814	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PGIM 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.
PUTNAM SUSTAINABLE RETIRE 2040 FD	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%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(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 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 SPECT MODERATE ALLOCA	4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AVE MARIA GROWTH	801 W. ANN ARBOR TRAIL STE 244 PLYMOUTH, MI 48170	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.
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 INVESTOR	P.O. BOX 87 DENVER, CO 80201-0087	0.15%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN SMALLCAP WORLD FUND CL F2	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.
SMEAD VALUE FUND INVESTOR CL SHARE 1290 BROADWAY STE 1100 DENVER, CO 80203	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TCW SECURITIZED BOND FUND CLASS 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 CHICAGO, IL 60606	0.10%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T ROWE PRICE RETIRE BLEND 2025 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.
THE PRIVATE SHARES FUND CLASS I	2220 E. ROUTE 66 STE 226 GLENDORA, CA 91740	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.
THOMPSON BOND FUND	1255 FOURIER DR STE 200 MADISON, WI 53717	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.
TOUCHSTONE NON US ESG EQUITY CL A 303 BROADWAY STE 1100 CINCINNATI, OH 45202-4203	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.
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.
RIVERPARK STRATEGIC INCOME FUND RE 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 INCOME 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 FUND 4900 TIEDEMAN RD 4TH FL BROOKLYN, OH 44114	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.
VALUE LINE ASSET ALLOCATION INVEST 7 TIMES SQUARE STE 1606 SARASOTA, FL 34236	0.40%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VALUE LINE MID CAP FOCUSED INVESTO	7 TIMES SQUARE STE 1606 SARASOTA, FL 34236	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 SMALL 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 INCOME & GROWTH FUND A	100 SUMMIT LAKE DR 201 GREENFIELD, MA 01301	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WASATCH CORE GROWTH	505 WAKARA WAY STE 300 SALT LAKE CITY, UT 84108	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WASATCH HOISINGTON US TREASURY	505 WAKARA WAY STE 300 SALT LAKE CITY, UT 84108	0.25%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLSPRING INDEX FUND 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.

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 335

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TENET HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
95-2557091

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

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE INTL BD TR

b Name of sponsor of entity listed in (a): T ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
30-6304154-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AS SPECIAL MID CAP VALUE E4

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-6615098-001	C	60427143

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-6258259-012	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHRODER INTL ALPHA

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-4679164-072	C	96631925

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 TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-6293122-001	C	2901709393

a Name of MTIA, CCT, PSA, or 103-12 IE: SP DEV INTL IDX CL F

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-6293122-006	C	789627246

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-104	C	132212768

a Name of MTIA, CCT, PSA, or 103-12 IE: COL DIV INC INST MS

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

c EIN-PN 87-1854339-090	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 196524997

a Name of MTIA, CCT, PSA, or 103-12 IE: C&S US REALTY C

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

c EIN-PN 46-3411346-064	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37349558

a Name of MTIA, CCT, PSA, or 103-12 IE: FID GR CO POOL CL O

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

c EIN-PN 04-3022712-135	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1671310230

a Name of MTIA, CCT, PSA, or 103-12 IE: SP EXT MKT IDX CL F

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST

c EIN-PN 82-6293122-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 370677371

a Name of MTIA, CCT, PSA, or 103-12 IE: J H ENTERPRISE MS

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 38-7289853-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105452870

a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PTNR EM EQ CIT C

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 99-2168061-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 330891319

a Name of MTIA, CCT, PSA, or 103-12 IE: DWS RREEF RL ASSTS M

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

c EIN-PN 82-6252443-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 208250520

a Name of MTIA, CCT, PSA, or 103-12 IE: GENEVA SM CP GR C

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 38-4116861-518	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55252628

a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER BOND FUND TRUST CLASS MSG

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 81-5420248-291	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67226018

a Name of MTIA, CCT, PSA, or 103-12 IE: COL DIV INC INST MS

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

c EIN-PN 41-0007957-218	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE INTL SMALL-CAP EQ

b Name of sponsor of entity listed in (a): T ROWE PRICE TRUST COMPANY

c EIN-PN 36-7612285-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 178425916

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
TENET HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
95-2557091

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1352022	374305
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	73035744	130747187
(2) U.S. Government securities	1c(2)	253399302	89902280
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	39449205	17633684
(B) All other	1c(3)(B)	20633182	9848592
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	173567	286091
(B) Common	1c(4)(B)	361884726	190405296
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	121231605	121184944
(9) Value of interest in common/collective trusts	1c(9)	6401706884	7201969902
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	915526342	1219167322
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	52835859	51150504
(15) Other	1c(15)	452006770	447254962

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	8693235208	9479925069
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	8693235208	9479925069

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	114902741	
(B) Participants	2a(1)(B)	415326614	
(C) Others (including rollovers)	2a(1)(C)	66155229	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		596384584
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4012868	
(B) U.S. Government securities	2b(1)(B)	10595484	
(C) Corporate debt instruments	2b(1)(C)	3955106	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	9816677	
(F) Other	2b(1)(F)	1783942	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		30164077
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	13453	
(B) Common stock	2b(2)(B)	1628232	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	59150991	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		60792676
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3539559673	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3529307585	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		10252088
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	1320292	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1320292

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1204044756
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		16291485
c Other income	2c		26933863
d Total income. Add all **income** amounts in column (b) and enter total	2d		1946183821
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1147595698	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1147595698
f Corrective distributions (see instructions)	2f		469719
g Certain deemed distributions of participant loans (see instructions)	2g		784120
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	-284451	
(2) Contract administrator fees	2i(2)	18300	
(3) Recordkeeping fees	2i(3)	3125138	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	6077650	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	1707786	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		10644423
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1159493960
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		786689861
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: DELOITTE & TOUCHE **(2)** EIN: 13-3891517

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**	X		147366
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
TENET HEALTHCARE CORPORATION

D Employer Identification Number (EIN)
95-2557091

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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** [X] 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).**

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	95.29	9045740648
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
COVENANT SURGICAL PARTNERS	26-1860389	4.53	324698050

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.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	[ ] Yes [X] No
2f	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.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

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
THE PHYSICIANS GROUP, LLC	73-1488111	0.18	11223846
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
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
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.

Part III Pooled Employer Plan Information

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 _____

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, 2025 and 2024,
Supplemental Schedule (Modified Cash Basis) as of December 31, 2025,
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.

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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, 2025 and 2024, 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, 2025 and 2024, 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 accompanying 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 accompanying 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.

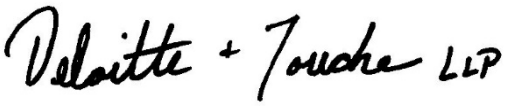
Other Matter — Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) (modified cash basis) as of December 31, 2025 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).



October 15, 2026

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS:		
Investments at fair value:		
Interest-bearing cash and cash equivalents	$ 86,005,680	$ 28,842,318
Mutual funds	1,102,892,355	817,988,210
Self-directed brokerage accounts	286,384,707	245,121,129
Collective trusts	7,201,969,902	6,401,706,884
Foreign government securities	695,424	—
Foreign corporate bonds	470,917	—
U.S. government securities	34,129,650	140,524,143
Mortgage-backed securities	51,533,869	109,232,751
Corporate bonds	21,580,667	45,278,654
Common stocks	69,977,950	262,777,715
Asset-backed securities and municipal bonds	7,147,813	15,950,262
Total investments at fair value	8,862,788,934	8,067,422,066
Investments at contract value:		
Guaranteed investment contracts	53,228,917	56,622,265
Synthetic investment contracts	460,593,340	481,957,124
Total investments	9,376,611,191	8,606,001,455
Non-interest-bearing cash	374,305	1,351,826
Notes receivable from participants	121,184,944	121,231,605
NET ASSETS AVAILABLE FOR BENEFITS	$ 9,498,170,440	$ 8,728,584,886

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, 2025 AND 2024

	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	$ 1,228,984,492	$ 1,181,106,199
Interest	33,361,220	34,880,783
Dividends	60,792,676	52,504,195
Net investment income	1,323,138,388	1,268,491,177
Interest income on notes receivable from participants	9,816,677	8,807,175
Contributions:		
Employer	114,902,741	121,094,411
Participants	415,326,614	425,366,693
Participant Rollovers	66,155,229	87,088,798
Net additions	1,929,339,649	1,910,848,254
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	1,148,849,537	1,266,536,482
Administrative expenses	10,904,558	9,332,656
Total deductions	1,159,754,095	1,275,869,138
NET INCREASE BEFORE PLAN TRANSFERS	769,585,554	634,979,116
Transfers from other plans	—	87,965,171
INCREASE IN NET ASSETS	769,585,554	722,944,287
NET ASSETS AVAILABLE FOR BENEFITS — Beginning of year	8,728,584,886	8,005,640,599
NET ASSETS AVAILABLE FOR BENEFITS — End of year	$ 9,498,170,440	$ 8,728,584,886

See notes to financial statements.

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 for the year ended December 31, 2024. 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 ("Tenet"), who administers the Plan on behalf of Tenet, TPG and Covenant (collectively, the "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 $23,500 and $23,000, the maximum allowed by the Internal Revenue Service ("IRS"), during the years ended December 31, 2025 and 2024, 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, 2025 and 2024. 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, 2025 and 2024, 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 Employer 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, 2025 and 2024.

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, 2025 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 the Employer's contributions vests as follows:

Years of Service[1]	Percentage Vested[2]
Less than one year	0 %
One year	20 %
Two years	40 %
Three years	60 %
Four years	80 %
Five or more years	100 %

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

2 The vesting schedule provided above applies to the majority of the Plan's participants. Vesting provisions may vary based on the participant's employer or applicable collective bargaining agreement. Participants should refer to the Plan document to determine their applicable vesting schedule.

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, 2025 and 2024, forfeitures of $7,500,000 (for 2024 match processed in 2025) and $6,801,138 (for 2023 match processed in 2024), respectively, were used to offset employer contributions related to the 2024 and 2023 Plan years. During the years ended December 31, 2025 and 2024, forfeitures of $1,083,155 and $696,335, respectively, were used to pay Plan expenses. Forfeitures available for utilization totaled $6,068,622 and $7,490,782 at December 31, 2025 and 2024, respectively.

Administrative Expenses — Administrative expenses of the Plan are paid by the Plan or the Employer, as provided in the Plan document. The Plan utilized $1,488,391 and $1,572,768 of undistributed administrative revenues to pay certain Plan administrative expenses during the years ended December 31, 2025 and 2024, 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 Employer'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.

Certain investment options are separately managed accounts. Separately managed accounts represent a portfolio of individual securities that are managed by professional investment managers appointed by the Employer. Unlike a mutual fund or collective trust, the Plan directly owns the individual underlying securities instead of pooling the assets with other investors. The individual assets of separately managed accounts are held in the name of the Plan and are generally considered separately as individual investments for financial statement reporting purposes.

Included in the investment options are the following separately managed accounts:

- Tenet Target Retirement Today Fund
- Tenet Target Retirement 2020 Fund
- Tenet Target Retirement 2025 Fund
- Tenet Target Retirement 2030 Fund
- Tenet Target Retirement 2035 Fund
- Tenet Target Retirement 2040 Fund
- Tenet Target Retirement 2045 Fund
- Tenet Target Retirement 2050 Fund
- Tenet Target Retirement 2055 Fund
- Tenet Target Retirement 2060 Fund
- Tenet Target Retirement 2065 Fund
- Tenet Metropolitan West Total Return Bond Fund
- Tenet Conestoga Small Cap Growth Fund
- Tenet Fixed Income Administrative Pool (see Note 5)

The separately managed accounts hold various underlying investments, as further described in Note 3.

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. 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 $114,902,741 presented on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025, includes the 2024 Plan year employer contribution for the majority of the Plan's participants and a portion of the 2025 Plan year employer contribution for union employees of $625,167. Similarly, 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.

Employer contributions related to the 2025 Plan year of approximately $113,480,000, net of forfeitures utilized of $6,852,564, were deposited into the Plan during 2026.

Excess Contributions Payable — The Plan is required to return contributions received during the Plan year in excess of the IRC limits. There were no excess contributions due to participants at either December 31, 2025 or 2024.

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, 2025 and 2024.

Interest-Bearing Cash and Cash Equivalents — Short-term investments and money market funds are valued at the closing prices reported on the active markets on which they are traded. Interest-bearing cash is valued at its principal balance plus accrued interest.

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, interest-bearing cash, 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, 2025:

	Fair Value Measurements at December 31, 2025, Using			
	Active Markets for Identical Assets (Level 1)	**Other Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**	**Total**
Interest-bearing cash and cash equivalents:				
Short-term investment fund	$ 22,129,166	$ —	$ —	$ 22,129,166
Money market funds	63,876,514	—	—	63,876,514
Mutual funds	1,102,892,355	—	—	1,102,892,355
Self-directed brokerage accounts	281,729,911	4,654,796	—	286,384,707
Foreign government securities	—	695,424	—	695,424
Foreign corporate bonds	—	470,917	—	470,917
U.S. government securities	34,129,650	—	—	34,129,650
Common stocks	69,977,950	—	—	69,977,950
Mortgage-backed securities	—	51,533,869	—	51,533,869
Asset-backed securities	—	5,014,657	—	5,014,657
Corporate bonds	—	21,580,667	—	21,580,667
Municipal bonds	—	2,133,156	—	2,133,156
Total	$ 1,574,735,546	$ 86,083,486	$ —	$ 1,660,819,032
Collective trusts measured at NAV				7,201,969,902
Total investments at fair value				$ 8,862,788,934

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:

	Fair Value Measurements at December 31, 2024, Using			
	Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Interest-bearing cash and cash equivalents:				
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
Total	$ 1,495,253,515	$ 170,461,667	$ —	$ 1,665,715,182
Collective trusts measured at NAV				6,401,706,884
Total investments at fair value				$ 8,067,422,066

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, 2025. 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, 2025					
Collective trusts:					
Foreign	$ 886,259,171	$ —	Daily	None	None
Large cap blend	2,901,709,393	—	Daily	None	None
Large cap value	196,524,997	—	Daily	None	None
Large cap growth	1,671,310,230	—	Daily	None	None
Mid cap value	268,677,663	—	Daily	None	None
Mid cap growth	105,452,870	—	Daily	None	None
Small cap blend	370,677,371	—	Daily	None	None
Small cap growth	233,678,544	—	Daily	None	None(1)
Emerging markets	330,891,319	—	Daily	None	None
Intermediate term	199,438,786	—	Daily	None	None
Real Estate	37,349,558	—	Daily	None	None
Total	$ 7,201,969,902	$ —			

(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, 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[(1)]
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	$ 6,401,706,884	$ —			

(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 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 Employer, 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 3.08% and 3.00% during the years ended December 31, 2025 and 2024, 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 3.02% and 2.94% during the years ended December 31, 2025 and 2024, respectively.

6. PLAN TERMINATION

While it has not expressed any intent to do so, the Employer 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 Employer by a determination letter dated February 6, 2018 that the Plan and related trust are designed in accordance with applicable sections 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, 2025 and 2024, 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.

	2025	2024
Statements of net assets available for benefits:		
Investments at fair value:		
Interest-bearing cash and cash equivalents	$ 86,005,680	$ 28,842,318
Mutual funds	1,102,892,355	817,988,210
Self-directed brokerage accounts	286,384,707	245,121,129
Collective trusts	7,201,969,902	6,401,706,884
Foreign government securities	695,424	—
Foreign corporate bonds	470,917	—
U.S. government securities	34,129,650	140,524,143
Mortgage-backed securities	51,533,869	109,232,751
Corporate bonds	21,580,667	45,278,654
Common stocks	69,977,950	262,777,715
Asset-backed securities and municipal bonds	7,147,813	15,950,262
Investments at contract value:		
Guaranteed investment contracts	53,228,917	56,622,265
Synthetic investment contracts	460,593,340	481,957,124
Non-interest-bearing cash	374,305	1,351,826
Notes receivable from participants	121,184,944	121,231,605
Statements of changes in net assets available for benefits:		
Investment income:		
Net appreciation in fair value of investments	1,228,984,492	1,181,106,199
Interest	33,361,220	34,880,783
Dividends	60,792,676	52,504,195
Interest income on notes receivable from participants	9,816,677	8,807,175

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. Transactions involving these investments constitute party-in-interest transactions; however, they are covered by an exemption from the prohibited transaction 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 $3,437,016 and $2,401,392 at December 31, 2025 and 2024, 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 by the RPAC effective January 1, 2024, unless otherwise indicated, to (i) eliminate 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 ("SECURE 2.0 Act") and (iii) increase the limit for mandatory cash-out distributions to $7,000. The amendments also included revisions to the arbitration provisions applicable to claims filed on or after August 1, 2024.

During 2024, the Plan was further amended to include TPG and Covenant as unrelated separate employers, effective August 2024, and to provide for the merger of TPG's pre-existing retirement plan into the Plan. For further information, refer to Note 1.

Effective January 1, 2025, the Plan's eligibility and vesting provisions applicable to participants employed by United Surgical Partners International, a subsidiary of Tenet, were amended to align with those generally applicable to other Tenet participants.

Effective January 1, 2026, the Plan adopted the enhanced catch-up contribution provision of the SECURE 2.0 Act, which permits participants who attain the ages 60 through 63 during the year to make catch-up contributions of up to $11,250 for 2026, compared to the standard $8,000 limit applicable to other participants age 50 or older. In addition, beginning January 1, 2026, participants whose wages subject to the Federal Insurance Contributions Act (FICA) from their participating employer exceeded $150,000 in the preceding year are required to make catch-up contributions on a Roth after-tax basis. The applicable contribution limits and wage threshold are subject to annual adjustments by the IRS.

11. SUBSEQUENT EVENTS

In July 2026, following the termination of the Ortho Missouri, LLC 401(k) and Profit Sharing Plan (the "OM 401(k) Plan"), and as soon as administratively practicable, the OM 401(k) Plan merged into the Plan.

For the year ended December 31, 2025, subsequent events were evaluated through October 15, 2026, the date the financial statements are available to be issued. Other than as disclosed above and in Note 10, no events were identified 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, 2025 and 2024 to Form 5500:

	2025	2024
Net assets available for benefits per financial statements	$ 9,498,170,440	$ 8,728,584,886
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	(18,245,371)	(35,349,678)
Net assets available for benefits per Form 5500	$ 9,479,925,069	$ 8,693,235,208

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, 2025 and 2024 to net income reported on Form 5500:

	2025	2024
Increase in net assets before plan transfers per financial statements	$ 769,585,554	$ 634,979,116
Change in the adjustment from contract value to fair value for fully benefit-responsive investment contracts	17,104,307	2,908,691
Net income per Form 5500	$ 786,689,861	$ 637,887,807

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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Interest-bearing cash and cash equivalents:		
* Fidelity	Fidelity Short-Term Investment Fund	$ 22,129,166
* Fidelity	Money Market Treasury Only	63,845,551
Brown Brothers Harriman	BBH Short-Term Investment Fund	30,963
	Subtotal interest-bearing cash and cash equivalents	**86,005,680**
Mutual funds:		
American Century Inv Mgmt.	American Century SmCap Value, Class R6; 12,724,330 shares	114,264,484
BlackRock	BlackRock Strategic Glb Bnd, Inst Shares; 15,684,349 shares	84,538,639
* Fidelity	Fidelity Long-Term Treas Bond Index Fund; 8,302,339 shares	77,128,726
* Fidelity	Fidelity U.S. Bond Index Fund; 37,843,974 shares	399,632,362
* Fidelity	Fidelity Worldwide Fund; 2,584,927 shares	93,832,864
Franklin Templeton	Brandywine Global High Yield Fund, Class I; 5,500,169 shares	55,826,720
JP Morgan Asset Mgmt.	JPMorgan Hedged Equity Fund, Class I; 1,879,982 shares	66,476,164
MFS Investment Mgmt.	MFS Emerging Markets Debt Fund, Class R6; 5,167,845 shares	65,838,349
PIMCO LLC	PIMCO International Bond Fund, Inst Class; 12,686,774 shares	125,979,664
T. Rowe Price	T. Rowe Price Floating Rate Fund, Class I; 2,094,528 shares	19,374,383
	Subtotal mutual funds	**1,102,892,355**
Self-directed brokerage accounts:		
* Fidelity BrokerageLink	BrokerageLink - Mutual Funds	117,686,628
	BrokerageLink - Common Stock	119,015,685
	BrokerageLink - Preferred Stock	286,091
	BrokerageLink - Corporate & Government Bond	4,654,796
	BrokerageLink - Certificate of Deposit	4,228,539
	BrokerageLink - Interest-bearing cash	40,512,968
	Subtotal self-directed brokerage accounts	**286,384,707**
Collective trusts:		
Allspring Funds Mgmt	Allspring Special MidCap Value, Inst Class; 5,871,730 shares	60,427,143
Cohen & Steers	Cohen & Steers US Realty Fund, Class C; 1,685,449 shares	37,349,558
Columbia Threadneedle	Columbia Trust Dividend Income Fund MS; 11,824,609 shares	196,524,997
DWS Group	DWS RREEF Real Assets CIT, Class M; 11,287,291 shares	208,250,520
* Fidelity	FIAM Int. Infl. PR Bond Index CP, Class D; 825,401 shares	132,212,768
* Fidelity	Fidelity Growth Comp CommPool, Class O; 18,721,970 shares	1,671,310,230
Nationwide	Geneva SmCap Growth Fund, Inst. Class C; 5,448,386 shares	55,252,628
GQG Partners	GQG Prtnrs Emerging Mrkts Eq CIT, Class C; 32,642,581 shares	330,891,319
Janus Henderson Investors	Janus Henderson Enterprise Fund, Class I; 7,286,582 shares	105,452,870
Schroder	Schroder International Alpha Tr, Class I; 4,331,328 shares	96,631,925
Great Gray Trust Company	Pioneer Bond Fund Trust, Class MSG; 5,406,933 shares	67,226,018
* Fidelity	Spartan 500 Index Fund, Class F; 8,925,865 shares	2,901,709,393

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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
* Fidelity	Spartan Developed Intl Index Pool, Class E; 4,012,945 shares	$ 789,627,246
* Fidelity	Spartan Extended Market Indx Fnd, Class F; 1,946,630 shares	370,677,371
T. Rowe Price	TRP International SmCap Equity, Class B; 6,324,917 shares	178,425,916
	Subtotal collective trusts	**7,201,969,902**
Foreign government securities:		
New South Wales Treasury Corp	5.250%; 02/24/2038; SEDOL: BR54964	304,769
Queensland Treasury Corp	5.250%; 08/13/2038; SEDOL: BVDF9L2	301,538
Victoria Treasury Corp	2.000%; 11/20/2037; SEDOL: BL63VR3	89,117
	Subtotal foreign government securities	**695,424**
Foreign corporate bonds:		
Pacific National Finance Pty Ltd	3.700%; 09/24/2029; SEDOL: BK8VMY2	67,520
Vonovia SE	5.717%; 09/03/2035; SEDOL: BVP9B83	64,118
Electricité de France	4.625%; 05/07/2045; SEDOL: BTRV815	113,807
Electricité de France	4.750%; 06/17/2044; SEDOL: BS5WN52	116,617
Suez Saca	2.875%; 05/24/2034; SEDOL: BP911L6	108,855
	Subtotal foreign corporate bonds	**470,917**
U.S. government securities:		
United States Treasury	4.625%; 11/15/2045; CUSIP: 912810UQ9	8,877,748
United States Treasury	4.625%; 11/15/2055; CUSIP: 912810UP1	11,080,495
United States Treasury	3.375%; 12/31/2027; CUSIP: 91282CPS4	2,081,202
United States Treasury	3.875%; 12/31/2032; CUSIP: 91282CPQ8	9,777,038
United States Treasury	4.000%; 11/15/2035; CUSIP: 91282CPJ4	2,313,167
	Subtotal U.S. government securities	**34,129,650**
Mortgage-backed securities:		
1211 Ave of the Am Tst 2015-1	3.900%; 08/10/2035; $557,000; CUSIP: 90117PAC9	537,505
Aligned Data Cntrs Issuer LLC	1.937%; 08/15/2046; $654,000; CUSIP: 01627AAA6	642,285
BAMLL Comm Mtg Sec Trust	Variable; 08/10/2038; $650,000; CUSIP: 05491YAA8	637,287
BX Coml Mtg Tr 2020-Viva Cstr	Variable; 03/11/2044; $635,000; CUSIP: 12433XAG4	592,414
CHI Comm Mtg Tr 2025-SFT	Variable; 04/15/2042; $805,000; CUSIP: 16706GAE7	822,019
CIM Tr 2020-Inv1 144A	2.500%; 04/25/2050; $281; CUSIP: 12560AAB0	236
CPT Mortgage Trust 2019	2.865%; 11/13/2039; $545,000; CUSIP: 12654YAA7	506,216
CSMC 2018-Rpl9 Tr 144A	3.850%; 09/25/2057; $558,217; CUSIP: 12654PAE8	540,883
CSMC 2019-Rpl1 Tr 144A	Variable; 07/25/2058; $411,897; CUSIP: 12596MAB2	406,971
DC Office Trust 2019	2.965%; 09/15/2045; $580,000; CUSIP: 23312BAA8	526,572
EFMT 2025-Nqm1 A2 144A	5.871%; 01/25/2070; $861,159; CUSIP: 26846CAB2	869,077
Fed Home Loan Mtg Corp - Gold	2.000%; 01/25/2051; $2,174,042; CUSIP: 3133Q5E51	277,316
Federal Home Ln Mtg Mlt Ctf Gt	3.000%; 04/15/2048; $118,672; CUSIP: 3137FGVJ1	106,919
Federal Home Ln Mtg Mlt Ctf Gt	Variable; 11/25/2054; $137,145; CUSIP: 3137HHFL0	137,538

(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, 2025

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 Nat Mtg Asn Gtd Rem Pa	2.000%; 07/25/2052; $11,488,267; CUSIP: 3136BQFV6	$ 1,469,175
FNMA Gtd Rem Pa 2012-84 V	3.500%; 08/25/2042; $1,336,712; CUSIP: 3136A7N65	1,283,440
FNMA Gtd Mtg Pass Thru Ctf	3.250%; 02/25/2049; $85,319; CUSIP: 3136B3A34	77,012
FNMA 30Yr	5.500%; 07/01/2053; $1,200,657; CUSIP: 31418ET67	1,221,519
FNMA Gtd Re Ptt Ct	3.000%; 06/25/2048; $355,044; CUSIP: 3136B1Z72	314,073
Federal Natl Mtg Assn Stripped	2.000%; 03/25/2052; $2,154,303; CUSIP: 31422M2G0	272,613
Federal Natl Mtg Assn Stripped	2.000%; 07/25/2050; $870,635; CUSIP: 31422M2F2	109,823
FHLG 30Yr	4.000%; 01/01/2053; $356,876; CUSIP: 3132DWF32	340,150
FHLG 30Yr	3.500%; 06/01/2046; $74,281; CUSIP: 3128MJYH7	69,967
FHLG 30Yr	3.000%; 08/01/2046; $507,477; CUSIP: 3128MJYM6	460,964
FHLG 30Yr	3.500%; 08/01/2046; $273,984; CUSIP: 3128MJYN4	258,070
FHLG 30Yr	3.000%; 09/01/2046; $156,013; CUSIP: 3128MJYT1	141,713
FHLG 30Yr	3.000%; 10/01/2046; $295,814; CUSIP: 3128MJYY0	268,701
FHLG 30Yr	3.000%; 11/01/2046; $257,996; CUSIP: 3128MJY61	234,027
FHLG 30Yr	3.000%; 02/01/2047; $639,000; CUSIP: 3128MJZM5	579,633
FHLG 30Yr	3.500%; 02/01/2047; $140,151; CUSIP: 3128MJZN3	131,880
FHLG 30Yr	3.000%; 03/01/2047; $1,173,339; CUSIP: 3128MJZQ6	1,064,329
FHLG 30Yr	3.500%; 04/01/2047; $55,436; CUSIP: 3128MJZX1	52,164
FHLG 30Yr	3.500%; 06/01/2047; $34,570; CUSIP: 3128MJZ86	32,454
FHLG 30Yr	5.000%; 07/01/2048; $63,613; CUSIP: 3128MJ4T4	64,906
FHLG 30Yr	4.500%; 10/01/2048; $192,241; CUSIP: 3128MJ5D8	191,047
FHLG 30Yr	5.000%; 10/01/2048; $133,751; CUSIP: 3128MJ5E6	136,468
FHLG 30Yr	3.500%; 01/01/2048; $1,535,109; CUSIP: 3132XCR49	1,454,103
FHLG 30Yr	2.500%; 02/01/2052; $190,632; CUSIP: 3133B5E99	161,446
FHLG 30Yr	3.000%; 02/01/2050; $353,709; CUSIP: 3133N3VW1	313,390
FHLG 30Yr	3.000%; 05/01/2052; $666,971; CUSIP: 3132DWDS9	591,568
FHLG 30Yr	4.500%; 08/01/2052; $348,845; CUSIP: 3132DWEK5	342,231
FHLG 30Yr	4.000%; 09/01/2052; $630,324; CUSIP: 3132DWER0	601,177
FHLG 30Yr	4.500%; 10/01/2052; $573,016; CUSIP: 3132DWE66	562,152
FHLG 30Yr	4.500%; 11/01/2052; $1,416,694; CUSIP: 3132DWFF5	1,389,836
280PK Ave2017-280 Mtg Tr Stp	Variable; 09/15/2034; $815,000; CUSIP: 90205FAA8	812,327
FHLG 30Yr	3.000%; 09/01/2046; $520,695; CUSIP: 3131XU6Q5	472,406
1ST Frnkln Mtgln Tr06 Ff12 Stp	Variable; 09/25/2036; $667,724; CUSIP: 32027GAE6	628,535
FNMA 20Yr	3.000%; 10/01/2033; $245,126; CUSIP: 31418AYD4	237,799
FNMA 20Yr	2.000%; 06/01/2041; $890,439; CUSIP: 31418DZ62	781,784
FNMA 30Yr	3.500%; 01/01/2044; $252,962; CUSIP: 3138ENZ93	240,012
FNMA 30Yr	4.500%; 08/01/2046; $1,307,934; CUSIP: 3140J56D6	1,304,606
FNMA 30Yr	4.000%; 01/01/2049; $246,787; CUSIP: 3140JLYN8	239,385
FNMA 30Yr	2.000%; 02/01/2052; $596,257; CUSIP: 3140MCAF7	483,389
FNMA 30Yr	2.500%; 02/01/2052; $1,510,374; CUSIP: 3140MGCW9	1,283,094
FNMA 30Yr	4.500%; 08/01/2048; $116,264; CUSIP: 3140Q9N25	115,405

(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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
FNMA 30Yr	2.000%; 04/01/2051; $1,453,049; CUSIP: 3140QKKC1	$ 1,185,261
FNMA 30Yr	2.500%; 05/01/2051; $1,196,239; CUSIP: 3140QKVC9	1,027,071
FNMA 30Yr	2.000%; 01/01/2052; $1,092,014; CUSIP: 3140QNCW0	887,009
FNMA 30Yr	2.000%; 01/01/2052; $1,526,340; CUSIP: 3140QNWH1	1,239,798
FNMA 30Yr	4.500%; 04/01/2053; $275,579; CUSIP: 3140XLGK8	270,182
FNMA 30Yr	4.000%; 08/01/2042; $251,446; CUSIP: 31418AHY7	245,116
FNMA 30Yr	3.500%; 02/01/2047; $49,496; CUSIP: 31418CGE8	46,520
FNMA 30Yr	4.000%; 04/01/2047; $81,357; CUSIP: 31418CJE5	78,535
FNMA 30Yr	4.000%; 06/01/2047; $140,299; CUSIP: 31418CLH5	135,434
FNMA 30Yr	2.000%; 05/01/2051; $1,137,913; CUSIP: 31418DYX4	927,491
FNMA 30Yr	4.000%; 06/01/2052; $347,804; CUSIP: 31418ED80	331,656
FNMA 30Yr	4.000%; 12/01/2052; $1,859,387; CUSIP: 31418ELV0	1,772,244
FNMA 30Yr	4.500%; 12/01/2052; $322,663; CUSIP: 31418ELW8	316,546
FNMA 30Yr	5.000%; 04/01/2053; $560,461; CUSIP: 31418EQ86	561,432
FNMA 30Yr	5.000%; 05/01/2053; $205,183; CUSIP: 31418ER77	205,531
FNS 2022-426 C45 Mtge	2.000%; 07/25/2051; $2,544,153; CUSIP: 31422M2H8	318,688
Freddie Mac REMCs 2018-4846	4.000%; 06/15/2047; $7,427; CUSIP: 3137FKHV1	7,414
GCAT 2021-Nqm6 Trust	1.855%; 08/25/2066; $4,382; CUSIP: 36167KAA6	4,052
GNII 30Yr	3.500%; 06/20/2049; $74,295; CUSIP: 36179UT93	67,121
GNII 30Yr	3.500%; 07/20/2049; $33,138; CUSIP: 36179UVX7	29,938
GNII 30Yr	3.000%; 10/20/2049; $228,607; CUSIP: 36179U3S9	203,294
GNII II	5.000%; 09/20/2045; $135,731; CUSIP: 36179RNZ8	138,387
GNII II	3.500%; 03/20/2046; $127,075; CUSIP: 36179R4E6	118,577
GNII II	3.500%; 04/20/2046; $63,511; CUSIP: 36179R7J2	59,264
GNII II	5.000%; 05/20/2046; $76,894; CUSIP: 36179SCB1	78,399
GNII II	5.000%; 07/20/2046; $27,920; CUSIP: 36179SGP6	28,466
GNII II	3.500%; 12/20/2046; $237,999; CUSIP: 36179SSQ1	221,787
GNII II	3.500%; 01/20/2047; $106,052; CUSIP: 36179SUV7	98,828
GNII II	3.500%; 02/20/2047; $140,641; CUSIP: 36179SWX1	131,060
GNII II	5.000%; 03/20/2047; $44,403; CUSIP: 36179SYV3	45,272
GNII II	3.500%; 05/20/2047; $268,973; CUSIP: 36179S5L7	250,398
GNII II	5.000%; 05/20/2047; $99,854; CUSIP: 36179S5P8	101,737
GNII II	3.500%; 06/20/2047; $68,329; CUSIP: 36179TAK1	63,610
GNII II	3.500%; 07/20/2047; $37,136; CUSIP: 36179TCX1	34,572
GNII II	4.000%; 08/20/2047; $64,567; CUSIP: 36179TE27	62,294
GNII II	3.500%; 09/20/2047; $71,921; CUSIP: 36179TG41	66,887
GNII II	4.000%; 09/20/2047; $459,278; CUSIP: 36179TG58	443,106
GNII II	4.000%; 11/20/2047; $112,874; CUSIP: 36179TLT0	108,758
GNII II	4.000%; 12/20/2047; $3,321; CUSIP: 36179TNS0	3,200
GNII II	4.000%; 03/20/2048; $191,538; CUSIP: 36179TUB9	184,554
GNII II	4.500%; 08/20/2048; $540,745; CUSIP: 36179T7L3	538,038

(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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
GNII II	4.000%; 09/20/2048; $93,909; CUSIP: 36179UCB6	$ 90,280
GNII II	5.500%; 02/20/2054; $686,963; CUSIP: 36179YRH9	696,646
GNII II	4.500%; 11/20/2054; $194,409; CUSIP: 3618N5A25	189,730
Government Natl Mtg Asn Mlfy	3.500%; 09/20/2048; $195,779; CUSIP: 38380Y2X2	178,344
Hudson Yds 2019-55Hy Mtg Tr	Variable; 12/10/2041; $580,000; CUSIP: 44421MAA8	547,043
HVMLT 2005-9 2A1A	Variable; 06/20/2035; $835,564; CUSIP: 41161PSK0	777,609
Imm 05-2 1A1	Variable; 04/25/2035; $330,474; CUSIP: 45254NMY0	325,415
J P Morgan Mtg Tr 2022-3	3.000%; 08/25/2052; $1,202,926; CUSIP: 46654UAK1	1,136,852
JP Mrgn Coml Mtg Scs TR 19	3.397%; 06/05/2039; $550,000; CUSIP: 46651EAA2	520,950
JP Mrgn Mortg Trst Ser 2025-2	Variable; 07/25/2055; $743,177; CUSIP: 46593NAF2	747,162
JPMMT 05-A2 1A1 Cstr	Variable; 04/25/2035; $113,915; CUSIP: 466247NK5	112,485
MLCC 2004-A A1	Variable; 04/25/2029; $68,747; CUSIP: 59020UAR6	64,822
MLMI 2005-A10 A	Variable; 02/25/2036; $550,377; CUSIP: 59020UZ65	525,379
MortgageIT Tr 2005-5 A1 Step	Variable; 12/25/2035; $126,040; CUSIP: 61915RAU0	124,041
New Cen Hm Eq Ln Tr 04-2	Variable; 08/25/2034; $570,997; CUSIP: 64352VFW6	568,388
NYC Comm Mortg Trust 2025	5.832%; 06/10/2042; $587,000; CUSIP: 67122BAA5	601,427
OBX 2021-J3 Trust 144A	2.500%; 10/25/2051; $532; CUSIP: 67448XAD8	479
OBX 2021-Nqm3 Tr 144A	1.054%; 07/25/2061; $876; CUSIP: 67114JAA8	730
Oceanview Mortg Trst 2021-Inv	2.500%; 07/25/2051; $1,210,831; CUSIP: 67647WAE7	1,090,419
PRPM 2024-Rcf5 LLC 144A	4.000%; 08/25/2054; $749,001; CUSIP: 69381JAA0	742,263
Rckt Mtg Tr 2024-CES6	Variable; 09/25/2044; $19,087; CUSIP: 749410AA4	19,195
SFave Coml Mtg Secs Tr 15-5Ave	Variable; 01/05/2043; $300,000; CUSIP: 78413MAA6	257,521
SFave Coml Mtg Secs Tr 15-5Ave	Variable; 01/05/2043; $35,000; CUSIP: 78413MAE8	30,247
Smrt 2022-Mini B	Variable; 01/15/2039; $530,000; CUSIP: 78457JAG7	528,876
UBS Coml Mtg Tr 2017-C1	3.724%; 06/15/2050; $535,000; CUSIP: 90276EAH0	524,943
WAMU 04-Ar7 A6 Cstr 7/34	Variable; 07/25/2034; $368,434; CUSIP: 92922FTB4	349,604
WAMU 05-Ar13 A1A1	Variable; 10/25/2045; $293,922; CUSIP: 92922F4M7	281,267
WAMU 2005-Ar2 2A3	Variable; 01/25/2045; $304,345; CUSIP: 92922FF95	298,248
WAMU 2005-Ar9 A1A	Variable; 07/25/2045; $184,084; CUSIP: 92922FU48	173,966
	Subtotal mortgage-backed securities	**51,533,869**
Corporate bonds:		
AEP Texas Inc	6.650%; 02/15/2033; $110,000; CUSIP: 0010EPAF5	119,896
Aercap Ireland DAC/Aercap Gbl	3.300%; 01/30/2032; $200,000; CUSIP: 00774MAX3	184,664
Air Lease Corp	2.200%; 01/15/2027; $70,000; CUSIP: 00914AAR3	68,570
Air Lease Corp	3.625%; 12/01/2027; $145,000; CUSIP: 00912XAY0	143,330
Alliant Energy Corp	Variable; 04/01/2056; $105,000; CUSIP: 018802AF5	104,809
AMCOR Flexibles N America Inc	5.500%; 03/17/2035; $15,000; CUSIP: 02344AAH1	15,494
American Assets Trust LP	3.375%; 02/01/2031; $210,000; CUSIP: 02401LAA2	191,379
American Elec Pwr Co Inc	Variable; 03/15/2056; $55,000; CUSIP: 02557TAE9	54,602
American Elec Pwr Co Inc	Variable; 03/15/2056; $240,000; CUSIP: 02557TAF6	235,807

(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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
American Express Co	Variable; 04/25/2036; $145,000; CUSIP: 025816EH8	$ 153,100
American Tower Corp	2.300%; 09/15/2031; $108,000; CUSIP: 03027XBS8	95,926
Aon Corp	2.800%; 05/15/2030; $135,000; CUSIP: 037389BE2	127,465
Appalachian Power Co	3.300%; 06/01/2027; $165,000; CUSIP: 037735CW5	163,424
Appalachian Power Co	4.500%; 03/01/2049; $200,000; CUSIP: 037735CX3	163,873
Arizona Public Service Co	6.350%; 12/15/2032; $195,000; CUSIP: 040555DE1	212,764
Bank of America Corporation	Variable; 03/11/2027; $515,000; CUSIP: 06051GJQ3	512,586
Bank of America Corporation	Variable; 10/24/2031; $465,000; CUSIP: 06051GJL4	415,826
Barnabas Health Inc	4.000%; 07/01/2028; $490,000; CUSIP: 06769QAA8	488,651
Berry Global Inc	1.650%; 01/15/2027; $380,000; CUSIP: 08576PAF8	369,939
Berry Global Inc	5.650%; 01/15/2034; $55,000; CUSIP: 08576PAQ4	57,302
Booz Allen and Hamilton Inc	5.950%; 04/15/2035; $175,000; CUSIP: 09951LAD5	181,315
Centene Corp	2.500%; 03/01/2031; $50,000; CUSIP: 15135BAX9	43,179
Centene Corp	2.625%; 08/01/2031; $280,000; CUSIP: 15135BAZ4	240,840
Charter Comm Operating LLC	5.375%; 04/01/2038; $15,000; CUSIP: 161175BM5	13,830
Charter Comm Operating LLC	3.700%; 04/01/2051; $164,000; CUSIP: 161175BV5	103,227
Charter Comm Operating LLC	3.500%; 03/01/2042; $30,000; CUSIP: 161175CE2	20,812
Charter Comm Operating LLC	5.850%; 12/01/2035; $170,000; CUSIP: 161175CS1	169,588
Cigna Group	5.250%; 01/15/2036; $190,000; CUSIP: 125523CZ1	193,421
Citigroup Inc	Variable; 05/01/2032; $65,000; CUSIP: 172967MY4	58,989
Citigroup Inc	Variable; 06/03/2031; $70,000; CUSIP: 172967MS7	64,857
Constellation Brands Inc	2.250%; 08/01/2031; $245,000; CUSIP: 21036PBH0	217,391
Constellation Brands Inc	4.800%; 05/01/2030; $140,000; CUSIP: 21036PBS6	142,338
Crown Castle Inc	2.100%; 04/01/2031; $60,000; CUSIP: 22822VAW1	52,953
Crown Castle Inc	3.300%; 07/01/2030; $155,000; CUSIP: 22822VAR2	147,026
CVS Health Corp	4.780%; 03/25/2038; $30,000; CUSIP: 126650CY4	28,317
CVS Health Corp	5.050%; 03/25/2048; $75,000; CUSIP: 126650CZ1	66,116
CVS Health Corp	5.125%; 07/20/2045; $55,000; CUSIP: 126650CN8	49,654
Dell Intl/Emc Corp	4.500%; 02/15/2031; $155,000; CUSIP: 24703DBS9	154,779
Dell Intl/Emc Corp	5.000%; 04/01/2030; $220,000; CUSIP: 24703TAM8	225,451
Delta Air Lines PT Trust	2.000%; 12/10/2029; $825,494; CUSIP: 247361ZV3	788,394
Dominion Energy Inc	Variable; 02/15/2056; $140,000; CUSIP: 25746UEA3	140,095
Dryden 95 Clo Ltd 21-95A Br	Variable; 08/20/2034; $800,000; CUSIP: 262487AL5	800,533
Duke Energy Carolinas LLC	3.750%; 06/01/2045; $285,000; CUSIP: 26442CAP9	223,957
Duke Energy Florida LLC	5.875%; 11/15/2033; $5,000; CUSIP: 26444HAQ4	5,398
Elevance Health Inc	5.200%; 02/15/2035; $220,000; CUSIP: 036752BD4	224,717
Entergy Corp New	Variable; 06/15/2056; $165,000; CUSIP: 29364GAS2	164,744
Entergy Tex Inc	3.450%; 12/01/2027; $405,000; CUSIP: 29365TAF1	399,981
Evergy Kansas Central	5.700%; 03/15/2053; $220,000; CUSIP: 30036FAB7	217,701
Eversource Energy	5.950%; 02/01/2029; $215,000; CUSIP: 30040WAW8	224,603
Extra Space Storage LP	2.200%; 10/15/2030; $43,000; CUSIP: 30225VAP2	38,902

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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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Extra Space Storage LP	3.900%; 04/01/2029; $120,000; CUSIP: 30225VAH0	$ 118,580
Fiserv Inc	5.250%; 08/11/2035; $155,000; CUSIP: 337738BQ0	154,653
Fiserv Inc	5.450%; 03/15/2034; $30,000; CUSIP: 337738BL1	30,418
Fiserv Inc	5.625%; 08/21/2033; $130,000; CUSIP: 337738BH0	134,051
Florida Pwr & Lt Co	5.700%; 03/15/2055; $115,000; CUSIP: 341081GY7	116,522
GE Aerospace Frn	Variable; 08/15/2036; $434,000; CUSIP: 36962GX74	410,728
Global Payments Inc	5.300%; 08/15/2029; $165,000; CUSIP: 37940XAN2	168,766
GLP Cap LP / GLP Fing II Inc	4.000%; 01/15/2030; $36,000; CUSIP: 361841AP4	34,998
GLP Cap LP / GLP Fing II Inc	4.000%; 01/15/2031; $15,000; CUSIP: 361841AQ2	14,367
Goldman Sachs Group Inc	Variable; 03/09/2027; $535,000; CUSIP: 38141GYA6	532,266
Goldman Sachs Group Inc	Variable; 09/10/2027; $140,000; CUSIP: 38141GYG3	137,547
Goldman Sachs Group Inc	Variable; 10/21/2027; $580,000; CUSIP: 38141GYM0	570,191
Goldman Sachs Group Inc	Variable; 01/28/2036; $65,000; CUSIP: 38141GC44	67,462
Healthcare Realty Holdings LP	3.500%; 08/01/2026; $85,000; CUSIP: 42225UAD6	84,541
Healthcare Realty Holdings LP	3.625%; 01/15/2028; $290,000; CUSIP: 42225UAK0	286,086
HSBC Holdings PLC	Variable; 09/22/2028; $105,000; CUSIP: 404280CL1	101,338
Hudson Pacific Properties LP	3.950%; 11/01/2027; $182,000; CUSIP: 44409MAA4	174,495
Humana Inc	5.550%; 05/01/2035; $225,000; CUSIP: 444859CD2	229,714
Illumina Inc	5.750%; 12/13/2027; $275,000; CUSIP: 452327AP4	283,239
Intel Corp	2.000%; 08/12/2031; $90,000; CUSIP: 458140BU3	78,926
Intel Corp	3.250%; 11/15/2049; $35,000; CUSIP: 458140BJ8	22,359
Intel Corp	3.734%; 12/08/2047; $72,000; CUSIP: 458140BG4	51,235
Interstate Pwr & Lt Co	5.450%; 09/30/2054; $50,000; CUSIP: 461070AW4	47,307
Invitation Homes Op Prtnr	2.000%; 08/15/2031; $119,000; CUSIP: 46188BAA0	103,940
JBS USA Hldg Lux/JBS USA	6.750%; 03/15/2034; $163,000; CUSIP: 47214BAC2	180,082
Jersey Central Powr & Light Co	6.400%; 05/15/2036; $80,000; CUSIP: 476556CP8	87,427
JPMorgan Chase & Co	Variable; 02/04/2027; $130,000; CUSIP: 46647PBW5	129,640
JPMorgan Chase & Co	Variable; 09/22/2027; $55,000; CUSIP: 46647PCP9	53,996
JPMorgan Chase & Co	Variable; 04/22/2027; $785,000; CUSIP: 46647PCB0	779,112
JPMorgan Chase & Co	Variable; 06/01/2028; $60,000; CUSIP: 46647PBR6	58,513
JPMorgan Chase & Co	Variable; 04/22/2032; $75,000; CUSIP: 46647PCC8	68,554
JPMorgan Chase & Co	Variable; 02/24/2028; $65,000; CUSIP: 46647PCW4	64,207
JPMorgan Chase & Co	Variable; 10/22/2035; $100,000; CUSIP: 46647PER3	100,986
JPMorgan Chase & Co	Variable; 01/24/2036; $55,000; CUSIP: 46647PEW2	57,482
Kimco Realty Op LLC	3.250%; 08/15/2026; $225,000; CUSIP: 948741AM5	223,674
Las Vegas Sands Corp	6.000%; 06/14/2030; $145,000; CUSIP: 517834AN7	151,946
LXP Industrial Trust	2.375%; 10/01/2031; $155,000; CUSIP: 529537AA0	135,495
Meta Platforms Inc	4.875%; 11/15/2035; $50,000; CUSIP: 30303MAD4	49,933
Meta Platforms Inc	5.600%; 05/15/2053; $145,000; CUSIP: 30303M8Q8	138,788
Meta Platforms Inc	5.625%; 11/15/2055; $220,000; CUSIP: 30303MAE2	211,150
Morgan Stanley	Variable; 01/21/2028; $590,000; CUSIP: 61747YEK7	580,268

(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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Morgan Stanley	Variable; 01/21/2033; $85,000; CUSIP: 61747YEL5	$ 77,579
Morgan Stanley	Variable; 01/18/2036; $60,000; CUSIP: 61748UAF9	62,699
Nisource Inc	Variable; 07/15/2056; $205,000; CUSIP: 65473PAY1	206,328
NNN REIT Inc	5.600%; 10/15/2033; $125,000; CUSIP: 637417AS5	130,559
Oncor Elec Delivery Co LLC	5.350%; 04/01/2035; $220,000; CUSIP: 68233JCZ5	226,812
Oracle Corp	2.950%; 04/01/2030; $155,000; CUSIP: 68389XBV6	143,091
Oracle Corp	3.600%; 04/01/2050; $55,000; CUSIP: 68389XBX2	34,260
Oracle Corp	4.800%; 08/03/2028; $15,000; CUSIP: 68389XCY9	15,075
Oracle Corp	5.200%; 09/26/2035; $55,000; CUSIP: 68389XDM4	52,694
Oracle Corp	5.875%; 09/26/2045; $155,000; CUSIP: 68389XDP7	139,984
Piedmont Natural Gas Co	5.050%; 05/15/2052; $115,000; CUSIP: 72018EAP0	102,818
Pilgrims Pride Corp New	3.500%; 03/01/2032; $17,000; CUSIP: 72147KAH1	15,705
Pilgrims Pride Corp New	6.250%; 07/01/2033; $105,000; CUSIP: 72147KAK4	112,246
Pilgrims Pride Corp New	6.875%; 05/15/2034; $65,000; CUSIP: 72147KAL2	72,088
Public Service Co of Colorado	5.250%; 04/01/2053; $115,000; CUSIP: 74444BCY5	106,999
Realty Income Corp	5.125%; 04/15/2035; $50,000; CUSIP: 756109CT9	50,859
Rexford Industrial Realty LP	2.150%; 09/01/2031; $15,000; CUSIP: 76169XAB0	13,138
Rollins Inc	5.250%; 02/24/2035; $220,000; CUSIP: 775711AC8	224,458
Santander UK Group Hldgs PLC	Variable; 06/14/2027; $90,000; CUSIP: 80281LAQ8	88,994
Southern Co Gas Cap	4.950%; 09/15/2034; $395,000; CUSIP: 8426EPAH1	396,098
Southern Co Gas Cap	5.750%; 09/15/2033; $285,000; CUSIP: 8426EPAG3	301,997
Southern Company	Variable; 09/15/2051; $255,000; CUSIP: 84258D7D3	251,389
Southwestern Elec Power Co	3.250%; 11/01/2051; $35,000; CUSIP: 845437BT8	23,019
Spire Inc	4.700%; 08/15/2044; $145,000; CUSIP: 505597AD6	124,201
Starbucks Corp	5.400%; 05/15/2035; $35,000; CUSIP: 855244BM0	36,400
Stryker Corp	4.700%; 02/10/2028; $360,000; CUSIP: 863667BK6	365,138
T-Mobile USA Inc	3.500%; 04/15/2031; $450,000; CUSIP: 87264ABW4	430,227
Time Warner Cable LLC	5.500%; 09/01/2041; $71,000; CUSIP: 88732JBB3	62,313
UnitedHealth Group Inc	5.625%; 07/15/2054; $215,000; CUSIP: 91324PFL1	210,876
US Bancorp Del	Variable; 02/01/2034; $30,000; CUSIP: 91159HJL5	30,220
Wells Fargo & Co New	Variable; 10/30/2030; $50,000; CUSIP: 95000U2G7	47,565
Wells Fargo & Co New	Variable; 05/22/2028; $710,000; CUSIP: 95000U2A0	705,334
Wells Fargo & Co New	Variable; 12/03/2035; $10,000; CUSIP: 95000U3N1	10,215
Wells Fargo & Co New	Variable; 01/24/2031; $55,000; CUSIP: 95000U3P6	56,954
Wells Fargo & Co New	Variable; 01/23/2035; $35,000; CUSIP: 95000U3K7	36,518
Willis North America Inc	5.350%; 05/15/2033; $20,000; CUSIP: 97064A8M3	20,625
Wisconsin Pwr & Lt Co	4.950%; 04/01/2033; $235,000; CUSIP: 976826BR7	237,965
Xcel Energy Inc	4.600%; 06/01/2032; $50,000; CUSIP: 98388MAD9	49,730
	Subtotal corporate bonds	**21,580,667**

(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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Common stocks:		
Aaon Inc	24,050 shares; CUSIP: 000360206	$ 1,833,813
Agilysys Inc	9,325 shares; CUSIP: 00847J105	1,108,183
Azenta Inc	28,085 shares; CUSIP: 114340102	934,107
Badger Meter Inc	2,025 shares; CUSIP: 056525108	353,180
Balchem Corp	14,930 shares; CUSIP: 057665200	2,289,665
Blackline Inc	30,555 shares; CUSIP: 09239B109	1,689,386
Bright Horizons Fam Sol Inc	11,385 shares; CUSIP: 109194100	1,154,439
Casella Waste Sys Inc Cl A	32,450 shares; CUSIP: 147448104	3,178,153
CCC Intelligent Sol Hldg Cla	161,285 shares; CUSIP: 12510Q100	1,282,216
Clearwater Analytics Hldg Inc	80,105 shares; CUSIP: 185123106	1,932,133
Construction Partners Inc Cl A	23,660 shares; CUSIP: 21044C107	2,568,293
Crane Nxt Co	15,190 shares; CUSIP: 224441105	714,993
CSW Industrials Inc	7,570 shares; CUSIP: 126402106	2,222,022
Descartes Sys Group Inc	31,000 shares; CUSIP: 2528834	2,717,460
Digi International Inc	47,045 shares; CUSIP: 253798102	2,036,578
Esco Technologies Inc	12,585 shares; CUSIP: 296315104	2,458,983
Exponent Inc	30,150 shares; CUSIP: 30214U102	2,094,219
Federal Signal Corp	16,300 shares; CUSIP: 313855108	1,770,017
Firstservice Corp	13,545 shares; CUSIP: BJQ0C55	2,106,654
Helios Technologies Inc	24,815 shares; CUSIP: 42328H109	1,327,354
Hillman Solutions Corp	86,795 shares; CUSIP: 431636109	751,645
Kadant Inc	2,660 shares; CUSIP: 48282T104	758,153
Karman Holdings Inc	6,250 shares; CUSIP: 485924104	457,313
Lemaitre Vascular Inc	23,095 shares; CUSIP: 525558201	1,873,005
Mercury Systems Inc	24,835 shares; CUSIP: 589378108	1,813,203
Merit Medical Systems Inc	24,960 shares; CUSIP: 589889104	2,199,974
Mirion Technologies Inc-A	30,320 shares; CUSIP: 60471A101	710,094
MSA Safety Inc	8,925 shares; CUSIP: 553498106	1,429,250
NCINO Inc	34,155 shares; CUSIP: 63947X101	875,734
Novanta Inc	19,180 shares; CUSIP: 67000B104	2,282,228
Q2 Holdings Inc	21,130 shares; CUSIP: 74736L109	1,524,741
RBC Bearings Inc	6,955 shares; CUSIP: 75524B104	3,118,831
Repligen	11,985 shares; CUSIP: 759916109	1,963,862
Simpson Manufacturing Co	10,425 shares; CUSIP: 829073105	1,683,325
Siteone Landscape Supply Inc	13,655 shares; CUSIP: 82982L103	1,700,867
SPS Commerce Inc	7,380 shares; CUSIP: 78463M107	657,779
SPX Technologies Inc	9,125 shares; CUSIP: 78473E103	1,825,548
Stevanato Group S.P.A.	97,550 shares; CUSIP: BNM0752	1,962,706
Transcat Inc	15,765 shares; CUSIP: 893529107	894,348
Ul Solutions Inc Cl A	17,285 shares; CUSIP: 903731107	1,363,095

(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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Vericel Corp	35,170 shares; CUSIP: 92346J108	$ 1,266,472
Vertex Inc - Class A	49,085 shares; CUSIP: 92538J106	980,227
WD 40 Co	4,725 shares; CUSIP: 929236107	930,353
Workiva Inc	13,720 shares; CUSIP: 98139A105	1,183,349
	Subtotal common stocks	**69,977,950**
Asset-backed securities:		
Barings Clo Ltd 2019-III 3A	Variable; 01/20/2036; $750,000; CUSIP: 06761KAW1	750,183
Goldentree Ln Mgmt US Clo 8 Ld	Variable; 10/20/2034; $950,000; CUSIP: 38136NAY2	950,778
Navient Student Ln Tr 2021-2	1.680%; 02/25/2070; $875,118; CUSIP: 63942QAA9	756,667
Plmr Square Ln Fndg 2022-3 Ld	Variable; 04/15/2031; $700,000; CUSIP: 69690CAN3	700,720
SLM Student Ln Tr 2008 5	Variable; 07/25/2073; $740,000; CUSIP: 78444YAE5	776,875
SLM Student Ln Tr 2008-2	Variable; 01/25/2083; $230,000; CUSIP: 784442AD7	241,885
Taco Bell Fdg LLC 144A	1.946%; 08/25/2051; $859,688; CUSIP: 87342RAG9	837,549
	Subtotal asset-backed securities	**5,014,657**
Municipal bonds:		
Lamar TX ISD (PSF)	5.000%; 02/15/2058; $270,000; CUSIP: 513174M25	277,996
New York Auth	5.000%; 05/01/2054; $270,000; CUSIP: 64972JWN4	277,863
New York Auth (NYC TFA (Pit))	5.000%; 11/01/2053; $65,000; CUSIP: 64972JPT9	66,791
New York St D	1.952%; 03/15/2029; $320,000; CUSIP: 64990FD84	302,612
New York St D	5.628%; 03/15/2039; $245,000; CUSIP: 64990FMT8	251,824
NYC TFA (Pit)	5.267%; 05/01/2027; $165,000; CUSIP: 64971MT44	167,519
NYS TWY Pit	5.000%; 03/15/2059; $340,000; CUSIP: 650028C68	349,793
NYS UDC	3.370%; 03/15/2030; $450,000; CUSIP: 6500355Z7	438,758
	Subtotal municipal bonds	**2,133,156**
Guaranteed investment contracts:		
New York Life	NYL GA-29030	51,150,504
Synthetic investment contracts:		
Prudential	Pru Core Conserv Int BD FD	80,989,381
Pacific Life	Pacific Life G-27341.01.001:	
	MFB Coltv Daily 1-5 Yr Cr Bd ; 2.385%; CUSIP: 786993972	1,986,964
	MFB Coltv Daily 1-10 Yr Int; CUSIP: 004000964	7,152,783
	NT Coltv Short Term; 0.869%; CUSIP: 66586W326	11,331,516
	MFB NT Coltv Asset-Backed; 0.597%; CUSIP: 003999AF6	12,724,391
	MFB NT Coltv Comm Mort Backed; 0.747%; CUSIP: 665999538	4,968,739
	MFB Coltv MB Sec Idx Fd-Non; 1.880%; CUSIP: 004992AA1	15,898,000
	NT Col 1-10 Yr Int Bd Idx Fd; 2.489%; CUSIP: 66586U726	25,434,753

(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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Voya Ret. Ins. & Annuity Co.	Voya Ret. Ins. & Annuity Co. 60257:	
	MFB Coltv Daily 1-5 Yr Cr Bd; 2.385%; CUSIP: 786993972	$ 28,239,018
	NT Collective Short Term; 0.869%; CUSIP: 66586W326	21,184,442
	MFB NT Coltv Asset-Backed; 0.597%; CUSIP: 003999AF6	14,580,017
	MFB NT Coltv Comm MB; 0.747%; CUSIP: 665999538	5,693,341
	MFB NT Coltv MB Sec Idx Fd; 1.880%; CUSIP: 004992AA1	18,216,440
	NT Col 1-10 Yr Int Bd Idx Fd; 2.489%; CUSIP: 66586U726	3,188,176
Transamerica Premier Life	Transamerica Premier Life MDA01115TR:	
	1-3 Year Credit Bond Index Fund	11,282,196
	Asset-Backed Securities Index Fund	12,888,141
	Commercial Mortgage-Backed Securities Index Fund	5,033,433
	1-3 Year Government Bond Index Fund	14,710,261
	Intermediate Government Bond Index Fund	4,023,599
	Intermediate Term Credit Bond Index Fund	16,507,156
	Mortgage-Backed Securities Index Fund	16,085,205
Nationwide	Nationwide STA THC IP 1016:	
	1-3 Year Credit Bond Index Fund	1,255,651
	Asset-Backed Securities Index Fund	10,032,528
	Commercial Mortgage-Backed Securities Index Fund	3,918,180
	1-3 Year Government Bond Index Fund	8,782,584
	Intermediate Government Bond Index Fund	5,799,040
	Intermediate Term Credit Bond Index Fund	20,369,966
	Mortgage-Backed Securities Index Fund	12,521,224
American General Life	American General Life 1635587:	
	American General Life Cash Account	822,705
	AMXCA 2025-2 A	1,172,657
	BANK5 2025-5YR19 A2	1,455,911
	BBCMS 2022-C18 A2	1,195,575
	BMO 2022-C3 A2	826,617
	BMWLT 2024-2 A3	275,045
	BANK 2023-BNK45 A2	417,218
	BMARK 2024-V9 A3	1,487,715
	BMO 2024-5C4 A2	1,694,844
	CD 2016-CD2 A3	1,150,425
	CNH 2022-A A3	151,262
	CNH 2022-B A3	88,467
	CNH 2023-A A3	478,814
	CARMX 2024-1 A3	192,495
	CNH 2024-B A3	497,945

(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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	DBJPM 2017-C6 A4	$ 1,084,339
	DTRT 2024-1 A3	213,521
	FNR 2015-29 PA	411,555
	FNR 2016-43 GV	605,773
	FNR 2017-11 KA	470,059
	FNR 2017-43 A	168,190
	FNR 2017-47 EA	621,566
	FNR 2021-45 EA	1,170,554
	FNR 2021-91 DA	1,075,219
	FNR 2022-13 MA	1,083,541
	FNR 2022-1 DA	580,202
	FNR 2025-69 E	966,551
	FHR 4427 MA	503,060
	FHR 5081 NH	1,101,552
	FHR 5009 GD	959,375
	FHR 5094 DA	566,648
	FHR 5156 HB	727,796
	FHR 5222 A	646,984
	FHR 5263 EA	557,266
	FHR 5319 A	692,083
	FHR 5570 AV	1,441,952
	FORDO 2023-A A3	94,014
	GMALT 2024-2 A3	373,978
	GNR 2012-6 LH	94,779
	GNR 2013-144 EC	238,558
	GNR 2014-2 EA	216,411
	GNR 2015-3 DA	215,222
	GNR 2020-78 HL	88,675
	GNR 2021-8 TP	694,443
	GNR 2022-212 HP	762,148
	GNR 2022-112 MA	413,366
	GNR 2022-180 DA	486,971
	GNR 2022-153 HA	1,655,080
	GNR 2025-47 MA	827,146
	GNR 2025-65 A	1,577,626
	HAROT 2024-1 A3	511,278
	JDOT 2022-B A3	59,683
	JDOT 2023-A A3	252,583
	JDOT 2025-A A3	810,595
	JDOT 2024-A A3	238,590
	JDOT 2025-B A3	1,170,407

(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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	MBART 2022-1 A3	$ 117,921
	NAROT 2022-B A3	78,815
	PCG 4.838 06/01/33	533,630
	TAOT 2023-B A3	238,874
	T 4 1/8 02/15/27	2,061,516
	T 4 1/8 11/15/27	3,762,031
	T 3 5/8 08/15/28	2,620,295
	VALET 2025-1 A3	874,236
	WOART 2022-C A3	36,983
	WOART 2024-A A3	967,922
	Wrapper agreement	—
	Subtotal synthetic investment contracts	**444,426,382**
	Non-interest-bearing cash	374,305
Various participants	Participant loans, interest rates from 4.25% to 10.50%; maturity dates from January 2026 to September 2048	121,184,944
	Total assets (Held at End of Year)	**$9,479,925,069**

(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, 2025 and 2024,
Supplemental Schedule (Modified Cash Basis) as of December 31, 2025,
and Independent Auditor's Report

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN

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FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024:	
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Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis)	6
Notes to Financial Statements (Modified Cash Basis)	7
SUPPLEMENTAL SCHEDULE:	
Form 5500, Schedule H, Part IV, Line 4i — Schedule of Assets (Held at End of Year) (Modified Cash Basis) as of December 31, 2025	18

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.

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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, 2025 and 2024, 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, 2025 and 2024, 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 accompanying 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 accompanying 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.

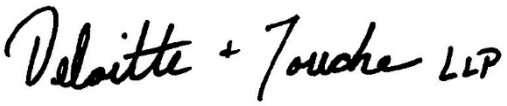
Other Matter — Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) (modified cash basis) as of December 31, 2025 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).



October 15, 2026

TENET HEALTHCARE CORPORATION
401(k) RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)
AS OF DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS:		
Investments at fair value:		
Interest-bearing cash and cash equivalents	$ 86,005,680	$ 28,842,318
Mutual funds	1,102,892,355	817,988,210
Self-directed brokerage accounts	286,384,707	245,121,129
Collective trusts	7,201,969,902	6,401,706,884
Foreign government securities	695,424	—
Foreign corporate bonds	470,917	—
U.S. government securities	34,129,650	140,524,143
Mortgage-backed securities	51,533,869	109,232,751
Corporate bonds	21,580,667	45,278,654
Common stocks	69,977,950	262,777,715
Asset-backed securities and municipal bonds	7,147,813	15,950,262
Total investments at fair value	8,862,788,934	8,067,422,066
Investments at contract value:		
Guaranteed investment contracts	53,228,917	56,622,265
Synthetic investment contracts	460,593,340	481,957,124
Total investments	9,376,611,191	8,606,001,455
Non-interest-bearing cash	374,305	1,351,826
Notes receivable from participants	121,184,944	121,231,605
NET ASSETS AVAILABLE FOR BENEFITS	$ 9,498,170,440	$ 8,728,584,886

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, 2025 AND 2024

	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	$ 1,228,984,492	$ 1,181,106,199
Interest	33,361,220	34,880,783
Dividends	60,792,676	52,504,195
Net investment income	1,323,138,388	1,268,491,177
Interest income on notes receivable from participants	9,816,677	8,807,175
Contributions:		
Employer	114,902,741	121,094,411
Participants	415,326,614	425,366,693
Participant Rollovers	66,155,229	87,088,798
Net additions	1,929,339,649	1,910,848,254
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	1,148,849,537	1,266,536,482
Administrative expenses	10,904,558	9,332,656
Total deductions	1,159,754,095	1,275,869,138
NET INCREASE BEFORE PLAN TRANSFERS	769,585,554	634,979,116
Transfers from other plans	—	87,965,171
INCREASE IN NET ASSETS	769,585,554	722,944,287
NET ASSETS AVAILABLE FOR BENEFITS — Beginning of year	8,728,584,886	8,005,640,599
NET ASSETS AVAILABLE FOR BENEFITS — End of year	$ 9,498,170,440	$ 8,728,584,886

See notes to financial statements.

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 for the year ended December 31, 2024. 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 ("Tenet"), who administers the Plan on behalf of Tenet, TPG and Covenant (collectively, the "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 $23,500 and $23,000, the maximum allowed by the Internal Revenue Service ("IRS"), during the years ended December 31, 2025 and 2024, 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, 2025 and 2024. 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, 2025 and 2024, 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 Employer 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, 2025 and 2024.

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, 2025 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 the Employer's contributions vests as follows:

Years of Service[1]	Percentage Vested[2]
Less than one year	0 %
One year	20 %
Two years	40 %
Three years	60 %
Four years	80 %
Five or more years	100 %

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

2 The vesting schedule provided above applies to the majority of the Plan's participants. Vesting provisions may vary based on the participant's employer or applicable collective bargaining agreement. Participants should refer to the Plan document to determine their applicable vesting schedule.

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, 2025 and 2024, forfeitures of $7,500,000 (for 2024 match processed in 2025) and $6,801,138 (for 2023 match processed in 2024), respectively, were used to offset employer contributions related to the 2024 and 2023 Plan years. During the years ended December 31, 2025 and 2024, forfeitures of $1,083,155 and $696,335, respectively, were used to pay Plan expenses. Forfeitures available for utilization totaled $6,068,622 and $7,490,782 at December 31, 2025 and 2024, respectively.

Administrative Expenses — Administrative expenses of the Plan are paid by the Plan or the Employer, as provided in the Plan document. The Plan utilized $1,488,391 and $1,572,768 of undistributed administrative revenues to pay certain Plan administrative expenses during the years ended December 31, 2025 and 2024, 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 Employer'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.

Certain investment options are separately managed accounts. Separately managed accounts represent a portfolio of individual securities that are managed by professional investment managers appointed by the Employer. Unlike a mutual fund or collective trust, the Plan directly owns the individual underlying securities instead of pooling the assets with other investors. The individual assets of separately managed accounts are held in the name of the Plan and are generally considered separately as individual investments for financial statement reporting purposes.

Included in the investment options are the following separately managed accounts:

- Tenet Target Retirement Today Fund
- Tenet Target Retirement 2020 Fund
- Tenet Target Retirement 2025 Fund
- Tenet Target Retirement 2030 Fund
- Tenet Target Retirement 2035 Fund
- Tenet Target Retirement 2040 Fund
- Tenet Target Retirement 2045 Fund
- Tenet Target Retirement 2050 Fund
- Tenet Target Retirement 2055 Fund
- Tenet Target Retirement 2060 Fund
- Tenet Target Retirement 2065 Fund
- Tenet Metropolitan West Total Return Bond Fund
- Tenet Conestoga Small Cap Growth Fund
- Tenet Fixed Income Administrative Pool (see Note 5)

The separately managed accounts hold various underlying investments, as further described in Note 3.

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. 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 $114,902,741 presented on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025, includes the 2024 Plan year employer contribution for the majority of the Plan's participants and a portion of the 2025 Plan year employer contribution for union employees of $625,167. Similarly, 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.

Employer contributions related to the 2025 Plan year of approximately $113,480,000, net of forfeitures utilized of $6,852,564, were deposited into the Plan during 2026.

Excess Contributions Payable — The Plan is required to return contributions received during the Plan year in excess of the IRC limits. There were no excess contributions due to participants at either December 31, 2025 or 2024.

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, 2025 and 2024.

Interest-Bearing Cash and Cash Equivalents — Short-term investments and money market funds are valued at the closing prices reported on the active markets on which they are traded. Interest-bearing cash is valued at its principal balance plus accrued interest.

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, interest-bearing cash, 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, 2025:

	Fair Value Measurements at December 31, 2025, Using			
	Active Markets for Identical Assets (Level 1)	**Other Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**	**Total**
Interest-bearing cash and cash equivalents:				
Short-term investment fund	$ 22,129,166	$ —	$ —	$ 22,129,166
Money market funds	63,876,514	—	—	63,876,514
Mutual funds	1,102,892,355	—	—	1,102,892,355
Self-directed brokerage accounts	281,729,911	4,654,796	—	286,384,707
Foreign government securities	—	695,424	—	695,424
Foreign corporate bonds	—	470,917	—	470,917
U.S. government securities	34,129,650	—	—	34,129,650
Common stocks	69,977,950	—	—	69,977,950
Mortgage-backed securities	—	51,533,869	—	51,533,869
Asset-backed securities	—	5,014,657	—	5,014,657
Corporate bonds	—	21,580,667	—	21,580,667
Municipal bonds	—	2,133,156	—	2,133,156
Total	$ 1,574,735,546	$ 86,083,486	$ —	$ 1,660,819,032
Collective trusts measured at NAV				7,201,969,902
Total investments at fair value				$ 8,862,788,934

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:

	Fair Value Measurements at December 31, 2024, Using			
	Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Interest-bearing cash and cash equivalents:				
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
Total	$ 1,495,253,515	$ 170,461,667	$ —	$ 1,665,715,182
Collective trusts measured at NAV				6,401,706,884
Total investments at fair value				$ 8,067,422,066

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, 2025. 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, 2025					
Collective trusts:					
Foreign	$ 886,259,171	$ —	Daily	None	None
Large cap blend	2,901,709,393	—	Daily	None	None
Large cap value	196,524,997	—	Daily	None	None
Large cap growth	1,671,310,230	—	Daily	None	None
Mid cap value	268,677,663	—	Daily	None	None
Mid cap growth	105,452,870	—	Daily	None	None
Small cap blend	370,677,371	—	Daily	None	None
Small cap growth	233,678,544	—	Daily	None	None(1)
Emerging markets	330,891,319	—	Daily	None	None
Intermediate term	199,438,786	—	Daily	None	None
Real Estate	37,349,558	—	Daily	None	None
Total	$ 7,201,969,902	$ —			

(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, 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[(1)]
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	$ 6,401,706,884	$ —			

(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 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 Employer, 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 3.08% and 3.00% during the years ended December 31, 2025 and 2024, 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 3.02% and 2.94% during the years ended December 31, 2025 and 2024, respectively.

6. PLAN TERMINATION

While it has not expressed any intent to do so, the Employer 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 Employer by a determination letter dated February 6, 2018 that the Plan and related trust are designed in accordance with applicable sections 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, 2025 and 2024, 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.

	2025	2024
Statements of net assets available for benefits:		
Investments at fair value:		
Interest-bearing cash and cash equivalents	$ 86,005,680	$ 28,842,318
Mutual funds	1,102,892,355	817,988,210
Self-directed brokerage accounts	286,384,707	245,121,129
Collective trusts	7,201,969,902	6,401,706,884
Foreign government securities	695,424	—
Foreign corporate bonds	470,917	—
U.S. government securities	34,129,650	140,524,143
Mortgage-backed securities	51,533,869	109,232,751
Corporate bonds	21,580,667	45,278,654
Common stocks	69,977,950	262,777,715
Asset-backed securities and municipal bonds	7,147,813	15,950,262
Investments at contract value:		
Guaranteed investment contracts	53,228,917	56,622,265
Synthetic investment contracts	460,593,340	481,957,124
Non-interest-bearing cash	374,305	1,351,826
Notes receivable from participants	121,184,944	121,231,605
Statements of changes in net assets available for benefits:		
Investment income:		
Net appreciation in fair value of investments	1,228,984,492	1,181,106,199
Interest	33,361,220	34,880,783
Dividends	60,792,676	52,504,195
Interest income on notes receivable from participants	9,816,677	8,807,175

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. Transactions involving these investments constitute party-in-interest transactions; however, they are covered by an exemption from the prohibited transaction 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 $3,437,016 and $2,401,392 at December 31, 2025 and 2024, 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 by the RPAC effective January 1, 2024, unless otherwise indicated, to (i) eliminate 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 ("SECURE 2.0 Act") and (iii) increase the limit for mandatory cash-out distributions to $7,000. The amendments also included revisions to the arbitration provisions applicable to claims filed on or after August 1, 2024.

During 2024, the Plan was further amended to include TPG and Covenant as unrelated separate employers, effective August 2024, and to provide for the merger of TPG's pre-existing retirement plan into the Plan. For further information, refer to Note 1.

Effective January 1, 2025, the Plan's eligibility and vesting provisions applicable to participants employed by United Surgical Partners International, a subsidiary of Tenet, were amended to align with those generally applicable to other Tenet participants.

Effective January 1, 2026, the Plan adopted the enhanced catch-up contribution provision of the SECURE 2.0 Act, which permits participants who attain the ages 60 through 63 during the year to make catch-up contributions of up to $11,250 for 2026, compared to the standard $8,000 limit applicable to other participants age 50 or older. In addition, beginning January 1, 2026, participants whose wages subject to the Federal Insurance Contributions Act (FICA) from their participating employer exceeded $150,000 in the preceding year are required to make catch-up contributions on a Roth after-tax basis. The applicable contribution limits and wage threshold are subject to annual adjustments by the IRS.

11. SUBSEQUENT EVENTS

In July 2026, following the termination of the Ortho Missouri, LLC 401(k) and Profit Sharing Plan (the "OM 401(k) Plan"), and as soon as administratively practicable, the OM 401(k) Plan merged into the Plan.

For the year ended December 31, 2025, subsequent events were evaluated through October 15, 2026, the date the financial statements are available to be issued. Other than as disclosed above and in Note 10, no events were identified 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, 2025 and 2024 to Form 5500:

	2025	2024
Net assets available for benefits per financial statements	$ 9,498,170,440	$ 8,728,584,886
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	(18,245,371)	(35,349,678)
Net assets available for benefits per Form 5500	$ 9,479,925,069	$ 8,693,235,208

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, 2025 and 2024 to net income reported on Form 5500:

	2025	2024
Increase in net assets before plan transfers per financial statements	$ 769,585,554	$ 634,979,116
Change in the adjustment from contract value to fair value for fully benefit-responsive investment contracts	17,104,307	2,908,691
Net income per Form 5500	$ 786,689,861	$ 637,887,807

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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Interest-bearing cash and cash equivalents:		
* Fidelity	Fidelity Short-Term Investment Fund	$ 22,129,166
* Fidelity	Money Market Treasury Only	63,845,551
Brown Brothers Harriman	BBH Short-Term Investment Fund	30,963
	Subtotal interest-bearing cash and cash equivalents	**86,005,680**
Mutual funds:		
American Century Inv Mgmt.	American Century SmCap Value, Class R6; 12,724,330 shares	114,264,484
BlackRock	BlackRock Strategic Glb Bnd, Inst Shares; 15,684,349 shares	84,538,639
* Fidelity	Fidelity Long-Term Treas Bond Index Fund; 8,302,339 shares	77,128,726
* Fidelity	Fidelity U.S. Bond Index Fund; 37,843,974 shares	399,632,362
* Fidelity	Fidelity Worldwide Fund; 2,584,927 shares	93,832,864
Franklin Templeton	Brandywine Global High Yield Fund, Class I; 5,500,169 shares	55,826,720
JP Morgan Asset Mgmt.	JPMorgan Hedged Equity Fund, Class I; 1,879,982 shares	66,476,164
MFS Investment Mgmt.	MFS Emerging Markets Debt Fund, Class R6; 5,167,845 shares	65,838,349
PIMCO LLC	PIMCO International Bond Fund, Inst Class; 12,686,774 shares	125,979,664
T. Rowe Price	T. Rowe Price Floating Rate Fund, Class I; 2,094,528 shares	19,374,383
	Subtotal mutual funds	**1,102,892,355**
Self-directed brokerage accounts:		
* Fidelity BrokerageLink	BrokerageLink - Mutual Funds	117,686,628
	BrokerageLink - Common Stock	119,015,685
	BrokerageLink - Preferred Stock	286,091
	BrokerageLink - Corporate & Government Bond	4,654,796
	BrokerageLink - Certificate of Deposit	4,228,539
	BrokerageLink - Interest-bearing cash	40,512,968
	Subtotal self-directed brokerage accounts	**286,384,707**
Collective trusts:		
Allspring Funds Mgmt	Allspring Special MidCap Value, Inst Class; 5,871,730 shares	60,427,143
Cohen & Steers	Cohen & Steers US Realty Fund, Class C; 1,685,449 shares	37,349,558
Columbia Threadneedle	Columbia Trust Dividend Income Fund MS; 11,824,609 shares	196,524,997
DWS Group	DWS RREEF Real Assets CIT, Class M; 11,287,291 shares	208,250,520
* Fidelity	FIAM Int. Infl. PR Bond Index CP, Class D; 825,401 shares	132,212,768
* Fidelity	Fidelity Growth Comp CommPool, Class O; 18,721,970 shares	1,671,310,230
Nationwide	Geneva SmCap Growth Fund, Inst. Class C; 5,448,386 shares	55,252,628
GQG Partners	GQG Prtnrs Emerging Mrkts Eq CIT, Class C; 32,642,581 shares	330,891,319
Janus Henderson Investors	Janus Henderson Enterprise Fund, Class I; 7,286,582 shares	105,452,870
Schroder	Schroder International Alpha Tr, Class I; 4,331,328 shares	96,631,925
Great Gray Trust Company	Pioneer Bond Fund Trust, Class MSG; 5,406,933 shares	67,226,018
* Fidelity	Spartan 500 Index Fund, Class F; 8,925,865 shares	2,901,709,393

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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
* Fidelity	Spartan Developed Intl Index Pool, Class E; 4,012,945 shares	$ 789,627,246
* Fidelity	Spartan Extended Market Indx Fnd, Class F; 1,946,630 shares	370,677,371
T. Rowe Price	TRP International SmCap Equity, Class B; 6,324,917 shares	178,425,916
	Subtotal collective trusts	**7,201,969,902**
Foreign government securities:		
New South Wales Treasury Corp	5.250%; 02/24/2038; SEDOL: BR54964	304,769
Queensland Treasury Corp	5.250%; 08/13/2038; SEDOL: BVDF9L2	301,538
Victoria Treasury Corp	2.000%; 11/20/2037; SEDOL: BL63VR3	89,117
	Subtotal foreign government securities	**695,424**
Foreign corporate bonds:		
Pacific National Finance Pty Ltd	3.700%; 09/24/2029; SEDOL: BK8VMY2	67,520
Vonovia SE	5.717%; 09/03/2035; SEDOL: BVP9B83	64,118
Electricité de France	4.625%; 05/07/2045; SEDOL: BTRV815	113,807
Electricité de France	4.750%; 06/17/2044; SEDOL: BS5WN52	116,617
Suez Saca	2.875%; 05/24/2034; SEDOL: BP911L6	108,855
	Subtotal foreign corporate bonds	**470,917**
U.S. government securities:		
United States Treasury	4.625%; 11/15/2045; CUSIP: 912810UQ9	8,877,748
United States Treasury	4.625%; 11/15/2055; CUSIP: 912810UP1	11,080,495
United States Treasury	3.375%; 12/31/2027; CUSIP: 91282CPS4	2,081,202
United States Treasury	3.875%; 12/31/2032; CUSIP: 91282CPQ8	9,777,038
United States Treasury	4.000%; 11/15/2035; CUSIP: 91282CPJ4	2,313,167
	Subtotal U.S. government securities	**34,129,650**
Mortgage-backed securities:		
1211 Ave of the Am Tst 2015-1	3.900%; 08/10/2035; $557,000; CUSIP: 90117PAC9	537,505
Aligned Data Cntrs Issuer LLC	1.937%; 08/15/2046; $654,000; CUSIP: 01627AAA6	642,285
BAMLL Comm Mtg Sec Trust	Variable; 08/10/2038; $650,000; CUSIP: 05491YAA8	637,287
BX Coml Mtg Tr 2020-Viva Cstr	Variable; 03/11/2044; $635,000; CUSIP: 12433XAG4	592,414
CHI Comm Mtg Tr 2025-SFT	Variable; 04/15/2042; $805,000; CUSIP: 16706GAE7	822,019
CIM Tr 2020-Inv1 144A	2.500%; 04/25/2050; $281; CUSIP: 12560AAB0	236
CPT Mortgage Trust 2019	2.865%; 11/13/2039; $545,000; CUSIP: 12654YAA7	506,216
CSMC 2018-Rpl9 Tr 144A	3.850%; 09/25/2057; $558,217; CUSIP: 12654PAE8	540,883
CSMC 2019-Rpl1 Tr 144A	Variable; 07/25/2058; $411,897; CUSIP: 12596MAB2	406,971
DC Office Trust 2019	2.965%; 09/15/2045; $580,000; CUSIP: 23312BAA8	526,572
EFMT 2025-Nqm1 A2 144A	5.871%; 01/25/2070; $861,159; CUSIP: 26846CAB2	869,077
Fed Home Loan Mtg Corp - Gold	2.000%; 01/25/2051; $2,174,042; CUSIP: 3133Q5E51	277,316
Federal Home Ln Mtg Mlt Ctf Gt	3.000%; 04/15/2048; $118,672; CUSIP: 3137FGVJ1	106,919
Federal Home Ln Mtg Mlt Ctf Gt	Variable; 11/25/2054; $137,145; CUSIP: 3137HHFL0	137,538

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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, 2025

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 Nat Mtg Asn Gtd Rem Pa	2.000%; 07/25/2052; $11,488,267; CUSIP: 3136BQFV6	$ 1,469,175
FNMA Gtd Rem Pa 2012-84 V	3.500%; 08/25/2042; $1,336,712; CUSIP: 3136A7N65	1,283,440
FNMA Gtd Mtg Pass Thru Ctf	3.250%; 02/25/2049; $85,319; CUSIP: 3136B3A34	77,012
FNMA 30Yr	5.500%; 07/01/2053; $1,200,657; CUSIP: 31418ET67	1,221,519
FNMA Gtd Re Ptt Ct	3.000%; 06/25/2048; $355,044; CUSIP: 3136B1Z72	314,073
Federal Natl Mtg Assn Stripped	2.000%; 03/25/2052; $2,154,303; CUSIP: 31422M2G0	272,613
Federal Natl Mtg Assn Stripped	2.000%; 07/25/2050; $870,635; CUSIP: 31422M2F2	109,823
FHLG 30Yr	4.000%; 01/01/2053; $356,876; CUSIP: 3132DWF32	340,150
FHLG 30Yr	3.500%; 06/01/2046; $74,281; CUSIP: 3128MJYH7	69,967
FHLG 30Yr	3.000%; 08/01/2046; $507,477; CUSIP: 3128MJYM6	460,964
FHLG 30Yr	3.500%; 08/01/2046; $273,984; CUSIP: 3128MJYN4	258,070
FHLG 30Yr	3.000%; 09/01/2046; $156,013; CUSIP: 3128MJYT1	141,713
FHLG 30Yr	3.000%; 10/01/2046; $295,814; CUSIP: 3128MJYY0	268,701
FHLG 30Yr	3.000%; 11/01/2046; $257,996; CUSIP: 3128MJY61	234,027
FHLG 30Yr	3.000%; 02/01/2047; $639,000; CUSIP: 3128MJZM5	579,633
FHLG 30Yr	3.500%; 02/01/2047; $140,151; CUSIP: 3128MJZN3	131,880
FHLG 30Yr	3.000%; 03/01/2047; $1,173,339; CUSIP: 3128MJZQ6	1,064,329
FHLG 30Yr	3.500%; 04/01/2047; $55,436; CUSIP: 3128MJZX1	52,164
FHLG 30Yr	3.500%; 06/01/2047; $34,570; CUSIP: 3128MJZ86	32,454
FHLG 30Yr	5.000%; 07/01/2048; $63,613; CUSIP: 3128MJ4T4	64,906
FHLG 30Yr	4.500%; 10/01/2048; $192,241; CUSIP: 3128MJ5D8	191,047
FHLG 30Yr	5.000%; 10/01/2048; $133,751; CUSIP: 3128MJ5E6	136,468
FHLG 30Yr	3.500%; 01/01/2048; $1,535,109; CUSIP: 3132XCR49	1,454,103
FHLG 30Yr	2.500%; 02/01/2052; $190,632; CUSIP: 3133B5E99	161,446
FHLG 30Yr	3.000%; 02/01/2050; $353,709; CUSIP: 3133N3VW1	313,390
FHLG 30Yr	3.000%; 05/01/2052; $666,971; CUSIP: 3132DWDS9	591,568
FHLG 30Yr	4.500%; 08/01/2052; $348,845; CUSIP: 3132DWEK5	342,231
FHLG 30Yr	4.000%; 09/01/2052; $630,324; CUSIP: 3132DWER0	601,177
FHLG 30Yr	4.500%; 10/01/2052; $573,016; CUSIP: 3132DWE66	562,152
FHLG 30Yr	4.500%; 11/01/2052; $1,416,694; CUSIP: 3132DWFF5	1,389,836
280PK Ave2017-280 Mtg Tr Stp	Variable; 09/15/2034; $815,000; CUSIP: 90205FAA8	812,327
FHLG 30Yr	3.000%; 09/01/2046; $520,695; CUSIP: 3131XU6Q5	472,406
1ST Frnkln Mtgln Tr06 Ff12 Stp	Variable; 09/25/2036; $667,724; CUSIP: 32027GAE6	628,535
FNMA 20Yr	3.000%; 10/01/2033; $245,126; CUSIP: 31418AYD4	237,799
FNMA 20Yr	2.000%; 06/01/2041; $890,439; CUSIP: 31418DZ62	781,784
FNMA 30Yr	3.500%; 01/01/2044; $252,962; CUSIP: 3138ENZ93	240,012
FNMA 30Yr	4.500%; 08/01/2046; $1,307,934; CUSIP: 3140J56D6	1,304,606
FNMA 30Yr	4.000%; 01/01/2049; $246,787; CUSIP: 3140JLYN8	239,385
FNMA 30Yr	2.000%; 02/01/2052; $596,257; CUSIP: 3140MCAF7	483,389
FNMA 30Yr	2.500%; 02/01/2052; $1,510,374; CUSIP: 3140MGCW9	1,283,094
FNMA 30Yr	4.500%; 08/01/2048; $116,264; CUSIP: 3140Q9N25	115,405

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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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
FNMA 30Yr	2.000%; 04/01/2051; $1,453,049; CUSIP: 3140QKKC1	$ 1,185,261
FNMA 30Yr	2.500%; 05/01/2051; $1,196,239; CUSIP: 3140QKVC9	1,027,071
FNMA 30Yr	2.000%; 01/01/2052; $1,092,014; CUSIP: 3140QNCW0	887,009
FNMA 30Yr	2.000%; 01/01/2052; $1,526,340; CUSIP: 3140QNWH1	1,239,798
FNMA 30Yr	4.500%; 04/01/2053; $275,579; CUSIP: 3140XLGK8	270,182
FNMA 30Yr	4.000%; 08/01/2042; $251,446; CUSIP: 31418AHY7	245,116
FNMA 30Yr	3.500%; 02/01/2047; $49,496; CUSIP: 31418CGE8	46,520
FNMA 30Yr	4.000%; 04/01/2047; $81,357; CUSIP: 31418CJE5	78,535
FNMA 30Yr	4.000%; 06/01/2047; $140,299; CUSIP: 31418CLH5	135,434
FNMA 30Yr	2.000%; 05/01/2051; $1,137,913; CUSIP: 31418DYX4	927,491
FNMA 30Yr	4.000%; 06/01/2052; $347,804; CUSIP: 31418ED80	331,656
FNMA 30Yr	4.000%; 12/01/2052; $1,859,387; CUSIP: 31418ELV0	1,772,244
FNMA 30Yr	4.500%; 12/01/2052; $322,663; CUSIP: 31418ELW8	316,546
FNMA 30Yr	5.000%; 04/01/2053; $560,461; CUSIP: 31418EQ86	561,432
FNMA 30Yr	5.000%; 05/01/2053; $205,183; CUSIP: 31418ER77	205,531
FNS 2022-426 C45 Mtge	2.000%; 07/25/2051; $2,544,153; CUSIP: 31422M2H8	318,688
Freddie Mac REMCs 2018-4846	4.000%; 06/15/2047; $7,427; CUSIP: 3137FKHV1	7,414
GCAT 2021-Nqm6 Trust	1.855%; 08/25/2066; $4,382; CUSIP: 36167KAA6	4,052
GNII 30Yr	3.500%; 06/20/2049; $74,295; CUSIP: 36179UT93	67,121
GNII 30Yr	3.500%; 07/20/2049; $33,138; CUSIP: 36179UVX7	29,938
GNII 30Yr	3.000%; 10/20/2049; $228,607; CUSIP: 36179U3S9	203,294
GNII II	5.000%; 09/20/2045; $135,731; CUSIP: 36179RNZ8	138,387
GNII II	3.500%; 03/20/2046; $127,075; CUSIP: 36179R4E6	118,577
GNII II	3.500%; 04/20/2046; $63,511; CUSIP: 36179R7J2	59,264
GNII II	5.000%; 05/20/2046; $76,894; CUSIP: 36179SCB1	78,399
GNII II	5.000%; 07/20/2046; $27,920; CUSIP: 36179SGP6	28,466
GNII II	3.500%; 12/20/2046; $237,999; CUSIP: 36179SSQ1	221,787
GNII II	3.500%; 01/20/2047; $106,052; CUSIP: 36179SUV7	98,828
GNII II	3.500%; 02/20/2047; $140,641; CUSIP: 36179SWX1	131,060
GNII II	5.000%; 03/20/2047; $44,403; CUSIP: 36179SYV3	45,272
GNII II	3.500%; 05/20/2047; $268,973; CUSIP: 36179S5L7	250,398
GNII II	5.000%; 05/20/2047; $99,854; CUSIP: 36179S5P8	101,737
GNII II	3.500%; 06/20/2047; $68,329; CUSIP: 36179TAK1	63,610
GNII II	3.500%; 07/20/2047; $37,136; CUSIP: 36179TCX1	34,572
GNII II	4.000%; 08/20/2047; $64,567; CUSIP: 36179TE27	62,294
GNII II	3.500%; 09/20/2047; $71,921; CUSIP: 36179TG41	66,887
GNII II	4.000%; 09/20/2047; $459,278; CUSIP: 36179TG58	443,106
GNII II	4.000%; 11/20/2047; $112,874; CUSIP: 36179TLT0	108,758
GNII II	4.000%; 12/20/2047; $3,321; CUSIP: 36179TNS0	3,200
GNII II	4.000%; 03/20/2048; $191,538; CUSIP: 36179TUB9	184,554
GNII II	4.500%; 08/20/2048; $540,745; CUSIP: 36179T7L3	538,038

(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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
GNII II	4.000%; 09/20/2048; $93,909; CUSIP: 36179UCB6	$ 90,280
GNII II	5.500%; 02/20/2054; $686,963; CUSIP: 36179YRH9	696,646
GNII II	4.500%; 11/20/2054; $194,409; CUSIP: 3618N5A25	189,730
Government Natl Mtg Asn Mlfy	3.500%; 09/20/2048; $195,779; CUSIP: 38380Y2X2	178,344
Hudson Yds 2019-55Hy Mtg Tr	Variable; 12/10/2041; $580,000; CUSIP: 44421MAA8	547,043
HVMLT 2005-9 2A1A	Variable; 06/20/2035; $835,564; CUSIP: 41161PSK0	777,609
Imm 05-2 1A1	Variable; 04/25/2035; $330,474; CUSIP: 45254NMY0	325,415
J P Morgan Mtg Tr 2022-3	3.000%; 08/25/2052; $1,202,926; CUSIP: 46654UAK1	1,136,852
JP Mrgn Coml Mtg Scs TR 19	3.397%; 06/05/2039; $550,000; CUSIP: 46651EAA2	520,950
JP Mrgn Mortg Trst Ser 2025-2	Variable; 07/25/2055; $743,177; CUSIP: 46593NAF2	747,162
JPMMT 05-A2 1A1 Cstr	Variable; 04/25/2035; $113,915; CUSIP: 466247NK5	112,485
MLCC 2004-A A1	Variable; 04/25/2029; $68,747; CUSIP: 59020UAR6	64,822
MLMI 2005-A10 A	Variable; 02/25/2036; $550,377; CUSIP: 59020UZ65	525,379
MortgageIT Tr 2005-5 A1 Step	Variable; 12/25/2035; $126,040; CUSIP: 61915RAU0	124,041
New Cen Hm Eq Ln Tr 04-2	Variable; 08/25/2034; $570,997; CUSIP: 64352VFW6	568,388
NYC Comm Mortg Trust 2025	5.832%; 06/10/2042; $587,000; CUSIP: 67122BAA5	601,427
OBX 2021-J3 Trust 144A	2.500%; 10/25/2051; $532; CUSIP: 67448XAD8	479
OBX 2021-Nqm3 Tr 144A	1.054%; 07/25/2061; $876; CUSIP: 67114JAA8	730
Oceanview Mortg Trst 2021-Inv	2.500%; 07/25/2051; $1,210,831; CUSIP: 67647WAE7	1,090,419
PRPM 2024-Rcf5 LLC 144A	4.000%; 08/25/2054; $749,001; CUSIP: 69381JAA0	742,263
Rckt Mtg Tr 2024-CES6	Variable; 09/25/2044; $19,087; CUSIP: 749410AA4	19,195
SFave Coml Mtg Secs Tr 15-5Ave	Variable; 01/05/2043; $300,000; CUSIP: 78413MAA6	257,521
SFave Coml Mtg Secs Tr 15-5Ave	Variable; 01/05/2043; $35,000; CUSIP: 78413MAE8	30,247
Smrt 2022-Mini B	Variable; 01/15/2039; $530,000; CUSIP: 78457JAG7	528,876
UBS Coml Mtg Tr 2017-C1	3.724%; 06/15/2050; $535,000; CUSIP: 90276EAH0	524,943
WAMU 04-Ar7 A6 Cstr 7/34	Variable; 07/25/2034; $368,434; CUSIP: 92922FTB4	349,604
WAMU 05-Ar13 A1A1	Variable; 10/25/2045; $293,922; CUSIP: 92922F4M7	281,267
WAMU 2005-Ar2 2A3	Variable; 01/25/2045; $304,345; CUSIP: 92922FF95	298,248
WAMU 2005-Ar9 A1A	Variable; 07/25/2045; $184,084; CUSIP: 92922FU48	173,966
	Subtotal mortgage-backed securities	**51,533,869**
Corporate bonds:		
AEP Texas Inc	6.650%; 02/15/2033; $110,000; CUSIP: 0010EPAF5	119,896
Aercap Ireland DAC/Aercap Gbl	3.300%; 01/30/2032; $200,000; CUSIP: 00774MAX3	184,664
Air Lease Corp	2.200%; 01/15/2027; $70,000; CUSIP: 00914AAR3	68,570
Air Lease Corp	3.625%; 12/01/2027; $145,000; CUSIP: 00912XAY0	143,330
Alliant Energy Corp	Variable; 04/01/2056; $105,000; CUSIP: 018802AF5	104,809
AMCOR Flexibles N America Inc	5.500%; 03/17/2035; $15,000; CUSIP: 02344AAH1	15,494
American Assets Trust LP	3.375%; 02/01/2031; $210,000; CUSIP: 02401LAA2	191,379
American Elec Pwr Co Inc	Variable; 03/15/2056; $55,000; CUSIP: 02557TAE9	54,602
American Elec Pwr Co Inc	Variable; 03/15/2056; $240,000; CUSIP: 02557TAF6	235,807

(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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
American Express Co	Variable; 04/25/2036; $145,000; CUSIP: 025816EH8	$ 153,100
American Tower Corp	2.300%; 09/15/2031; $108,000; CUSIP: 03027XBS8	95,926
Aon Corp	2.800%; 05/15/2030; $135,000; CUSIP: 037389BE2	127,465
Appalachian Power Co	3.300%; 06/01/2027; $165,000; CUSIP: 037735CW5	163,424
Appalachian Power Co	4.500%; 03/01/2049; $200,000; CUSIP: 037735CX3	163,873
Arizona Public Service Co	6.350%; 12/15/2032; $195,000; CUSIP: 040555DE1	212,764
Bank of America Corporation	Variable; 03/11/2027; $515,000; CUSIP: 06051GJQ3	512,586
Bank of America Corporation	Variable; 10/24/2031; $465,000; CUSIP: 06051GJL4	415,826
Barnabas Health Inc	4.000%; 07/01/2028; $490,000; CUSIP: 06769QAA8	488,651
Berry Global Inc	1.650%; 01/15/2027; $380,000; CUSIP: 08576PAF8	369,939
Berry Global Inc	5.650%; 01/15/2034; $55,000; CUSIP: 08576PAQ4	57,302
Booz Allen and Hamilton Inc	5.950%; 04/15/2035; $175,000; CUSIP: 09951LAD5	181,315
Centene Corp	2.500%; 03/01/2031; $50,000; CUSIP: 15135BAX9	43,179
Centene Corp	2.625%; 08/01/2031; $280,000; CUSIP: 15135BAZ4	240,840
Charter Comm Operating LLC	5.375%; 04/01/2038; $15,000; CUSIP: 161175BM5	13,830
Charter Comm Operating LLC	3.700%; 04/01/2051; $164,000; CUSIP: 161175BV5	103,227
Charter Comm Operating LLC	3.500%; 03/01/2042; $30,000; CUSIP: 161175CE2	20,812
Charter Comm Operating LLC	5.850%; 12/01/2035; $170,000; CUSIP: 161175CS1	169,588
Cigna Group	5.250%; 01/15/2036; $190,000; CUSIP: 125523CZ1	193,421
Citigroup Inc	Variable; 05/01/2032; $65,000; CUSIP: 172967MY4	58,989
Citigroup Inc	Variable; 06/03/2031; $70,000; CUSIP: 172967MS7	64,857
Constellation Brands Inc	2.250%; 08/01/2031; $245,000; CUSIP: 21036PBH0	217,391
Constellation Brands Inc	4.800%; 05/01/2030; $140,000; CUSIP: 21036PBS6	142,338
Crown Castle Inc	2.100%; 04/01/2031; $60,000; CUSIP: 22822VAW1	52,953
Crown Castle Inc	3.300%; 07/01/2030; $155,000; CUSIP: 22822VAR2	147,026
CVS Health Corp	4.780%; 03/25/2038; $30,000; CUSIP: 126650CY4	28,317
CVS Health Corp	5.050%; 03/25/2048; $75,000; CUSIP: 126650CZ1	66,116
CVS Health Corp	5.125%; 07/20/2045; $55,000; CUSIP: 126650CN8	49,654
Dell Intl/Emc Corp	4.500%; 02/15/2031; $155,000; CUSIP: 24703DBS9	154,779
Dell Intl/Emc Corp	5.000%; 04/01/2030; $220,000; CUSIP: 24703TAM8	225,451
Delta Air Lines PT Trust	2.000%; 12/10/2029; $825,494; CUSIP: 247361ZV3	788,394
Dominion Energy Inc	Variable; 02/15/2056; $140,000; CUSIP: 25746UEA3	140,095
Dryden 95 Clo Ltd 21-95A Br	Variable; 08/20/2034; $800,000; CUSIP: 262487AL5	800,533
Duke Energy Carolinas LLC	3.750%; 06/01/2045; $285,000; CUSIP: 26442CAP9	223,957
Duke Energy Florida LLC	5.875%; 11/15/2033; $5,000; CUSIP: 26444HAQ4	5,398
Elevance Health Inc	5.200%; 02/15/2035; $220,000; CUSIP: 036752BD4	224,717
Entergy Corp New	Variable; 06/15/2056; $165,000; CUSIP: 29364GAS2	164,744
Entergy Tex Inc	3.450%; 12/01/2027; $405,000; CUSIP: 29365TAF1	399,981
Evergy Kansas Central	5.700%; 03/15/2053; $220,000; CUSIP: 30036FAB7	217,701
Eversource Energy	5.950%; 02/01/2029; $215,000; CUSIP: 30040WAW8	224,603
Extra Space Storage LP	2.200%; 10/15/2030; $43,000; CUSIP: 30225VAP2	38,902

(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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Extra Space Storage LP	3.900%; 04/01/2029; $120,000; CUSIP: 30225VAH0	$ 118,580
Fiserv Inc	5.250%; 08/11/2035; $155,000; CUSIP: 337738BQ0	154,653
Fiserv Inc	5.450%; 03/15/2034; $30,000; CUSIP: 337738BL1	30,418
Fiserv Inc	5.625%; 08/21/2033; $130,000; CUSIP: 337738BH0	134,051
Florida Pwr & Lt Co	5.700%; 03/15/2055; $115,000; CUSIP: 341081GY7	116,522
GE Aerospace Frn	Variable; 08/15/2036; $434,000; CUSIP: 36962GX74	410,728
Global Payments Inc	5.300%; 08/15/2029; $165,000; CUSIP: 37940XAN2	168,766
GLP Cap LP / GLP Fing II Inc	4.000%; 01/15/2030; $36,000; CUSIP: 361841AP4	34,998
GLP Cap LP / GLP Fing II Inc	4.000%; 01/15/2031; $15,000; CUSIP: 361841AQ2	14,367
Goldman Sachs Group Inc	Variable; 03/09/2027; $535,000; CUSIP: 38141GYA6	532,266
Goldman Sachs Group Inc	Variable; 09/10/2027; $140,000; CUSIP: 38141GYG3	137,547
Goldman Sachs Group Inc	Variable; 10/21/2027; $580,000; CUSIP: 38141GYM0	570,191
Goldman Sachs Group Inc	Variable; 01/28/2036; $65,000; CUSIP: 38141GC44	67,462
Healthcare Realty Holdings LP	3.500%; 08/01/2026; $85,000; CUSIP: 42225UAD6	84,541
Healthcare Realty Holdings LP	3.625%; 01/15/2028; $290,000; CUSIP: 42225UAK0	286,086
HSBC Holdings PLC	Variable; 09/22/2028; $105,000; CUSIP: 404280CL1	101,338
Hudson Pacific Properties LP	3.950%; 11/01/2027; $182,000; CUSIP: 44409MAA4	174,495
Humana Inc	5.550%; 05/01/2035; $225,000; CUSIP: 444859CD2	229,714
Illumina Inc	5.750%; 12/13/2027; $275,000; CUSIP: 452327AP4	283,239
Intel Corp	2.000%; 08/12/2031; $90,000; CUSIP: 458140BU3	78,926
Intel Corp	3.250%; 11/15/2049; $35,000; CUSIP: 458140BJ8	22,359
Intel Corp	3.734%; 12/08/2047; $72,000; CUSIP: 458140BG4	51,235
Interstate Pwr & Lt Co	5.450%; 09/30/2054; $50,000; CUSIP: 461070AW4	47,307
Invitation Homes Op Prtnr	2.000%; 08/15/2031; $119,000; CUSIP: 46188BAA0	103,940
JBS USA Hldg Lux/JBS USA	6.750%; 03/15/2034; $163,000; CUSIP: 47214BAC2	180,082
Jersey Central Powr & Light Co	6.400%; 05/15/2036; $80,000; CUSIP: 476556CP8	87,427
JPMorgan Chase & Co	Variable; 02/04/2027; $130,000; CUSIP: 46647PBW5	129,640
JPMorgan Chase & Co	Variable; 09/22/2027; $55,000; CUSIP: 46647PCP9	53,996
JPMorgan Chase & Co	Variable; 04/22/2027; $785,000; CUSIP: 46647PCB0	779,112
JPMorgan Chase & Co	Variable; 06/01/2028; $60,000; CUSIP: 46647PBR6	58,513
JPMorgan Chase & Co	Variable; 04/22/2032; $75,000; CUSIP: 46647PCC8	68,554
JPMorgan Chase & Co	Variable; 02/24/2028; $65,000; CUSIP: 46647PCW4	64,207
JPMorgan Chase & Co	Variable; 10/22/2035; $100,000; CUSIP: 46647PER3	100,986
JPMorgan Chase & Co	Variable; 01/24/2036; $55,000; CUSIP: 46647PEW2	57,482
Kimco Realty Op LLC	3.250%; 08/15/2026; $225,000; CUSIP: 948741AM5	223,674
Las Vegas Sands Corp	6.000%; 06/14/2030; $145,000; CUSIP: 517834AN7	151,946
LXP Industrial Trust	2.375%; 10/01/2031; $155,000; CUSIP: 529537AA0	135,495
Meta Platforms Inc	4.875%; 11/15/2035; $50,000; CUSIP: 30303MAD4	49,933
Meta Platforms Inc	5.600%; 05/15/2053; $145,000; CUSIP: 30303M8Q8	138,788
Meta Platforms Inc	5.625%; 11/15/2055; $220,000; CUSIP: 30303MAE2	211,150
Morgan Stanley	Variable; 01/21/2028; $590,000; CUSIP: 61747YEK7	580,268

(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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Morgan Stanley	Variable; 01/21/2033; $85,000; CUSIP: 61747YEL5	$ 77,579
Morgan Stanley	Variable; 01/18/2036; $60,000; CUSIP: 61748UAF9	62,699
Nisource Inc	Variable; 07/15/2056; $205,000; CUSIP: 65473PAY1	206,328
NNN REIT Inc	5.600%; 10/15/2033; $125,000; CUSIP: 637417AS5	130,559
Oncor Elec Delivery Co LLC	5.350%; 04/01/2035; $220,000; CUSIP: 68233JCZ5	226,812
Oracle Corp	2.950%; 04/01/2030; $155,000; CUSIP: 68389XBV6	143,091
Oracle Corp	3.600%; 04/01/2050; $55,000; CUSIP: 68389XBX2	34,260
Oracle Corp	4.800%; 08/03/2028; $15,000; CUSIP: 68389XCY9	15,075
Oracle Corp	5.200%; 09/26/2035; $55,000; CUSIP: 68389XDM4	52,694
Oracle Corp	5.875%; 09/26/2045; $155,000; CUSIP: 68389XDP7	139,984
Piedmont Natural Gas Co	5.050%; 05/15/2052; $115,000; CUSIP: 72018EAP0	102,818
Pilgrims Pride Corp New	3.500%; 03/01/2032; $17,000; CUSIP: 72147KAH1	15,705
Pilgrims Pride Corp New	6.250%; 07/01/2033; $105,000; CUSIP: 72147KAK4	112,246
Pilgrims Pride Corp New	6.875%; 05/15/2034; $65,000; CUSIP: 72147KAL2	72,088
Public Service Co of Colorado	5.250%; 04/01/2053; $115,000; CUSIP: 74444BCY5	106,999
Realty Income Corp	5.125%; 04/15/2035; $50,000; CUSIP: 756109CT9	50,859
Rexford Industrial Realty LP	2.150%; 09/01/2031; $15,000; CUSIP: 76169XAB0	13,138
Rollins Inc	5.250%; 02/24/2035; $220,000; CUSIP: 775711AC8	224,458
Santander UK Group Hldgs PLC	Variable; 06/14/2027; $90,000; CUSIP: 80281LAQ8	88,994
Southern Co Gas Cap	4.950%; 09/15/2034; $395,000; CUSIP: 8426EPAH1	396,098
Southern Co Gas Cap	5.750%; 09/15/2033; $285,000; CUSIP: 8426EPAG3	301,997
Southern Company	Variable; 09/15/2051; $255,000; CUSIP: 84258D7D3	251,389
Southwestern Elec Power Co	3.250%; 11/01/2051; $35,000; CUSIP: 845437BT8	23,019
Spire Inc	4.700%; 08/15/2044; $145,000; CUSIP: 505597AD6	124,201
Starbucks Corp	5.400%; 05/15/2035; $35,000; CUSIP: 855244BM0	36,400
Stryker Corp	4.700%; 02/10/2028; $360,000; CUSIP: 863667BK6	365,138
T-Mobile USA Inc	3.500%; 04/15/2031; $450,000; CUSIP: 87264ABW4	430,227
Time Warner Cable LLC	5.500%; 09/01/2041; $71,000; CUSIP: 88732JBB3	62,313
UnitedHealth Group Inc	5.625%; 07/15/2054; $215,000; CUSIP: 91324PFL1	210,876
US Bancorp Del	Variable; 02/01/2034; $30,000; CUSIP: 91159HJL5	30,220
Wells Fargo & Co New	Variable; 10/30/2030; $50,000; CUSIP: 95000U2G7	47,565
Wells Fargo & Co New	Variable; 05/22/2028; $710,000; CUSIP: 95000U2A0	705,334
Wells Fargo & Co New	Variable; 12/03/2035; $10,000; CUSIP: 95000U3N1	10,215
Wells Fargo & Co New	Variable; 01/24/2031; $55,000; CUSIP: 95000U3P6	56,954
Wells Fargo & Co New	Variable; 01/23/2035; $35,000; CUSIP: 95000U3K7	36,518
Willis North America Inc	5.350%; 05/15/2033; $20,000; CUSIP: 97064A8M3	20,625
Wisconsin Pwr & Lt Co	4.950%; 04/01/2033; $235,000; CUSIP: 976826BR7	237,965
Xcel Energy Inc	4.600%; 06/01/2032; $50,000; CUSIP: 98388MAD9	49,730
	Subtotal corporate bonds	**21,580,667**

(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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Common stocks:		
Aaon Inc	24,050 shares; CUSIP: 000360206	$ 1,833,813
Agilysys Inc	9,325 shares; CUSIP: 00847J105	1,108,183
Azenta Inc	28,085 shares; CUSIP: 114340102	934,107
Badger Meter Inc	2,025 shares; CUSIP: 056525108	353,180
Balchem Corp	14,930 shares; CUSIP: 057665200	2,289,665
Blackline Inc	30,555 shares; CUSIP: 09239B109	1,689,386
Bright Horizons Fam Sol Inc	11,385 shares; CUSIP: 109194100	1,154,439
Casella Waste Sys Inc Cl A	32,450 shares; CUSIP: 147448104	3,178,153
CCC Intelligent Sol Hldg Cla	161,285 shares; CUSIP: 12510Q100	1,282,216
Clearwater Analytics Hldg Inc	80,105 shares; CUSIP: 185123106	1,932,133
Construction Partners Inc Cl A	23,660 shares; CUSIP: 21044C107	2,568,293
Crane Nxt Co	15,190 shares; CUSIP: 224441105	714,993
CSW Industrials Inc	7,570 shares; CUSIP: 126402106	2,222,022
Descartes Sys Group Inc	31,000 shares; CUSIP: 2528834	2,717,460
Digi International Inc	47,045 shares; CUSIP: 253798102	2,036,578
Esco Technologies Inc	12,585 shares; CUSIP: 296315104	2,458,983
Exponent Inc	30,150 shares; CUSIP: 30214U102	2,094,219
Federal Signal Corp	16,300 shares; CUSIP: 313855108	1,770,017
Firstservice Corp	13,545 shares; CUSIP: BJQ0C55	2,106,654
Helios Technologies Inc	24,815 shares; CUSIP: 42328H109	1,327,354
Hillman Solutions Corp	86,795 shares; CUSIP: 431636109	751,645
Kadant Inc	2,660 shares; CUSIP: 48282T104	758,153
Karman Holdings Inc	6,250 shares; CUSIP: 485924104	457,313
Lemaitre Vascular Inc	23,095 shares; CUSIP: 525558201	1,873,005
Mercury Systems Inc	24,835 shares; CUSIP: 589378108	1,813,203
Merit Medical Systems Inc	24,960 shares; CUSIP: 589889104	2,199,974
Mirion Technologies Inc-A	30,320 shares; CUSIP: 60471A101	710,094
MSA Safety Inc	8,925 shares; CUSIP: 553498106	1,429,250
NCINO Inc	34,155 shares; CUSIP: 63947X101	875,734
Novanta Inc	19,180 shares; CUSIP: 67000B104	2,282,228
Q2 Holdings Inc	21,130 shares; CUSIP: 74736L109	1,524,741
RBC Bearings Inc	6,955 shares; CUSIP: 75524B104	3,118,831
Repligen	11,985 shares; CUSIP: 759916109	1,963,862
Simpson Manufacturing Co	10,425 shares; CUSIP: 829073105	1,683,325
Siteone Landscape Supply Inc	13,655 shares; CUSIP: 82982L103	1,700,867
SPS Commerce Inc	7,380 shares; CUSIP: 78463M107	657,779
SPX Technologies Inc	9,125 shares; CUSIP: 78473E103	1,825,548
Stevanato Group S.P.A.	97,550 shares; CUSIP: BNM0752	1,962,706
Transcat Inc	15,765 shares; CUSIP: 893529107	894,348
Ul Solutions Inc Cl A	17,285 shares; CUSIP: 903731107	1,363,095

(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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Vericel Corp	35,170 shares; CUSIP: 92346J108	$ 1,266,472
Vertex Inc - Class A	49,085 shares; CUSIP: 92538J106	980,227
WD 40 Co	4,725 shares; CUSIP: 929236107	930,353
Workiva Inc	13,720 shares; CUSIP: 98139A105	1,183,349
	Subtotal common stocks	**69,977,950**
Asset-backed securities:		
Barings Clo Ltd 2019-III 3A	Variable; 01/20/2036; $750,000; CUSIP: 06761KAW1	750,183
Goldentree Ln Mgmt US Clo 8 Ld	Variable; 10/20/2034; $950,000; CUSIP: 38136NAY2	950,778
Navient Student Ln Tr 2021-2	1.680%; 02/25/2070; $875,118; CUSIP: 63942QAA9	756,667
Plmr Square Ln Fndg 2022-3 Ld	Variable; 04/15/2031; $700,000; CUSIP: 69690CAN3	700,720
SLM Student Ln Tr 2008 5	Variable; 07/25/2073; $740,000; CUSIP: 78444YAE5	776,875
SLM Student Ln Tr 2008-2	Variable; 01/25/2083; $230,000; CUSIP: 784442AD7	241,885
Taco Bell Fdg LLC 144A	1.946%; 08/25/2051; $859,688; CUSIP: 87342RAG9	837,549
	Subtotal asset-backed securities	**5,014,657**
Municipal bonds:		
Lamar TX ISD (PSF)	5.000%; 02/15/2058; $270,000; CUSIP: 513174M25	277,996
New York Auth	5.000%; 05/01/2054; $270,000; CUSIP: 64972JWN4	277,863
New York Auth (NYC TFA (Pit))	5.000%; 11/01/2053; $65,000; CUSIP: 64972JPT9	66,791
New York St D	1.952%; 03/15/2029; $320,000; CUSIP: 64990FD84	302,612
New York St D	5.628%; 03/15/2039; $245,000; CUSIP: 64990FMT8	251,824
NYC TFA (Pit)	5.267%; 05/01/2027; $165,000; CUSIP: 64971MT44	167,519
NYS TWY Pit	5.000%; 03/15/2059; $340,000; CUSIP: 650028C68	349,793
NYS UDC	3.370%; 03/15/2030; $450,000; CUSIP: 6500355Z7	438,758
	Subtotal municipal bonds	**2,133,156**
Guaranteed investment contracts:		
New York Life	NYL GA-29030	51,150,504
Synthetic investment contracts:		
Prudential	Pru Core Conserv Int BD FD	80,989,381
Pacific Life	Pacific Life G-27341.01.001:	
	MFB Coltv Daily 1-5 Yr Cr Bd ; 2.385%; CUSIP: 786993972	1,986,964
	MFB Coltv Daily 1-10 Yr Int; CUSIP: 004000964	7,152,783
	NT Coltv Short Term; 0.869%; CUSIP: 66586W326	11,331,516
	MFB NT Coltv Asset-Backed; 0.597%; CUSIP: 003999AF6	12,724,391
	MFB NT Coltv Comm Mort Backed; 0.747%; CUSIP: 665999538	4,968,739
	MFB Coltv MB Sec Idx Fd-Non; 1.880%; CUSIP: 004992AA1	15,898,000
	NT Col 1-10 Yr Int Bd Idx Fd; 2.489%; CUSIP: 66586U726	25,434,753

(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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
Voya Ret. Ins. & Annuity Co.	Voya Ret. Ins. & Annuity Co. 60257:	
	MFB Coltv Daily 1-5 Yr Cr Bd; 2.385%; CUSIP: 786993972	$ 28,239,018
	NT Collective Short Term; 0.869%; CUSIP: 66586W326	21,184,442
	MFB NT Coltv Asset-Backed; 0.597%; CUSIP: 003999AF6	14,580,017
	MFB NT Coltv Comm MB; 0.747%; CUSIP: 665999538	5,693,341
	MFB NT Coltv MB Sec Idx Fd; 1.880%; CUSIP: 004992AA1	18,216,440
	NT Col 1-10 Yr Int Bd Idx Fd; 2.489%; CUSIP: 66586U726	3,188,176
Transamerica Premier Life	Transamerica Premier Life MDA01115TR:	
	1-3 Year Credit Bond Index Fund	11,282,196
	Asset-Backed Securities Index Fund	12,888,141
	Commercial Mortgage-Backed Securities Index Fund	5,033,433
	1-3 Year Government Bond Index Fund	14,710,261
	Intermediate Government Bond Index Fund	4,023,599
	Intermediate Term Credit Bond Index Fund	16,507,156
	Mortgage-Backed Securities Index Fund	16,085,205
Nationwide	Nationwide STA THC IP 1016:	
	1-3 Year Credit Bond Index Fund	1,255,651
	Asset-Backed Securities Index Fund	10,032,528
	Commercial Mortgage-Backed Securities Index Fund	3,918,180
	1-3 Year Government Bond Index Fund	8,782,584
	Intermediate Government Bond Index Fund	5,799,040
	Intermediate Term Credit Bond Index Fund	20,369,966
	Mortgage-Backed Securities Index Fund	12,521,224
American General Life	American General Life 1635587:	
	American General Life Cash Account	822,705
	AMXCA 2025-2 A	1,172,657
	BANK5 2025-5YR19 A2	1,455,911
	BBCMS 2022-C18 A2	1,195,575
	BMO 2022-C3 A2	826,617
	BMWLT 2024-2 A3	275,045
	BANK 2023-BNK45 A2	417,218
	BMARK 2024-V9 A3	1,487,715
	BMO 2024-5C4 A2	1,694,844
	CD 2016-CD2 A3	1,150,425
	CNH 2022-A A3	151,262
	CNH 2022-B A3	88,467
	CNH 2023-A A3	478,814
	CARMX 2024-1 A3	192,495
	CNH 2024-B A3	497,945

(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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	DBJPM 2017-C6 A4	$ 1,084,339
	DTRT 2024-1 A3	213,521
	FNR 2015-29 PA	411,555
	FNR 2016-43 GV	605,773
	FNR 2017-11 KA	470,059
	FNR 2017-43 A	168,190
	FNR 2017-47 EA	621,566
	FNR 2021-45 EA	1,170,554
	FNR 2021-91 DA	1,075,219
	FNR 2022-13 MA	1,083,541
	FNR 2022-1 DA	580,202
	FNR 2025-69 E	966,551
	FHR 4427 MA	503,060
	FHR 5081 NH	1,101,552
	FHR 5009 GD	959,375
	FHR 5094 DA	566,648
	FHR 5156 HB	727,796
	FHR 5222 A	646,984
	FHR 5263 EA	557,266
	FHR 5319 A	692,083
	FHR 5570 AV	1,441,952
	FORDO 2023-A A3	94,014
	GMALT 2024-2 A3	373,978
	GNR 2012-6 LH	94,779
	GNR 2013-144 EC	238,558
	GNR 2014-2 EA	216,411
	GNR 2015-3 DA	215,222
	GNR 2020-78 HL	88,675
	GNR 2021-8 TP	694,443
	GNR 2022-212 HP	762,148
	GNR 2022-112 MA	413,366
	GNR 2022-180 DA	486,971
	GNR 2022-153 HA	1,655,080
	GNR 2025-47 MA	827,146
	GNR 2025-65 A	1,577,626
	HAROT 2024-1 A3	511,278
	JDOT 2022-B A3	59,683
	JDOT 2023-A A3	252,583
	JDOT 2025-A A3	810,595
	JDOT 2024-A A3	238,590
	JDOT 2025-B A3	1,170,407

(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, 2025

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	MBART 2022-1 A3	$ 117,921
	NAROT 2022-B A3	78,815
	PCG 4.838 06/01/33	533,630
	TAOT 2023-B A3	238,874
	T 4 1/8 02/15/27	2,061,516
	T 4 1/8 11/15/27	3,762,031
	T 3 5/8 08/15/28	2,620,295
	VALET 2025-1 A3	874,236
	WOART 2022-C A3	36,983
	WOART 2024-A A3	967,922
	Wrapper agreement	—
	Subtotal synthetic investment contracts	**444,426,382**
	Non-interest-bearing cash	374,305
Various participants	Participant loans, interest rates from 4.25% to 10.50%; maturity dates from January 2026 to September 2048	121,184,944
	Total assets (Held at End of Year)	**$9,479,925,069**

(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.