

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 2016 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ <input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
	1c Effective date of plan	<u>02/01/1955</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND</u> <u>C/O CENTRAL STATES FUNDS</u> <u>9377 WEST HIGGINS ROAD</u> <u>ROSEMONT, IL 60018-4938</u>	2b Employer Identification Number (EIN) <u>36-6044243</u>	
	2c Plan Sponsor's telephone number	<u>847-518-9800</u>
	2d Business code (see instructions)	<u>484120</u>

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.	10/06/2017	SUSAN ROGOWSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2017	SUSAN ROGOWSKI
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 390926
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 63062 6a(2) 62162 6b 165257 6c 123633 6d 351052 6e 33869 6f 384921 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 1372
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1E b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <u>1</u> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input checked="" type="checkbox"/> G (Financial Transaction Schedules)
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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 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2016</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

<p>A Name of plan <u>CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN</u></p>	<p>B Three-digit plan number (PN) ▶ <u>001</u></p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND</u></p>	<p>D Employer Identification Number (EIN) <u>36-6044243</u></p>	

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

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

(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
<u>01-0233346</u>	<u>65838</u>	<u>GAC 461 ASSN 0</u>	<u>5</u>	<u>01/01/2016</u>	<u>12/31/2016</u>

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 <u>0</u>	(b) Total amount of fees paid <u>0</u>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c Premiums due but unpaid at the end of the year

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 ▶

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 ▶

6b	
6c	
6d	

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	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
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)	
▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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)
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)
(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)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND</u>	D Employer Identification Number (EIN) <u>36-6044243</u>

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2016

b Assets

(1) Current value of assets
 (2) Actuarial value of assets for funding standard account

c (1) Accrued liability for plan using immediate gain methods
 (2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases
 (b) Accrued liability under entry age normal method
 (c) Normal cost under entry age normal method.....

(3) Accrued liability under unit credit cost method

d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)

(2) "RPA '94" information:

(a) Current liability
 (b) Expected increase in current liability due to benefits accruing during the plan year
 (c) Expected release from "RPA '94" current liability for the plan year

(3) Expected plan disbursements for the plan year

1b(1)	<u>16126208142</u>
1b(2)	<u>16425541620</u>
1c(1)	<u>39046354526</u>
1c(2)(a)	
1c(2)(b)	
1c(2)(c)	
1c(3)	<u>39046354526</u>
1d(1)	
1d(2)(a)	<u>55036288777</u>
1d(2)(b)	<u>555870301</u>
1d(2)(c)	<u>2857663368</u>
1d(3)	<u>2907263368</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Signature of actuary <u>DANIEL V. CINER, MAAA</u> Type or print name of actuary <u>SEGAL CONSULTING</u> Firm name <u>101 NORTH WACKER DRIVE, SUITE 500, CHICAGO, IL 60606-1724</u> Address of the firm	<u>08/30/2017</u> Date <u>17-05773</u> Most recent enrollment number <u>312-984-8500</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)

2a	16126208142
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b "RPA '94" current liability/participant count breakdown:

- (1) For retired participants and beneficiaries receiving payment.....
- (2) For terminated vested participants.....
- (3) For active participants:
 - (a) Non-vested benefits
 - (b) Vested benefits
 - (c) Total active
- (4) Total.....

(1) Number of participants	(2) Current liability
201927	31767548497
125937	13570975581
	470903550
	9226861149
63062	9697764699
390926	55036288777

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....

2c	29.30%
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3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	781861963				
Totals ▶			3(b)	781861963	3(c) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....

4a	42.1%
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b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5

4b	D
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c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?..... Yes No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?..... Yes No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date

4e	32067578
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f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge.
If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here

4f	2025
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5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** Attained age normal
- b** Entry age normal
- c** Accrued benefit (unit credit)
- d** Aggregate
- e** Frozen initial liability
- f** Individual level premium
- g** Individual aggregate
- h** Shortfall
- i** Other (specify):

j If box h is checked, enter period of use of shortfall method

5j	
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k Has a change been made in funding method for this plan year?..... Yes No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?..... Yes No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method.....

5m	
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6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			6a	3.28%
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	A	A	
d Valuation liability interest rate	6d	6.25%	6.25 %	
e Expense loading	6e	15.6%	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A
f Salary scale	6f	%	<input checked="" type="checkbox"/> N/A	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.7%		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-0.9%		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-257467247	-25359308
3	-32067578	-3158505
4	4262571782	419843184

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	7911868706
b Employer's normal cost for plan year as of valuation date	9b	354983421
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	22338905648
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	701572141
e Total charges. Add lines 9a through 9d	9e	11926726389

Credits to funding standard account:

f Prior year credit balance, if any	9f	0
g Employer contributions. Total from column (b) of line 3	9g	781861963
		Outstanding balance
h Amortization credits as of valuation date	9h	7629961448
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	89200579
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	24729825418
(2) "RPA '94" override (90% current liability FFL)	9j(2)	34609707128
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits.....	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	1907340822
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	10019385567

9o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2016 plan year.....	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) **10** 10019385567

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions. Yes No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND	D Employer Identification Number (EIN) 36-6044243	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

ARISTOTLE CAPITAL MANAGEMENT, LLC

95-4833644

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

BAILLIE GIFFORD OVERSEAS LTD

22-3438530

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

BRANDYWINE GLOBAL INVESTMENT MGMT

51-0294065

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

FRONTIER CAPITAL MANAGEMENT COMPANY

04-3492668

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

GENESIS INVESTMENT MANAGEMENT LLP

98-1068837

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

JENNISON ASSOCIATES LLC

22-2540245

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

LEE MUNDER CAPITAL GROUP, LLC

27-0282607

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

MACQUARIE INVESTMENT MGMT BUS TRUST

23-2859590

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

PZENA INVESTMENT MANAGEMENT

13-3860154

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

WCM INVESTMENT MANAGEMENT

95-3046237

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

WELLINGTON MANAGEMENT COMPANY, LLP

30-0835489

(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)

NORTHERN TRUST INVESTMENTS, INC.

36-3608252

(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?
31	INVESTMENT SERVICES	5923390	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	593	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 62	INVESTMENT SERVICES	4060566	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

OAKTREE CAPITAL MANAGEMENT, L.P.

26-0189082

(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?
51	INVESTMENT SERVICES	2580507	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LSV ASSET MANAGEMENT

23-2772200

(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?
51	INVESTMENT SERVICES	2462277	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LOGAN CIRCLE PARTNERS, LP

20-8262386

(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?
51	INVESTMENT SERVICES	2253622	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MACQUARIE INVESTMENT MGMT BUS TRUST

23-2859590

(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?
51 68	INVESTMENT SERVICES	1917292	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

WILLIAM BLAIR INVESTMENT MANAGEMENT

47-2614791

(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?
51 68	INVESTMENT SERVICES	1840163	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CAUSEWAY CAPITAL MANAGEMENT LLC

95-4861680

(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?
51 56 68	INVESTMENT SERVICES	1660197	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

BRANDYWINE GLOBAL INVESTMENT MGMT

51-0294065

(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?
51 68	INVESTMENT SERVICES	1509592	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

WCM INVESTMENT MANAGEMENT

95-3046237

(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?
51 68	INVESTMENT SERVICES	1301445	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

GROOM LAW GROUP CHARTERED

52-1219029

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 49	SERVICE PROVIDER	1242217	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WELLINGTON MANAGEMENT COMPANY, LLP

30-0835489

(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?
51 68	INVESTMENT SERVICES	1216375	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

MACKAY SHIELDS LLC

13-5582869

(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?
51	INVESTMENT SERVICES	1190373	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE SEGAL COMPANY

13-1975125

(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?
11 49	SERVICE PROVIDER	1186010	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GENESIS ASSET MANAGERS, LLP

98-1068837

(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?
51	INVESTMENT SERVICES	1143921	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

COLONIAL FIRST STATE ASSET MGMT 201 SUSSEX STREET LEVEL 3 TOWER 1 NSW 2000 SYDNEY AU

(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?
51	INVESTMENT SERVICES	1104265	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ASHMORE INVESTMENT MGMT LIMITED 61 ALDWYCH WC2B 4AE LONDON GB

(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?
51	INVESTMENT SERVICES	1045951	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COLUMBUS CIRCLE INVESTORS

06-1404803

(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?
51 68	INVESTMENT SERVICES	1022467	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

BAILLIE GIFFORD OVERSEAS LTD

22-3438530

(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?
51 56	INVESTMENT SERVICES	991433	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

VAUGHAN NELSON INVESTMENT MGMT LP

04-3304963

(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?
51 68	INVESTMENT SERVICES	988409	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PZENA INVESTMENT MANAGEMENT

13-3860154

(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?
51 68	INVESTMENT SERVICES	938984	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

FRONTIER CAPITAL MANAGEMENT COMPANY

04-3492668

(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?
51 68	INVESTMENT SERVICES	802550	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ARISTOTLE CAPITAL MANAGEMENT, LLC

95-4833644

(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?
51 68	INVESTMENT SERVICES	775292	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BROOKFIELD INVESTMENT MANAGEMENT

13-3519673

(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?
51 68	INVESTMENT SERVICES	739171	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

JENNISON ASSOCIATES, LLC

22-2540245

(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?
51 68	INVESTMENT SERVICES	733891	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

KIRKLAND & ELLIS

36-1326630

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	SERVICE PROVIDER	684850	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RIVERBRIDGE PARTNERS

41-1930193

(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?
51 68 71	INVESTMENT SERVICES	569553	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

STATE STREET GLOBAL ADVISORS

04-1867445

(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?
51	INVESTMENT SERVICES	529927	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MELLON CAPITAL MANAGEMENT CORP

25-1442864

(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?
51	INVESTMENT SERVICES	484984	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

HOTCHKIS AND WILEY CAPITAL MGMT LLC

95-4871957

(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?
51 68	INVESTMENT SERVICES	474965	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

BRE COH RIVERWAY LLC

38-3854167

(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?
49	SERVICE PROVIDER	452165	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JASCULCA TERMAN STRATEGIC COMM

36-3136983

(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?
49	SERVICE PROVIDER	452074	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DENVER INVESTMENTS

84-1284659

(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?
51 68	INVESTMENT SERVICES	432669	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

CARDINAL CAPITAL MANAGEMENT, LLC

06-1422705

(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?
51	INVESTMENT SERVICES	425408	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COMPSYCH

36-3739783

(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?
49	SERVICE PROVIDER	424872	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALLIANCE BERNSTEIN

13-4064930

(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?
51	INVESTMENT SERVICES	381375	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LEE MUNDER CAPITAL GROUP, LLC

27-0282607

(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?
51 68	INVESTMENT SERVICES	303144	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

STANDISH MELLON ASSET MANAGEMENT

25-1890416

(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?
51	INVESTMENT SERVICES	250632	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CENTURYLINK

04-6141739

(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?
49	SERVICE PROVIDER	223861	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

VITECH SYSTEMS GROUP INC

13-3785492

(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?
49	SERVICE PROVIDER	222721	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOHN J FRANCZYK JR

36-6044243

(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?
30	EMPLOYEE	220254	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THOMAS C NYHAN

36-6044243

(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?
30	EMPLOYEE	216482	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	41	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

THOMSON REUTERS - WEST

41-1426973

(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?
49	SERVICE PROVIDER	208839	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROBERT COCO

36-6044243

(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?
30	EMPLOYEE	208035	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALBERT M MADDEN

36-6044243

(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?
30	EMPLOYEE	207353	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LEONARD O'BRIEN SPENCER GALE SAYRE

41-0956652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	SERVICE PROVIDER	182713	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LINDQUIST LLP

52-2385296

(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?
10	SERVICE PROVIDER	160000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FERNANDO RODRIGUEZ

36-6044243

(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?
30	EMPLOYEE	158909	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BRAD R BERLINER

36-6044243

(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?
30	EMPLOYEE	149106	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARLEY H LEE

36-6044243

(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?
30	EMPLOYEE	147238	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JAMES CONDON

36-6044243

(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?
30	EMPLOYEE	143423	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	22	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

HOLLY GUSTAFSON

36-6044243

(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?
30	EMPLOYEE	134735	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARK F ANGERAME

36-6044243

(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?
30	EMPLOYEE	134674	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	18	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BONNIE VELAZQUEZ

36-6044243

(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?
30	EMPLOYEE	132529	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SUZANNE ORRICO

36-6044243

(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?
30	EMPLOYEE	131860	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALDONA ZAJAUSKAS

36-6044243

(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?
30	EMPLOYEE	130505	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANDREW M SPRAU

36-6044243

(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?
30	EMPLOYEE	129729	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

FRANK J CAREY

36-6044243

(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?
30	EMPLOYEE	128050	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PATRICK MORONEY

36-6044243

(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?
30	EMPLOYEE	127955	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PETER REDINGTON

36-6044243

(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?
30	EMPLOYEE	124656	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ELIZABETH ALLEN

36-6044243

(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?
30	EMPLOYEE	124010	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JAYNE CAMINITI

36-6044243

(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?
30	EMPLOYEE	123741	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MICHAEL WALKER

36-6044243

(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?
30	EMPLOYEE	123651	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CARRIE L SCHEUERMAN

36-6044243

(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?
30	EMPLOYEE	120158	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TIMOTHY C REUTER

36-6044243

(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?
30	EMPLOYEE	119773	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SUSANNE MOSLEY

36-6044243

(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?
30	EMPLOYEE	118841	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CHARLOTTE YANKOWSKI

36-6044243

(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?
30	EMPLOYEE	117915	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GROSSMAN HEINZ LLC

46-1645641

(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?
49	SERVICE PROVIDER	117801	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TRACY L STALLWORTH

36-6044243

(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?
30	EMPLOYEE	116638	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ANN SCHROEDER

36-6044243

(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?
30	EMPLOYEE	116587	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CDW DIRECT LLC

36-3310735

(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?
49	SERVICE PROVIDER	115180	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRIAN HANLON

36-6044243

(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?
30	EMPLOYEE	115052	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MICHAEL STUBER

36-6044243

(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?
30	EMPLOYEE	113318	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARK L VIEU

36-6044243

(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?
30	EMPLOYEE	113055	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NATALIE M PLUCINSKI

36-6044243

(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?
30	EMPLOYEE	113043	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

THOMAS WEITHERS

36-6044243

(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?
30	EMPLOYEE	112973	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LUCILLE JEFFERSON

36-6044243

(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?
30	EMPLOYEE	112776	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JANICE M JANKOWICZ

36-6044243

(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?
30	EMPLOYEE	111944	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LEDA BARATTI

36-6044243

(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?
30	EMPLOYEE	111330	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KARL LEWIS

36-6044243

(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?
30	EMPLOYEE	111068	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RYAN MCSHEA

36-6044243

(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?
30	EMPLOYEE	109859	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ELIZABETH SODERLIND

36-6044243

(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?
30	EMPLOYEE	109345	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANDREW J BLANK

36-6044243

(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?
30	EMPLOYEE	108191	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DONNA J KUXHAUSE

36-6044243

(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?
30	EMPLOYEE	107255	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MATTHEW WEBER

36-6044243

(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?
30	EMPLOYEE	106910	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALBERT E NELSON

36-6044243

(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?
30	EMPLOYEE	105187	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RITA MANFREDINI

36-6044243

(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?
30	EMPLOYEE	104570	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WENDY LASS

36-6044243

(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?
30	EMPLOYEE	104443	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARY ELLEN BYRNE

36-6044243

(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?
30	EMPLOYEE	104409	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JILL D GRUVER

36-6044243

(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?
30	EMPLOYEE	103790	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ANTHONY NAPOLI

36-6044243

(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?
30	EMPLOYEE	103407	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALEXANDER J ZEMKE

36-6044243

(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?
30	EMPLOYEE	101739	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MEGAN GRIFFITHS

36-6044243

(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?
30	EMPLOYEE	101556	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARY T MILLER

36-6044243

(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?
30	EMPLOYEE	101498	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JAMES HARMON

36-6044243

(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?
30	EMPLOYEE	101294	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HOPE MARTIN

36-6044243

(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?
30	EMPLOYEE	101080	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MATTHEW T MILLER

36-6044243

(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?
30	EMPLOYEE	101037	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LOIS A OLSON

36-6044243

(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?
30	EMPLOYEE	100894	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VIRGINIA G NEWSOM

36-6044243

(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?
30	EMPLOYEE	100573	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DANIEL SHEPARD

36-6044243

(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?
30	EMPLOYEE	100549	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CESAR ALVAREZ

36-6044243

(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?
30	EMPLOYEE	99915	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DOUGLAS A GREGG

36-6044243

(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?
30	EMPLOYEE	99842	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JUSTIN D MACKOWIAK

36-6044243

(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?
30	EMPLOYEE	99302	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANDREA CULLINAN

36-6044243

(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?
30	EMPLOYEE	99052	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOSEPH E BOBLAK

36-6044243

(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?
30	EMPLOYEE	98531	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CYNTHIA ENRIGHT

36-6044243

(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?
30	EMPLOYEE	97951	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KAREN FALBO

36-6044243

(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?
30	EMPLOYEE	97532	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MATTHEW J LIPPERT

36-6044243

(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?
30	EMPLOYEE	97025	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LISA SEIFRID

36-6044243

(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?
30	EMPLOYEE	96651	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PETER PRIEDE

36-6044243

(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?
30	EMPLOYEE	96620	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MICHAEL E LIPKE

36-6044243

(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?
30	EMPLOYEE	96388	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JOSEPH R MAIELLARO

36-6044243

(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?
30	EMPLOYEE	95886	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GEOFFREY M GILBERT

36-6044243

(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?
30	EMPLOYEE	95830	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SHANITA JOHNSON

36-6044243

(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?
30	EMPLOYEE	95685	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MICHAEL KURCZ

36-6044243

(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?
30	EMPLOYEE	95418	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CAROL B EVANS

36-6044243

(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?
30	EMPLOYEE	95317	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOWITA PIATEK

36-6044243

(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?
30	EMPLOYEE	94758	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JANICE RABBIT

36-6044243

(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?
30	EMPLOYEE	94268	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JESSICA PETERS

36-6044243

(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?
30	EMPLOYEE	91622	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARY KOURETAS

36-6044243

(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?
30	EMPLOYEE	91601	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PUBLIC OPINION STRATEGIES LLC

54-1586480

(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?
49	SERVICE PROVIDER	91500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARGARITA MOTA

36-6044243

(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?
30	EMPLOYEE	90889	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NIKKI A BACZKOWSKI

36-6044243

(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?
30	EMPLOYEE	90871	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ANDREW J HERINK

36-6044243

(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?
30	EMPLOYEE	90033	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BARBARA MERTENS

36-6044243

(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?
30	EMPLOYEE	89966	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JULIANNE POSCH

36-6044243

(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?
30	EMPLOYEE	89621	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SUSAN ROGOWSKI

36-6044243

(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?
30	EMPLOYEE	89596	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VICTORIA BENITEZ

36-6044243

(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?
30	EMPLOYEE	89295	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VICTOR A MELENDEZ

36-6044243

(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?
30	EMPLOYEE	88594	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JEFFREY S BONGIOVANNI

36-6044243

(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?
30	EMPLOYEE	87779	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JAMESON ESPOSITO

36-6044243

(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?
30	EMPLOYEE	87256	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARK T GRISAMORE

36-6044243

(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?
30	EMPLOYEE	86692	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TILSA LAGUNAS

36-6044243

(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?
30	EMPLOYEE	86434	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RAY A HALE

36-6044243

(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?
30	EMPLOYEE	85534	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMERICAN ARBITRATION ASSOC

13-0429745

(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?
49	SERVICE PROVIDER	84702	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RICHARD A JACKSON

36-6044243

(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?
30	EMPLOYEE	84494	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STEVEN VANROSSEM

36-6044243

(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?
30	EMPLOYEE	84143	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PATRICK SLOAN

36-6044243

(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?
30	EMPLOYEE	83667	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GASSAN ALRAHI

36-6044243

(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?
30	EMPLOYEE	81678	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GEORGE HANSEN

36-6044243

(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?
30	EMPLOYEE	80201	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CARL E SNYDER

36-6044243

(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?
30	EMPLOYEE	79980	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

REBECCA MCMAHON

36-6044243

(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?
30	EMPLOYEE	79793	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCOTT B ROBBINS

36-6044243

(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?
30	EMPLOYEE	79341	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SUSAN PESCE

36-6044243

(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?
30	EMPLOYEE	79338	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MELISSA REYES

36-6044243

(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?
30	EMPLOYEE	79253	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

REPRO GRAPHICS INC

36-2614278

(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?
49	SERVICE PROVIDER	79105	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THOMAS BAXA

36-6044243

(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?
30	EMPLOYEE	78960	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BRANDON BUYERS

36-6044243

(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?
30	EMPLOYEE	78000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UPS MAIL INNOVATIONS

94-3083515

(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?
49	SERVICE PROVIDER	77900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NATALIE PALOMINO

36-6044243

(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?
30	EMPLOYEE	77758	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARY POMAGIER

36-6044243

(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?
30	EMPLOYEE	77427	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TERESITA C DIBARTOLO

36-6044243

(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?
30	EMPLOYEE	77267	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOSEPH SADOWSKI

36-6044243

(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?
30	EMPLOYEE	76201	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EMILY I FALKOF

36-6044243

(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?
30	EMPLOYEE	76178	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CRYSTAL L HAMILTON

36-6044243

(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?
30	EMPLOYEE	75739	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LESLEY PINGEL

36-6044243

(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?
30	EMPLOYEE	75514	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CAITLIN M MCNULTY

36-6044243

(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?
30	EMPLOYEE	75183	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INFOR (US) INC

20-3469219

(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?
49	SERVICE PROVIDER	74308	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NANCY PEREZ

36-6044243

(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?
30	EMPLOYEE	74228	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

COREY J JAHNER

36-6044243

(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?
30	EMPLOYEE	74208	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMILY E GLEASON

36-6044243

(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?
30	EMPLOYEE	73779	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARK L HOPPE

36-6044243

(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?
30	EMPLOYEE	71730	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LISA GAUGHAN

36-6044243

(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?
30	EMPLOYEE	71590	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MACIEJ JANUS

36-6044243

(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?
30	EMPLOYEE	70705	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ELIZABETH LOPEZ

36-6044243

(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?
30	EMPLOYEE	70596	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DANIEL OLSEN

36-6044243

(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?
30	EMPLOYEE	69137	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DEBBIE BOLDEN

36-6044243

(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?
30	EMPLOYEE	67153	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PATRICIA R DORAN

36-6044243

(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?
30	EMPLOYEE	66584	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RATHNA C RODGERS

36-6044243

(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?
30	EMPLOYEE	66035	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TIM KRUMWIEDE

36-6044243

(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?
30	EMPLOYEE	65925	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARK ESSINGTON

36-6044243

(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?
30	EMPLOYEE	65770	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JAMES P EDER

36-6044243

(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?
30	EMPLOYEE	65459	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SUSAN BUCZKOWSKI

36-6044243

(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?
30	EMPLOYEE	65167	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EVELYN PASCUAL

36-6044243

(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?
30	EMPLOYEE	64553	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MICHAEL MICHELINI

36-6044243

(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?
30	EMPLOYEE	63973	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELOITTE HASKINS & SELLS

INDIABULLS FINANCE CENTRE, TOWER 3 ELPHINSTONE ROAD WEST
MUMBAI 400013 IN

(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?
40 72	INVESTMENT SERVICES	63855	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KEITH R SADDLER

36-6044243

(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?
30	EMPLOYEE	63686	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARK SCHNEIDER

36-6044243

(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?
30	EMPLOYEE	63127	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NICHOLE S BARGO

36-6044243

(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?
30	EMPLOYEE	62933	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HEATHER SCHISSEL

36-6044243

(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?
30	EMPLOYEE	62637	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

KATARZYNA Z CHWASCINSKA

36-6044243

(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?
30	EMPLOYEE	62606	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FELICE PATTI

36-6044243

(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?
30	EMPLOYEE	62222	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GUY H NOFFKE

36-6044243

(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?
30	EMPLOYEE	62141	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BRADLEY GRIMES

36-6044243

(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?
30	EMPLOYEE	62116	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CRYSTAL A KETTENBEIL

36-6044243

(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?
30	EMPLOYEE	61848	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SAMUEL BENTUM-SIRIPI

36-6044243

(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?
30	EMPLOYEE	61804	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JILL ERICKSON

36-6044243

(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?
30	EMPLOYEE	61362	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LINDA A DEKELAITA

36-6044243

(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?
30	EMPLOYEE	61347	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MELISSA HERTEL

36-6044243

(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?
30	EMPLOYEE	61142	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CATHERINE SCHUH

36-6044243

(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?
30	EMPLOYEE	60782	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CAROL HURON

36-6044243

(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?
30	EMPLOYEE	59873	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STEVEN LACHOWICZ

36-6044243

(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?
30	EMPLOYEE	59241	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JUDITHA A SEGHERS

36-6044243

(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?
30	EMPLOYEE	59178	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VANNESSA MORENO

36-6044243

(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?
30	EMPLOYEE	59039	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JASON CHILDRESS

36-6044243

(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?
30	EMPLOYEE	58948	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WALTER J STERREBERG

36-6044243

(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?
30	EMPLOYEE	58939	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BONNIE PAYNE

36-6044243

(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?
30	EMPLOYEE	58727	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EVAN BIERMAN

36-6044243

(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?
30	EMPLOYEE	58702	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

KARLA J FLORIAN

36-6044243

(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?
30	EMPLOYEE	58571	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KARLA J GENITONI

36-6044243

(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?
30	EMPLOYEE	58478	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TERENCE KENNEDY

36-6044243

(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?
30	EMPLOYEE	58298	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ROSS BERBERICH

36-6044243

(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?
30	EMPLOYEE	58192	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MICHELLE SCHAEFER

36-6044243

(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?
30	EMPLOYEE	57917	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMANDA M SWANSON

36-6044243

(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?
30	EMPLOYEE	57669	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MAUREEN MCDONOUGH-WOODS

36-6044243

(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?
30	EMPLOYEE	57586	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

5WYRE LLC

45-5078554

(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?
49	SERVICE PROVIDER	57550	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRYAN LEGANSKI

36-6044243

(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?
30	EMPLOYEE	57395	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DHAVAL PAREKH

36-6044243

(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?
30	EMPLOYEE	57350	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AARON D BROWN

36-6044243

(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?
30	EMPLOYEE	56987	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KRISTIN A VILLASENOR

36-6044243

(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?
30	EMPLOYEE	56585	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CHRISTINA M POWERS

36-6044243

(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?
30	EMPLOYEE	56258	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KARI E SCHOFIELD

36-6044243

(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?
30	EMPLOYEE	56050	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALEKSANDRA C PAVLIS

36-6044243

(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?
30	EMPLOYEE	55670	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JAMES G BURKE

36-6044243

(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?
30	EMPLOYEE	55580	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARY A CHAVEZ

36-6044243

(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?
30	EMPLOYEE	55412	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JASON E SANDOVAL

36-6044243

(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?
30	EMPLOYEE	55233	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SUSAN K WAUGH

36-6044243

(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?
30	EMPLOYEE	55222	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NICHOLAS G WHITFIELD

36-6044243

(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?
30	EMPLOYEE	55004	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KAREN O BELLINI

36-6044243

(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?
30	EMPLOYEE	55001	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DONALD FUNK

36-6044243

(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?
30	EMPLOYEE	54935	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SHARON LINDNER

36-6044243

(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?
30	EMPLOYEE	54793	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SUSAN M MOTLEY

36-6044243

(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?
30	EMPLOYEE	54239	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WENDY HERMAN

36-6044243

(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?
30	EMPLOYEE	54167	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JEFFREY T HEPPE

36-6044243

(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?
30	EMPLOYEE	53638	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RONALD J FERRARI

36-6044243

(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?
30	EMPLOYEE	53467	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BELVAGE WILLIAMS

36-6044243

(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?
30	EMPLOYEE	53288	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KEN HARTWIG

36-6044243

(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?
30	EMPLOYEE	53005	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROGETTE M ARMIJO

36-6044243

(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?
30	EMPLOYEE	52762	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DULCE L VIRAMONTES

36-6044243

(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?
30	EMPLOYEE	52693	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TERRY JOHNSON

36-6044243

(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?
30	EMPLOYEE	52551	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALLIED UNIVERSAL SECURITY SERVICES

33-0973846

(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?
49	SERVICE PROVIDER	52042	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ANNA E BALICE

36-6044243

(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?
30	EMPLOYEE	51661	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALBERT SARNO III

36-6044243

(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?
30	EMPLOYEE	51525	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TINA ERICKSON

36-6044243

(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?
30	EMPLOYEE	51342	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SUSAN O CAMP

36-6044243

(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?
30	EMPLOYEE	51106	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DORICE M SUCKOW

36-6044243

(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?
30	EMPLOYEE	51059	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PATRICIA FORNINO

36-6044243

(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?
30	EMPLOYEE	50599	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MICHAEL G ANDERSON

36-6044243

(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?
30	EMPLOYEE	50391	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CATHLEEN HANNAN-KENNY

36-6044243

(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?
30	EMPLOYEE	50344	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GLORIA A GALINDO

36-6044243

(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?
30	EMPLOYEE	50230	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CRAIG GEORGE

36-6044243

(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?
30	EMPLOYEE	50207	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JACQUELINE KITOWSKI

36-6044243

(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?
30	EMPLOYEE	50120	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JACQUELINE KOVACS

36-6044243

(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?
30	EMPLOYEE	49858	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TINA M KEENA

36-6044243

(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?
30	EMPLOYEE	49703	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHRISTINE DUTTGE

36-6044243

(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?
30	EMPLOYEE	49701	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MICHAEL MULLANE

36-6044243

(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?
30	EMPLOYEE	49608	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARGARET DETTLOFF

36-6044243

(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?
30	EMPLOYEE	49475	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MATILDA LAFRONZA

36-6044243

(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?
30	EMPLOYEE	49278	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NYISHA HARRIS

36-6044243

(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?
30	EMPLOYEE	49196	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TEENA FRANKLIN

36-6044243

(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?
30	EMPLOYEE	49150	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PADMAJA SIRIPURAM

36-6044243

(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?
30	EMPLOYEE	49091	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KATHLEEN MCNAMARA

36-6044243

(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?
30	EMPLOYEE	48868	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GUADALUPE CHAVEZ

36-6044243

(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?
30	EMPLOYEE	48770	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ERIKA ESTRADA

36-6044243

(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?
30	EMPLOYEE	48577	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DONNALYN GULINO

36-6044243

(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?
30	EMPLOYEE	48416	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MUHAMMAD AFTAB

36-6044243

(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?
30	EMPLOYEE	48412	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCHIELE GRAPHICS, INC.

36-2430120

(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?
49	SERVICE PROVIDER	48274	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ORACLE AMERICA INC

94-2805249

(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?
49	SERVICE PROVIDER	47632	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARY BETH HARTFORD

36-6044243

(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?
30	EMPLOYEE	47338	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARK E PETERS

36-6044243

(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?
30	EMPLOYEE	46957	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ELIZABETH R LOPEZ

36-6044243

(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?
30	EMPLOYEE	46708	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ELEANOR L MARTIN

36-6044243

(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?
30	EMPLOYEE	46656	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHAD E CARTWRIGHT

36-6044243

(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?
30	EMPLOYEE	46535	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOHN SCHMIT

36-6044243

(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?
30	EMPLOYEE	46479	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SHANNON M MROZ

36-6044243

(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?
30	EMPLOYEE	46233	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SANDSTORM DESIGN INC

36-4504082

(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?
49	SERVICE PROVIDER	46214	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

YASHWINI RANA

36-6044243

(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?
30	EMPLOYEE	46017	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MICHELLE R BANNON

36-6044243

(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?
30	EMPLOYEE	45793	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRIAN SZOTT

36-6044243

(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?
30	EMPLOYEE	45702	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BOS-AOI

36-4060500

(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?
49	SERVICE PROVIDER	45198	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

KELLY BRANNAN

36-6044243

(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?
30	EMPLOYEE	44356	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KATHLEEN M SZKARADKIEWICZ

36-6044243

(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?
30	EMPLOYEE	44220	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRECK HAYDEN

36-6044243

(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?
30	EMPLOYEE	44081	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JOSEPH ROGOWSKI

36-6044243

(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?
30	EMPLOYEE	44056	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LUCYNA E SADOWSKA

36-6044243

(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?
30	EMPLOYEE	44026	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GOLEEN BRADLEY

36-6044243

(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?
30	EMPLOYEE	43910	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MATTHEW S DRAGOO

36-6044243

(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?
30	EMPLOYEE	43427	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JONATHAN M LEWEKE

36-6044243

(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?
30	EMPLOYEE	43359	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LUCIO A FIGUEROA

36-6044243

(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?
30	EMPLOYEE	43276	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TODD A MARSKE

36-6044243

(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?
30	EMPLOYEE	43270	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALTHEA L BAKAKOS

36-6044243

(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?
30	EMPLOYEE	43206	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KIMBERLY M KULIK

36-6044243

(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?
30	EMPLOYEE	43075	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JOHN CURRY

36-6044243

(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?
30	EMPLOYEE	43071	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOHN R HOETZER

36-6044243

(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?
30	EMPLOYEE	42784	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STELLA ORTMAN

36-6044243

(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?
30	EMPLOYEE	42531	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DIANE R BLAUW

36-6044243

(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?
30	EMPLOYEE	42470	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LILIANA RILEY

36-6044243

(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?
30	EMPLOYEE	42325	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TIMOTHY K HUPE

36-6044243

(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?
30	EMPLOYEE	42198	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CATHY PITZAFERRO

36-6044243

(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?
30	EMPLOYEE	41869	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHRISTIAN A MUELLER

36-6044243

(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?
30	EMPLOYEE	41460	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORA KOCI

36-6044243

(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?
30	EMPLOYEE	41406	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JOSEFINA NANTES

36-6044243

(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?
30	EMPLOYEE	41311	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOSEPH M PATON

36-6044243

(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?
30	EMPLOYEE	41083	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JUNAID ARIF

36-6044243

(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?
30	EMPLOYEE	40972	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MELISSA ALICEA

36-6044243

(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?
30	EMPLOYEE	40325	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DARRY B WELLS

36-6044243

(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?
30	EMPLOYEE	39931	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KESHEBA S BROWN

36-6044243

(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?
30	EMPLOYEE	39913	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARK A FELKE

36-6044243

(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?
30	EMPLOYEE	39877	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANNE LAMMERS

36-6044243

(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?
30	EMPLOYEE	39873	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANWAR HASSAN

36-6044243

(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?
30	EMPLOYEE	39837	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ADVENTUS US REALTY 12 LP

81-3722421

(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?
49	SERVICE PROVIDER	39778	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LAURI L HAMILTON

36-6044243

(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?
30	EMPLOYEE	39757	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PETER NAYMAN

36-6044243

(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?
30	EMPLOYEE	39755	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ALANNA MATHE

36-6044243

(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?
30	EMPLOYEE	39751	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KRYSTYNA MOCARSKI

36-6044243

(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?
30	EMPLOYEE	39517	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MICHAEL RIVERA

36-6044243

(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?
30	EMPLOYEE	39437	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ALEXANDER D JAFFRAY

36-6044243

(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?
30	EMPLOYEE	39418	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KATHLEEN MURPHEY

36-6044243

(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?
30	EMPLOYEE	39408	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COM ED

36-0938600

(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?
49	SERVICE PROVIDER	39359	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NUEVISTA GROUP III LLC

46-1443708

(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?
49	SERVICE PROVIDER	39185	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STACEY L SZTYM

36-6044243

(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?
30	EMPLOYEE	39154	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DAVID H COAR

505 N LAKE SHORE DR
APT 2703
CHICAGO, IL 60611-3616

(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?
16	SERVICE PROVIDER	39075	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LOIS J YU

36-6044243

(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?
30	EMPLOYEE	38943	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROBERT CHOCOLATE

36-6044243

(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?
30	EMPLOYEE	38768	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LAURA A MAZEIKA

36-6044243

(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?
30	EMPLOYEE	38679	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ANNA KOLE

36-6044243

(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?
30	EMPLOYEE	38595	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DANIEL REZABEK

36-6044243

(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?
30	EMPLOYEE	38442	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NANCY B GAHBAUER

36-6044243

(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?
30	EMPLOYEE	38428	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MATRIX RESOURCES INC

58-1494307

(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?
49	SERVICE PROVIDER	38301	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PETER SLOBIDSKY

36-6044243

(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?
30	EMPLOYEE	38274	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHIEN-HUA HSIEH

36-6044243

(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?
30	EMPLOYEE	38244	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ANDREW GRIFFIN

36-6044243

(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?
30	EMPLOYEE	38172	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALICE A PALELLA

36-6044243

(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?
30	EMPLOYEE	38117	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WINCHELL KILLINGSWORTH

36-6044243

(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?
30	EMPLOYEE	38063	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DEBORAH SPITTAL

36-6044243

(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?
30	EMPLOYEE	37972	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRIAN DZURISIN

36-6044243

(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?
30	EMPLOYEE	37850	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SUSAN HOUSEHOLDER

36-6044243

(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?
30	EMPLOYEE	37634	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TAMI LANTZ-CRAIG

36-6044243

(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?
30	EMPLOYEE	37468	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JUAN J BEATON

36-6044243

(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?
30	EMPLOYEE	36569	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JEFFREY T ORRENDER

36-6044243

(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?
30	EMPLOYEE	36565	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WIESLAWA MUSIAL

36-6044243

(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?
30	EMPLOYEE	36480	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RALPH COSSENTINO

36-6044243

(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?
30	EMPLOYEE	36459	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARIA HIERO

36-6044243

(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?
30	EMPLOYEE	36457	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

FERNANDO MIRAMON

36-6044243

(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?
30	EMPLOYEE	36102	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PAUL J BONNEVILLE

36-6044243

(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?
30	EMPLOYEE	36007	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	85	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PAMELA SKUBAL

36-6044243

(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?
30	EMPLOYEE	35770	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JEROME P BRENNAN

36-6044243

(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?
30	EMPLOYEE	35739	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VICKY L HUNT

36-6044243

(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?
30	EMPLOYEE	35659	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DANIEL ZAWADZKI SR

36-6044243

(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?
30	EMPLOYEE	35445	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BEACON HILL STAFFING GROUP LLC

04-3496741

(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?
49	SERVICE PROVIDER	35420	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LINDA C COHA

36-6044243

(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?
30	EMPLOYEE	35353	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GEORGE F MICHOLSON

36-6044243

(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?
30	EMPLOYEE	35351	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HERMAN G BURTON

36-6044243

(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?
30	EMPLOYEE	35254	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LAUREN SANTIAGO

36-6044243

(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?
30	EMPLOYEE	35230	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KIMBERLY A STREM

36-6044243

(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?
30	EMPLOYEE	35138	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ALBERTO ANAYA

36-6044243

(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?
30	EMPLOYEE	35097	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NAUNIHAL SIDHU

36-6044243

(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?
30	EMPLOYEE	35066	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DONALD E RHODE

36-6044243

(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?
30	EMPLOYEE	34948	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NICOLA F RAIMONDI

36-6044243

(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?
30	EMPLOYEE	34749	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PAMELA R BURKHARDT

36-6044243

(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?
30	EMPLOYEE	34716	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GABRIELLE KOSCHE

36-6044243

(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?
30	EMPLOYEE	34556	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

STELLA DZIEGIELEWSKI

36-6044243

(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?
30	EMPLOYEE	34374	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

IRENE CHOWANIEC

36-6044243

(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?
30	EMPLOYEE	34338	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOHN V BATTAGLIA

36-6044243

(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?
30	EMPLOYEE	34311	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NANCY TRACEY

36-6044243

(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?
30	EMPLOYEE	34274	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANDREW BOOSE

36-6044243

(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?
30	EMPLOYEE	34173	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KIMBERLY A STEIN

36-6044243

(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?
30	EMPLOYEE	34126	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

VALERIE DEBORIN

36-6044243

(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?
30	EMPLOYEE	34045	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARK A JERKATIS

2953 SAGANASHKEE LANE
NAPERVILLE, IL 60564

(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?
49	SERVICE PROVIDER	33458	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

REBECCA M LAURIS

36-6044243

(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?
30	EMPLOYEE	32880	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CATHY A BRANER

36-6044243

(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?
30	EMPLOYEE	32675	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE CONTACT GROUP

54-2059315

(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?
49	SERVICE PROVIDER	32199	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOHN MARTINEZ

36-6044243

(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?
30	EMPLOYEE	32142	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EARL D FOSTER

36-6044243

(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?
30	EMPLOYEE	32010	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DONNA M WATERS

36-6044243

(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?
30	EMPLOYEE	31903	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARTIN G EGAN

36-6044243

(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?
30	EMPLOYEE	31878	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARKLYN W PIERRE

36-6044243

(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?
30	EMPLOYEE	31668	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EXECUTIVE CONSTRUCTION INC

36-3936776

(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?
49	SERVICE PROVIDER	31423	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MAVEN ADVISORS LLC

26-2385501

(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?
49	SERVICE PROVIDER	31125	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ZAYA DAVOOD

36-6044243

(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?
30	EMPLOYEE	30810	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EUGENI LOKOTKIN

36-6044243

(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?
30	EMPLOYEE	30808	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RACHEL BONFITTO

36-6044243

(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?
30	EMPLOYEE	30775	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GAYLE M HEMPEL

36-6044243

(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?
30	EMPLOYEE	30636	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GAUTAM BUDIDHA

36-6044243

(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?
30	EMPLOYEE	29769	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STEVEN KOLASA

36-6044243

(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?
30	EMPLOYEE	29696	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WILLIAM PIEPER

36-6044243

(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?
30	EMPLOYEE	29680	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DONNA O'DRISCOLL

36-6044243

(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?
30	EMPLOYEE	29546	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PAUL BARRETT

36-6044243

(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?
30	EMPLOYEE	29481	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JON C FELSKÉ

36-6044243

(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?
30	EMPLOYEE	29163	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KRISTY FAFINSKI

36-6044243

(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?
30	EMPLOYEE	28799	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOHN STRAPKO

36-6044243

(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?
30	EMPLOYEE	28457	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ARTHUR H. BUNTE, JR.

36-6044243

(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?
20	TRUSTEE	28348	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIAM ORTMAN

36-6044243

(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?
30	EMPLOYEE	28330	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RITA E HEDLUND

36-6044243

(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?
30	EMPLOYEE	28323	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ANDRO T VILLACASTIN

36-6044243

(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?
30	EMPLOYEE	28256	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NAPERSOFT INC

36-3444634

(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?
49	SERVICE PROVIDER	28104	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THOMAS NAVARRO

36-6044243

(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?
30	EMPLOYEE	27987	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GARRY VANDEVUSSE

36-6044243

(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?
30	EMPLOYEE	27940	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VISHAL AMIN

36-6044243

(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?
30	EMPLOYEE	27733	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GREG MAY

36-6044243

(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?
20	TRUSTEE	27520	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SADIE ZIESMER

36-6044243

(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?
30	EMPLOYEE	27313	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LAKISHIA S JONES

36-6044243

(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?
30	EMPLOYEE	27004	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DEUTSCHE BANK AG, INDIA

NIRLON KNOWLEDGE PARK, BLOCK 1 GOREGAON EAST
MUMBAI 400063 IN

(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?
40 72	INVESTMENT SERVICES	27000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GEORGE J. WESTLEY

36-6044243

(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?
20	TRUSTEE	26856	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ILONA I LEBRYK

36-6044243

(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?
30	EMPLOYEE	26572	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UPS EXPEDITED MAIL SERVICES

36-2407381

(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?
49	SERVICE PROVIDER	26488	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NANCY K MUNSON

36-6044243

(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?
30	EMPLOYEE	26276	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GEOFFREY T LY

36-6044243

(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?
30	EMPLOYEE	26127	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALLIANT INSURANCE SERVICES INC

33-0785439

(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?
49	SERVICE PROVIDER	25912	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

XEROX CORPORATION

16-0468020

(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?
49	SERVICE PROVIDER	25894	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DERICK D CARLSON

36-6044243

(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?
30	EMPLOYEE	25680	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ERIKA R BARBER

36-6044243

(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?
30	EMPLOYEE	25432	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LAURA KALLIO

36-6044243

(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?
30	EMPLOYEE	25226	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHRISTOPHER R KOZIOL

36-6044243

(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?
30	EMPLOYEE	25202	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ADAM P VARGAS

36-6044243

(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?
30	EMPLOYEE	25172	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DELOITTE & TOUCHE LLP

13-3891517

(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?
72	INVESTMENT SERVICES	25000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ERM SOLUTIONS LLC

27-4188530

(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?
49	SERVICE PROVIDER	23374	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HILLARD HEINTZE LLC

42-1638357

(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?
49	SERVICE PROVIDER	23164	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

AT&T

13-4924710

(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?
49	SERVICE PROVIDER	21485	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

IMANAGE LLC

47-4341604

(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?
49	SERVICE PROVIDER	20546	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LIFE STATUS 360 LLC

94-3389460

(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?
49	SERVICE PROVIDER	18965	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RE-QUEST INC

36-3756665

(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?
49	SERVICE PROVIDER	17745	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRINT DIMENSIONS

30-0027603

(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?
49	SERVICE PROVIDER	17033	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SOFTWARE ANALYSIS CORP

36-3340832

(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?
49	SERVICE PROVIDER	16866	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CARDINAL COLORPRINT

27-2600890

(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?
49	SERVICE PROVIDER	16438	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCHWAB RETIREMENT PLAN SERVICES INC

34-1479833

(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?
49	SERVICE PROVIDER	16236	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CRESCENT CLEANING COMPANY

20-5739474

(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?
49	SERVICE PROVIDER	16108	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LOGICALIS INC

13-4000122

(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?
49	SERVICE PROVIDER	16070	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DAHLGREN BUCKLEY DEMENT

36-3720234

(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?
49	SERVICE PROVIDER	15894	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RONALD DE STEFANO

36-6044243

(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?
20	TRUSTEE	15739	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CAMERA CORNER CONNECTING POINT

39-1087524

(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?
49	SERVICE PROVIDER	15311	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LATHAM & WATKINS LLP

95-2018373

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	SERVICE PROVIDER	15215	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PITNEY BOWES INC

06-0495050

(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?
49	SERVICE PROVIDER	14636	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

KRONOS, INC.

04-2640942

(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?
49	SERVICE PROVIDER	13937	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LINKEDIN CORPORATION

47-0912023

(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?
49	SERVICE PROVIDER	13566	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

OPEN TEXT INC

46-0525483

(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?
49	SERVICE PROVIDER	13375	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CONCORD TECHNOLOGIES

91-1841637

(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?
49	SERVICE PROVIDER	13217	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE TRIZETTO GROUP INC

33-0761159

(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?
49	SERVICE PROVIDER	12983	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EXPERTISE SOLUTIONS

36-4463519

(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?
49	SERVICE PROVIDER	12327	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

IT ASSOCIATES INC

36-4198983

(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?
49	SERVICE PROVIDER	12107	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AT&T MOBILITY

84-1659970

(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?
49	SERVICE PROVIDER	11572	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RRD PRESORT SOLUTIONS

36-1004130

(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?
49	SERVICE PROVIDER	11370	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

3MD RELOCATION SERVICES LLC

02-0722501

(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?
49	SERVICE PROVIDER	11231	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SITECORE USA INC

30-0262390

(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?
49	SERVICE PROVIDER	10394	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BUCKARDT TECHNOLOGIES INC

36-4341519

(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?
49	SERVICE PROVIDER	10309	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DOCAUTO INC

58-2295848

(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?
49	SERVICE PROVIDER	9927	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JAN ALLAN PERSSON

36-3488535

(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?
49	SERVICE PROVIDER	9483	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CISCO SYSTEMS CAPITAL CORP

38-1904500

(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?
49	SERVICE PROVIDER	9340	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RAPID7 LLC

74-3111935

(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?
49	SERVICE PROVIDER	9326	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GARY CALDWELL

36-6044243

(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?
20	TRUSTEE	8936	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALTEC

33-0624701

(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?
49	SERVICE PROVIDER	8861	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

COSOURCING PARTNERS

45-2094207

(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?
49	SERVICE PROVIDER	8230	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GARY DUNHAM

36-6044243

(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?
20	TRUSTEE	7885	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARLES A. WHOBREY

36-6044243

(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?
20	TRUSTEE	7205	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GARTNER INC

04-3099750

(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?
49	SERVICE PROVIDER	7100	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GORE PERRY REPORTING & VIDEO

20-3132569

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	SERVICE PROVIDER	7077	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LEVI RAY & SHOUP INC

37-1073724

(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?
49	SERVICE PROVIDER	6887	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

IWCO DIRECT

46-5132128

(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?
49	SERVICE PROVIDER	6874	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRESTIGE STAFFING

58-2551180

(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?
49	SERVICE PROVIDER	6670	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CENVEO

84-1250534

(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?
49	SERVICE PROVIDER	6355	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DENTONS US LLP

36-1796730

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 49	SERVICE PROVIDER	6352	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LEXISNEXIS RISK SOLUTIONS

52-1471842

(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?
49	SERVICE PROVIDER	6220	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SOLARWINDS

73-1559348

(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?
49	SERVICE PROVIDER	5983	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MICROSOFT CORPORATION

91-1144442

(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?
49	SERVICE PROVIDER	5869	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HEAT SOFTWARE USA INC

84-1256502

(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?
49	SERVICE PROVIDER	5678	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SAYERS

20-0133277

(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?
49	SERVICE PROVIDER	5675	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WHITNEY INC

36-3350743

(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?
49	SERVICE PROVIDER	5657	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HYBRIDGE SOLUTIONS INC

20-5797118

(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?
49	SERVICE PROVIDER	5570	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WAGEWORKS

94-3351864

(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?
49	SERVICE PROVIDER	5402	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

KFORCE INC

59-3264661

(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?
49	SERVICE PROVIDER	5220	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RANDSTAD TECHNOLOGIES LP

58-2426357

(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?
49	SERVICE PROVIDER	5175	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMERSON NETWORK POWER LIEBERT SVCS

43-1798453

(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?
49	SERVICE PROVIDER	5048	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NORTHERN TRUST INVESTMENTS, INC.	31	593

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JENNISON ASSOCIATES LLC 22-2540245	MEALS AND ENTERTAINMENT	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND</u>	D Employer Identification Number (EIN) <u>36-6044243</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DAILY VALUED INTL STOCK INDEX</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-034</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>768612542</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>186145643</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DAILY VALUED STOCK INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4022607209</u>
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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

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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

**SCHEDULE G
(Form 5500)**

Department of Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Financial Transaction Schedules

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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN		B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND		D Employer Identification Number (EIN) 36-6044243	

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible
Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>	CAESARS ENTERTAINMENT OPERATING COMPANY, INC. 1 CAESARS PALACE DR. LAS VEGAS, NV 89109	

(d) Original amount of loan	Amount received during reporting year		(g) Unpaid balance at end of year	Amount overdue	
	(e) Principal	(f) Interest		(h) Principal	(i) Interest
6657000	3090241	80682	5128190	3566759	1561431

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>	CAESARS ENTERTAINMENT OPERATING COMPANY, INC. 1 CAESARS PALACE DR. LAS VEGAS, NV 89109	

(d) Original amount of loan	Amount received during reporting year		(g) Unpaid balance at end of year	Amount overdue	
	(e) Principal	(f) Interest		(h) Principal	(i) Interest
2725000	0	0	3494122	2725000	769122

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>	CHAPARRAL ENERGY, INC.	

(d) Original amount of loan	Amount received during reporting year		(g) Unpaid balance at end of year	Amount overdue	
	(e) Principal	(f) Interest		(h) Principal	(i) Interest
4270000	0	0	4637512	4270000	367512

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

Schedule G (Form 5500) 2016 v. 160205

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
<input type="checkbox"/>	LINN ENERGY, LLC JP MORGAN CHASE TOWER 600 TRAVIS, SUITE 1400 HOUSTON, TX 77002				
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
2387000	0	0	2706400	2387000	319400
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
<input type="checkbox"/>	MAGNETATION LLC				
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
2126000	0	137352	2485841	2126000	359841
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
<input type="checkbox"/>	TONON LUXEMBOURG S.A. RUE GUILLAUME KROLL 5 LUXEMBOURG LU				
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
388594	0	0	429194	388594	40600
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
<input type="checkbox"/>	ULTRA PETROLEUM CORP. 400 N. SAM HOUSTON PKWY E. SUITE 1200 HOUSTON, TX 77060				
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
1015000	0	0	1092839	1015000	77839
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
<input type="checkbox"/>	VIRGOLINO DE OLIVEIRA FINANCE S.A. ROUTE DE TREVES 6D NIEDERANVEN LU				
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
646000	0	0	810836	646000	164836

Part II Schedule of Leases in Default or Classified as Uncollectible					
Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)					
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500) 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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND</u>	D Employer Identification Number (EIN) <u>36-6044243</u>

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	1517803	544885
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	72205681	74176085
(2) Participant contributions.....		
(3) Other.....	418068147	372204865
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	44074805	99420620
(2) U.S. Government securities	2119785508	1881494937
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	724853160	1300692794
(B) All other.....	1658427252	1225294531
(4) Corporate stocks (other than employer securities):		
(A) Preferred	28890038	19237789
(B) Common.....	4640484201	4496510313
(5) Partnership/joint venture interests		
(6) Real estate (other than employer real property).....		
(7) Loans (other than to participants)	1882082656	1634038929
(8) Participant loans.....		
(9) Value of interest in common/collective trusts	5390102509	4977365394
(10) Value of interest in pooled separate accounts		
(11) Value of interest in master trust investment accounts		
(12) Value of interest in 103-12 investment entities.....		
(13) Value of interest in registered investment companies (e.g., mutual funds).....		
(14) Value of funds held in insurance company general account (unallocated contracts).....		
(15) Other.....	1069757273	899709284

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	375325135	274531408
(2)	Employer real property		
1e	Buildings and other property used in plan operation	8084529	7276571
1f	Total assets (add all amounts in lines 1a through 1e)	18433658697	17262498405
Liabilities			
1g	Benefit claims payable		
1h	Operating payables	69043715	71726614
1i	Acquisition indebtedness		
1j	Other liabilities	2238406840	1923238450
1k	Total liabilities (add all amounts in lines 1g through 1j)	2307450555	1994965064
Net Assets			
1l	Net assets (subtract line 1k from line 1f)	16126208142	15267533341

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	612388565	
	(B) Participants	4082	
	(C) Others (including rollovers)		
(2)	Noncash contributions		
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)		612392647
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	-24155	
	(B) U.S. Government securities	51234109	
	(C) Corporate debt instruments	127938501	
	(D) Loans (other than to participants)	9282259	
	(E) Participant loans		
	(F) Other	23129872	
	(G) Total interest. Add lines 2b(1)(A) through (F)		211560586
(2)	Dividends: (A) Preferred stock	1561792	
	(B) Common stock	127260439	
	(C) Registered investment company shares (e.g. mutual funds)		
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)		128822231
(3)	Rents		
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	43681983283	
	(B) Aggregate carrying amount (see instructions)	43529463476	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result		152519807
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate		
	(B) Other	338955479	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)		338955479

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		435265516
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		507846
c Other income.....	2c		159008621
d Total income. Add all income amounts in column (b) and enter total.....	2d		2039032733

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2809605222	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2809605222
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	2441238	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	40320475	
(4) Other	2i(4)	45340599	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		88102312
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2897707534

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-858674801
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? Yes No

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

(1) Name: LINDQUIST LLP (2) EIN: 52-2385296

d The opinion of an independent qualified public accountant is **not attached** because:

(1) This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

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.)

	Yes	No	Amount
4a		X	
4b	X		20784934

	Yes	No	Amount
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	5000000
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	79985
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	
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		
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o		

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

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4004595. (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND</u>	D Employer Identification Number (EIN) <u>36-6044243</u>	

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

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

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

1	
---	--

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): 36-6044243

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	0
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section of 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 contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer ABF FREIGHT SYSTEM INC.

b EIN 71-0249444

c Dollar amount contributed by employer

79550910

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) 68.40

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

a Name of contributing employer YRC INC.

b EIN 34-0492670

c Dollar amount contributed by employer

31657372

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 03 Day 31 Year 2019

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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year.....	14a	204634
b The plan year immediately preceding the current plan year.....	14b	209154
c The second preceding plan year.....	14c	206782

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	0.98
b The corresponding number for the second preceding plan year.....	15b	0.99

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	90
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	269152294

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) through (c)

a Enter the percentage of plan assets held as:
 Stock: 68% Investment-Grade Debt: 22% High-Yield Debt: 8% Real Estate: 0% Other: 2%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b. Yes No

20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: Design-based safe harbor "Prior year" ADP test "Current year" ADP test N/A

21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Ratio percentage test Average benefit test N/A

21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? Yes No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ___/___/___ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ___/___/___.

**Central States, Southeast and
Southwest Areas Pension Fund
(EIN: 36-6044243 and PN: 001)**

Financial Statements as of and for the
Years Ended December 31, 2016 and 2015,
Supplemental Schedules as of and for the Year Ended
December 31, 2016, and Independent Auditors' Report

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART III, LINE 3a
ATTACHMENT A

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND

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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 AUDITORS' REPORT

To the Audit Committee of the Board of Trustees of
Central States, Southeast and Southwest Areas Pension Fund

REPORT ON THE FINANCIAL STATEMENTS

We have audited the accompanying financial statements of the Central States, Southeast and Southwest Areas Pension Fund (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015; the related statements of changes in net assets available for benefits for the years then ended; and the related notes to the financial statements.

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, which includes 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.

AUDITORS' RESPONSIBILITY

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the Plan's preparation and fair presentation of the financial statements 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, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

To the Audit Committee of the Board of Trustees of
Central States, Southeast and Southwest Areas Pension Fund
Page two

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

OPINION

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Central States, Southeast and Southwest Areas Pension Fund's financial status as of December 31, 2016 and 2015, and changes in its financial status for the years then ended in accordance with accounting principles generally accepted in the United States of America.

REPORT ON SUPPLEMENTAL SCHEDULES

Our audit of the financial statements of the Central States, Southeast and Southwest Areas Pension Fund for the years ended December 31, 2016 and 2015, was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The additional information included in Schedule G - Financial Transaction Schedules (IRS Form 5500) and Schedule H - Financial Schedules (IRS Form 5500) is presented for the purpose of additional analysis and is not a required part of the basic financial statements. The Schedule G - Financial Transaction Schedules (IRS Form 5500) and Schedule H - Financial Schedules (IRS Form 5500) provide supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements taken as a whole.

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

September 13, 2017

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
 EIN: 36-6044243 AND PN: 001
 SCHEDULE H, PART III, LINE 3a

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2016 AND 2015

	2016	2015
	(In thousands)	
Assets		
Investments at fair value (Note 3):		
Cash equivalents, including those purchased under agreements to resell of \$115,186 and \$47,542 in 2016 and 2015, respectively	\$ 786,433	\$ 620,911
Fixed income:		
U.S. government and government agency debt	1,351,177	1,681,969
U.S. corporate debt	1,765,971	1,719,485
International debt	439,375	501,196
Equity:		
U.S. common and preferred	2,569,708	2,476,519
International common and preferred	1,467,695	1,490,493
Collective investment funds	4,791,220	5,153,981
Securities on loan	1,595,118	1,793,187
Other	407,560	613,959
Total investments at fair value	15,174,257	16,051,700
Receivables:		
Employer contributions, less allowance for uncollectible contributions of \$65,932 and \$71,779 in 2016 and 2015, respectively (Note 2)	74,176	72,206
Interest and dividends	54,569	57,278
Other, primarily for securities sold	317,636	360,790
Total receivables	446,381	490,274
Cash	545	1,518
Assets held as collateral in securities lending program (Note 3)	1,634,039	1,882,083
Other, primarily furniture and equipment - net	7,276	8,084
Total assets	17,262,498	18,433,659
Liabilities		
Liability to return collateral held under securities lending agreements (Note 3)	1,634,039	1,882,083
Payables for securities purchased	285,277	350,687
Accounts payable and accrued expenses	71,727	69,044
Deferred withdrawal liability receipts	3,922	5,637
Total liabilities	1,994,965	2,307,451
Net assets available for benefits	\$ 15,267,533	\$ 16,126,208

See notes to financial statements.

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
 EIN: 36-6044243 AND PN: 001
 SCHEDULE H, PART III, LINE 3a

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015

	2016	2015
	(In thousands)	
Revenue (Note 2)		
Contributions	\$ 612,393	\$ 586,686
Withdrawal liability	<u>162,981</u>	<u>687,827</u>
 Total revenue	 <u>775,374</u>	 <u>1,274,513</u>
 Benefits and expenses		
Benefits to participants	2,809,605	2,814,338
General and administrative expenses (Note 4)	<u>47,599</u>	<u>52,562</u>
 Total benefits and expenses	 <u>2,857,204</u>	 <u>2,866,900</u>
 Loss from operations	 (2,081,830)	 (1,592,387)
 Investment income (loss)		
Interest and dividends	336,410	368,132
Net appreciation (depreciation) in fair value of investments	927,249	(470,066)
Investment expenses	<u>(40,504)</u>	<u>(42,577)</u>
 Net investment income (loss)	 <u>1,223,155</u>	 <u>(144,511)</u>
 Decrease in net assets	 (858,675)	 (1,736,898)
 Net assets available for benefits		
Beginning of year	<u>16,126,208</u>	<u>17,863,106</u>
 End of year	 <u>\$ 15,267,533</u>	 <u>\$ 16,126,208</u>

See notes to financial statements.

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
NOTES TO FINANCIAL STATEMENTS

1. Description of Fund and Plan

The following information regarding the Central States, Southeast and Southwest Areas Pension Plan ("Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Participation and contributions

Central States, Southeast and Southwest Areas Pension Fund ("Fund") was established in 1955 by an Agreement and Declaration of Trust ("Trust Agreement"). The Fund provides for retirement and related benefits for eligible employees of contributing employers that are signatory to collective bargaining agreements with Teamster Local Unions accepted by the Trustees.

Pursuant to the Trust Agreement, the Plan established by the Trustees is a multiemployer defined benefit plan within the meaning of, and subject to, the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Participation is based on covered service as defined by applicable collective bargaining agreements. Benefits under the Plan are generally based on the participant's age, accumulated service credit (including certain noncontributory service credit) and the rate at which employer contributions were required to be made to the Fund.

Employers make contributions to the Fund, on behalf of their employee participants, at rates specified in applicable collective bargaining agreements. Under specified conditions, participating employees may make self-contributions to secure benefits. Trustees are empowered to establish and amend the level of Plan benefits. Although an individual Trustee may participate in collective bargaining in the capacity of an employer or union representative, the Fund itself is not a party to these negotiations. Collective bargaining agreements are generally negotiated for multi-year periods with varying expiration dates, terms and employer contribution rates.

Benefits

The Plan provides various pension benefits. Benefit levels are generally based on the participant's contribution levels, service credit and age. Generally, at least five years of service are required to be eligible for any benefit level. Vested participants receive one of the four types of monthly retirement benefits provided by the Plan: Contribution-Based Pension, Contributory Credit Pension, Twenty-Year Service Pension or Deferred Pension. Under certain conditions, partial pensions are available at reduced amounts where participation has been divided between the Plan and other pension plans that have reciprocal agreements with the Fund. At time of retirement, married participants may elect to receive a reduced benefit under joint surviving spouse options. The Plan also provides for a monthly disability benefit, a lump-sum disability benefit and various death benefits.

For certain eligible retirees (and their spouses), the Plan includes an Age 65 Prescription Drug Benefit. This benefit is funded entirely through additional employer contributions to the Pension Fund, and has an annual maximum benefit of \$1,000 (per member/spouse). Amounts available to pay this benefit at December 31, 2016 and 2015 were \$52.8 million and \$48.3 million, respectively.

Employer withdrawal

The Plan complies with the provisions of the Multiemployer Pension Plan Amendment Act of 1980 ("MPPAA"), which requires imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. Under the provision, a portion of the Plan's unfunded vested liability would be allocated to a withdrawing employer. The Plan's actuary has advised the Plan that, as of January 1, 2017 and 2016, the Plan has an estimated unfunded vested liability for withdrawal liability purposes of \$31.7 billion and \$29.2 billion, respectively.

In accordance with amendments of ERISA by MPPAA, the Trust Agreement and the Plan provide for the Modified Presumptive Method (Two Pool Approach) of determining employer withdrawal liability. The Trustees have approved an exemption of withdrawal liability for employers for certain temporary contribution obligation periods in accordance with Section 4210 of ERISA (29 U.S.C. § 1390). The Trustees have also approved an exemption of withdrawal liability for employers in the building and construction industry in accordance with Section 4203(b) of ERISA (29 U.S.C. § 1383(b)).

New and existing employers may choose to have their withdrawal liability determined following the Direct Attribution Method. Under this alternative method, each employer's withdrawal liability is measured based upon the contributions paid and the benefits accrued by that particular employer on a go forward basis. Existing employers may become part of the Direct Attribution Pool by satisfying their existing withdrawal liability, as calculated under the previous Modified Presumptive Method. Existing participating employers are not required to convert to the Direct Attribution Method.

Plan termination

The Trustees control and manage the operation and administration of the Fund and the Plan and, subject to certain conditions, may amend or terminate the Trust Agreement and Plan. The Trustees intend to continue the Plan; however, termination of the Plan would result in allocation of the Fund's net assets to participants and beneficiaries of the Plan in the order specified by ERISA and in accordance with the Trust Agreement. In the event of Plan termination, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"). Generally, the PBGC guarantees most vested normal age retirement benefits, some early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits as well as the ability of the PBGC to provide the guaranteed level of benefits.

In December 2014, the Multiemployer Pension Reform Act of 2014 ("MPRA") was enacted and signed into law. MPRA allows trustees of multiemployer pension funds certified by their actuary to be in "critical and declining" status (as defined by MPRA) under certain conditions to suspend or reduce benefit levels for active, retired and terminated-vested participants in order to preserve its financial solvency. On September 25, 2015 the Fund submitted an application to the U.S. Treasury for approval of a benefit suspension plan that would reduce certain benefits under the Plan. The U.S. Treasury issued final guidance related to MPRA on April 26, 2016. On May 6, 2016 the U.S. Treasury denied the Fund's application. The Fund will not be filing another application.

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART III, LINE 3a

Funding policy

The Trustees establish contribution rates intended to be sufficient to pay benefits required by the Plan. For the years ended December 31, 2016 and 2015, the minimum funding requirements of ERISA were satisfied.

For the years ended December 31, 2016 and 2015, the Plan was certified by its actuary to be in "critical and declining" (as defined by MPRA) status. Under the PPA, if a pension plan enters critical status, the trustees of the plan are required to adopt a rehabilitation plan and establish steps and benchmarks to improve the plan's funding status. On March 25, 2008 the Trustees adopted a rehabilitation plan and have since made updates to the rehabilitation plan which is expected to last indefinitely. The rehabilitation plan requires specific pension contribution rate increases while not increasing current benefit formulas. In addition, as required by the PPA, certain benefits are reduced for participants whose employers fail to adopt the required contribution rate increases as set forth in the rehabilitation plan, or fail to agree to adopt the rehabilitation plan schedule (the "default schedule") that provides for pension contribution increases at lower rates than the plan's "primary schedule." Benefit reductions generally include the elimination of early retirement benefits, post-retirement death benefits and future disability benefits.

In July 2005, subject to certain conditions, the Internal Revenue Service ("IRS") approved the Fund's request for a 10-year amortization extension for amortizing the unfunded liabilities for the Plan year beginning January 1, 2004. As of January 1, 2009 the Fund did not meet the funding percentage required as a condition of the amortization extension due to significant investment losses suffered during 2008. On February 12, 2009, the Fund filed an application with the IRS to modify the conditions set forth in the amortization extension; the Fund's amortization extension expressly provides that the IRS "will consider modifications of [the] conditions in the event that unforeseen circumstances beyond the control of the Fund cause the actual experience of the Plan to fail the funded ratio target." In April 2016 the IRS approved a modification of the amortization extension. Under this modification there will be no retroactive funding deficiency for years prior to 2009 as a result of any failure of the Fund to satisfy the funding target conditions for 2009 and subsequent years. The Fund employers will not be exposed to excise taxes as long as the Fund has a PPA rehabilitation plan in place and is complying with it. The Fund adopted a rehabilitation plan under the PPA in 2008 and is currently complying with it.

2. Summary of significant accounting policies

Basis of accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America.

Use of estimates

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

Revenue

Contributions are billed monthly based upon employment information provided by employers and rates specified in applicable collective bargaining agreements.

Withdrawal liability, which is based upon an employer's allocated share of the Plan's unfunded liability for vested benefits, is assessed at the time of an employer's partial or complete withdrawal from the Fund, as defined by MPPAA. Generally, the amount of withdrawal liability that will be collected under any given withdrawal liability assessment is not reasonably estimable. Prior to 2015, the Fund recognized withdrawal liability collections as revenue only after any withdrawal liability dispute had been resolved or a settlement agreement was reached between the Fund and the withdrawn employer.

In 2015, the Fund began to recognize withdrawal liability collections as revenue when they were received rather than after any withdrawal liability dispute had been resolved or a settlement agreement had been reached. In situations where such collections are determined to be potentially refundable, an appropriate reserve is recorded.

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART III, LINE 3a

During 2015 the Fund recognized \$184 million of withdrawal liability revenue that had previously been recognized as potentially refundable. At December 31, 2016 and 2015 the Fund had approximately \$2.4 billion and \$3.0 billion, respectively in fully reserved withdrawal liability receivables; that is, these were amounts of assessed withdrawal liability for which no payments had been received.

On June 17, 2009, two affiliated major contributing employers, YRC, Inc. (formerly Yellow Freight and Roadway Express) and USF Holland, Inc. (collectively referred to as "YRC," both subsidiaries of YRC Worldwide, Inc.), entered into a Contribution Deferral Agreement ("CDA") with the Fund and other union multi-employer pension funds with YRC participants. The CDA arose as a result of YRC's inability to remain current with its pension contribution obligations to the Fund. Under the CDA, YRC was allowed to defer payment of approximately \$110 million of unpaid 2009 contributions and accrued interest. Pursuant to subsequent amendments to the CDA, the principal amount is due in a lump-sum payment in December 2019. However, interest on the CDA is being remitted monthly. The agreement is secured by a first priority interest in real property pledged by YRC. Amounts received in 2016 and 2015 from sales of collateralized property were \$10.8 million and \$1.6 million, respectively. YRC remitted accrued interest payments of \$5.7 million and \$6.2 million during 2016 and 2015, respectively.

Due to YRC's inability to remit current ongoing contributions, the Trustees terminated YRC's participation in the Fund from July 9, 2009 through May 31, 2011. During that time, YRC's pension contribution obligations (and therefore the associated benefit accruals) were suspended.

On June 1, 2011, pursuant to a restructured collective bargaining agreement and an amendment to the Fund's rehabilitation plan that permitted distressed employers to contribute at reduced contribution rates, YRC resumed participation in the Fund at 25% of the rate at which it was obligated to contribute prior to the termination. The distressed employer schedule also resulted in the loss of a significant portion of what are termed "adjustable benefits" under the PPA for the YRC participants. Since the June 1, 2011 resumption, YRC has remained current in remitting monthly contributions. Contributions received from YRC for 2016 and 2015 were \$52.1 million and \$51.1 million, respectively.

YRC's outstanding balances under the CDA at December 31, 2016 and 2015 were \$69.0 million and \$79.9 million, respectively. For the years ended December 31, 2016 and 2015, reserves for the deferred amounts included within the allowance for uncollectible contributions on the Statements of Net Assets Available for Benefits were \$55.5 million and \$59.9 million, respectively.

Payment of benefits

Benefit payments to participants are recorded when paid.

Subsequent events

For the year ended December 31, 2016, subsequent events were evaluated through September 13, 2017, the date the financial statements were available to be issued.

New accounting pronouncements

In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-07, Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent) - which removes the requirement to categorize investments measured at fair value using net asset value ("NAV") as a practical expedient within the fair value hierarchy. The ASU is effective for fiscal years beginning after December 15, 2016, with early adoption permitted. Fund management elected to adopt ASU 2015-07 early for the years ended December 31, 2016 and 2015.

In July 2015, the FASB issued ASU 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient - to reduce complexity in employee benefit plan accounting. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Fund management elected to adopt ASU 2015-12, Part II early for the year ended December 31, 2015. ASU 2015-12, Part I and Part III are not applicable to the Fund.

3. Investments

Custody

Investments owned by the Fund are held under the custody of The Bank of New York Mellon ("BNYM").

Management

Under the terms of a 1982 Consent Decree with the United States Department of Labor, as amended, the Fund's cash and investments are managed in accordance with the investment objectives of a Named Fiduciary. Independent investment managers are selected by and report to the Named Fiduciary and have exclusive authority to purchase or sell investment assets under their control, subject to compliance with investment policies formulated by the Named Fiduciary after consultation with the Trustees. Northern Trust Investments, Inc. currently serves as the Fund's Named Fiduciary.

The Consent Decree requires 25% of the Fund's investment assets to be invested in a passive Standard & Poor's 500 ("S&P 500") index account, 20% to be invested in a passive domestic fixed income index account and 5% to be invested in a passive Europe, Australasia, Far East ("EAFE") index account. These investments are not subject to the control of the Named Fiduciary, but the Named Fiduciary considers these investments when developing the Fund's overall asset allocation. The accounts are managed by separate court-approved investment managers selected by the Fund and are designed to replicate the characteristics of specific indices. There are no redemption restrictions for these investments. The EB Daily Valued Stock Index Fund is managed by Mellon Capital Management Corporation ("MCMC") and is governed by an investment policy that requires the investment manager to replicate the S&P 500 Index. This investment is a common/collective trust ("CCT") of which the Fund owns unit shares. The EB Daily Valued International Stock Index Fund is a CCT which is also managed by MCMC and is governed by an investment policy that requires the investment manager to replicate the Morgan Stanley Capital International EAFE Index. The Passive Fixed Income Index Account is managed by MCMC and is governed by an investment policy that requires the investment manager to replicate the Barclays Capital U.S. Aggregate Bond Index. MCMC is an affiliate of BNYM, the Fund's custodian, and therefore qualifies as a party-in-interest. The EB Temporary Investment Fund is a CCT which acts as a cash sweep vehicle for the EB Daily Valued Stock Index Fund, the EB Daily Valued International Stock Index Fund and the Passive Fixed Income Index Account and is managed by BNYM (a party-in-interest). This CCT's investment objective is to seek as high a level of current income as is consistent with the preservation of capital and the maintenance of liquidity.

Effective June 5, 2017 the Consent Decree was revised to require 20% of the Fund's investment assets to be invested in a passive S & P 500 index fund, 25% to be invested in a passive domestic fixed income index account and 5% to be invested in a passive EAFE index account. Effective July 1, 2017 the Passive Fixed Income account investment policy was modified to allow for the utilization of various indices over time which are intended to reduce the level of portfolio risk subject to market volatility.

Valuation

Investments are stated at fair value. Fair value of a financial instrument is the amount 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. When available, quoted market prices are used to value investments. The valuations are provided by independent pricing sources used by BNYM.

U.S. common and preferred stocks traded on national securities exchanges are valued at the most recent close of trading price, and U.S. common and preferred stocks traded on over-the-counter markets are valued at the last bid price at the most recent close of trading. Non-U.S. equity securities are valued at the primary exchange close. U.S. and non-U.S. long-term corporate debt and government and government agency debt (including forward commitments) are valued based on bid evaluations received from independent pricing vendors. All open exchange-traded option positions are valued at the last quoted price at the principal exchange where traded. Swap position valuations are derived from their underlying market indices, index futures contracts or spot contracts. These underlying indices are listed on exchanges and prices are quoted by recognized index vendors. Debt securities having a maturity date of one year or less at time of purchase are valued at book value, which approximates fair value. Securities purchased under agreements to resell are valued at contract amount which is equal to fair value.

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Unit shares of collective investment funds are valued at their pro-rata share of the month end closing composite net asset value based on the net assets of the trust or fund. Valuations of non-U.S. securities are converted into U.S. dollars at the closing daily exchange rate. Sales and purchases of securities are recorded on a trade date basis. Consequently, transactions not settled as of year-end will result in the recording of a receivable or payable.

Securities, in general, are exposed to various risks, such as interest rate, credit, foreign currency exchange rate and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the financial statements.

No Fund investments are subject to redemption fees or termination restrictions.

Securities lending agreements

Securities with a fair value approximating \$1.6 billion and \$1.8 billion were on loan by the custodian to various securities brokers on a temporary basis at December 31, 2016 and 2015, respectively. Under securities lending agreement terms, it is required that each loan at inception shall be secured by collateral with a market value equal to or greater than 102% (105% for non-U.S. securities) of the securities loaned and remain at or above 100% (105% for non-U.S. securities). The Fund's loan of securities may be secured by collateral in the form of cash or United States government debt securities. Any collateral received in the form of cash is reinvested. Securities lending net income earned was approximately \$7.4 million and \$5.0 million for 2016 and 2015, respectively. The counterparties in the securities lending program have the right to sell or repledge the borrowed securities.

The fair value of securities on loan at December 31, 2016 and 2015 consists of the following:

	2016	2015
	(In thousands)	
Fixed income:		
Cash equivalents	\$ 12,081	\$ -
U.S. government and agency	500,939	434,417
U.S. corporate debt	361,674	317,393
International debt	15,309	34,571
Equity:		
U.S. common and preferred	615,852	883,208
International common and preferred	29,922	50,549
Real estate investment trusts	51,559	45,169
Global listed infrastructure	<u>7,782</u>	<u>27,880</u>
Total securities on loan	<u>\$ 1,595,118</u>	<u>\$ 1,793,187</u>

Repurchase agreements - The Fund manages credit exposure arising from repurchase agreement transactions by entering into master repurchase agreements with counterparties that provide the Fund, in the event of a counterparty default (such as bankruptcy or a counterparty's failure to pay or perform), with the right to net a counterparty's rights and obligations under such agreement and liquidate and set off collateral held by the Fund against the net amount owed by the counterparty.

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Fair value of investments

In accordance with the accounting guidance for fair value measurements and disclosures, the Plan is required to present its investments in a hierarchy as follows: Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities valued based on other significant observable inputs, including quoted prices; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Fund's policy is to recognize significant transfers between levels at the time in which an event or change in circumstances occurs. There were no significant transfers in or out of Levels 1, 2 or 3 during the years ended December 31, 2016 and 2015.

Certain investments that have been measured at fair value using the net asset value per share (or its equivalent) are not categorized in the fair value hierarchy. The following table sets forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value (in thousands) on a recurring basis at December 31, 2016:

	Level 1	Level 2	Level 3	2016 Total
Cash equivalents	\$ 10,133	\$ 590,155	\$ -	\$ 600,288
U.S. fixed income	484,211	2,580,552	52,385	3,117,148
International fixed income	10,358	429,017	-	439,375
Equity	4,027,536	9,867	-	4,037,403
Securities on loan	1,176,467	418,651	-	1,595,118
Other	<u>403,257</u>	<u>4,223</u>	<u>80</u>	<u>407,560</u>
Total	<u>\$ 6,111,962</u>	<u>\$ 4,032,465</u>	<u>\$ 52,465</u>	<u>\$ 10,196,892</u>
Investments measured at net asset value (collective investment funds)				
Cash equivalents				186,145
S&P 500				4,022,607
EAFE				<u>768,613</u>
Total fair value of investments				<u>\$ 15,174,257</u>
Foreign currency exchange contracts				
Contracts receivable	\$ 396,017	\$ -	\$ -	\$ 396,017
Contracts payable	<u>(396,220)</u>	<u>-</u>	<u>-</u>	<u>(396,220)</u>
Total foreign currency exchange contracts	<u>\$ (203)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ (203)</u>
Liability to return collateral held under securities lending agreements				
	<u>\$ -</u>	<u>\$ 1,634,039</u>	<u>\$ -</u>	<u>\$ 1,634,039</u>

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The following table sets forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value (in thousands) on a recurring basis at December 31, 2015:

	Level 1	Level 2	Level 3	2015 Total
Cash equivalents	\$ 10,045	\$ 374,744	\$ -	\$ 384,789
U.S. fixed income	698,640	2,675,288	27,526	3,401,454
International fixed income	-	501,196	-	501,196
Equity	3,959,786	7,226	-	3,967,012
Securities on loan	1,417,185	376,002	-	1,793,187
Other	<u>613,632</u>	<u>241</u>	<u>86</u>	<u>613,959</u>
Total	<u>\$ 6,699,288</u>	<u>\$ 3,934,697</u>	<u>\$ 27,612</u>	<u>\$ 10,661,597</u>
Investments measured at net asset value (collective investment funds)				
Cash equivalents				236,122
S&P 500				4,339,520
EAFE				<u>814,461</u>
Total fair value of investments				<u>\$ 16,051,700</u>
Foreign currency exchange contracts				
Contracts receivable	\$ 420,777	\$ -	\$ -	\$ 420,777
Contracts payable	<u>(422,068)</u>	<u>-</u>	<u>-</u>	<u>(422,068)</u>
Total foreign currency exchange contracts	<u>\$ (1,291)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ (1,291)</u>
Liability to return collateral held under securities lending agreements				
	<u>\$ -</u>	<u>\$ 1,882,083</u>	<u>\$ -</u>	<u>\$ 1,882,083</u>

Cash equivalent investments measured at net asset value are now presented separately in the table above. In addition, the Statement of Net Assets Available for Benefits for 2015 (page 3) has been reclassified to reflect amounts as categorized in this table.

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The following table presents a reconciliation of the change in value of Level 3 assets (in thousands) for the year ended December 31, 2016:

	U.S. Corporate Debt	Other
Beginning balance — January 1, 2016	\$ 27,526	\$ 86
Transfers in	2	-
Transfers out	(1,119)	-
Acquisitions	53,028	-
Dispositions	(31,693)	(38)
Realized gains (losses)	(176)	29
Changes in unrealized gains (losses)	4,817	3
Ending balance — December 31, 2016	\$ 52,385	\$ 80
The total amount of changes in net assets attributable to the changes in unrealized gains (losses) related to assets still held at the December 31, 2016 reporting date		
	\$ 2,075	\$ 10
<u>Total</u>		
Beginning balance — January 1, 2016	\$ 27,612	
Transfers in	2	
Transfers out	(1,119)	
Acquisitions	53,028	
Dispositions	(31,731)	
Realized gains (losses)	(147)	
Changes in unrealized gains (losses)	4,820	
Ending balance — December 31, 2016	\$ 52,465	
The total amount of changes in net assets attributable to the changes in unrealized gains (losses) related to assets still held at the December 31, 2016 reporting date		
	\$ 2,085	

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The following table presents a reconciliation of the change in value of Level 3 assets (in thousands) for the year ended December 31, 2015:

	U.S. Corporate Debt	Other
Beginning balance — January 1, 2015	\$ 39,059	\$ 105
Acquisitions	15,852	147
Dispositions	(20,598)	(176)
Realized gains (losses)	(1,351)	21
Changes in unrealized gains (losses)	(5,436)	(11)
Ending balance — December 31, 2015	\$ 27,526	\$ 86
The total amount of changes in net assets attributable to the changes in unrealized gains (losses) related to assets still held at the December 31, 2015 reporting date		
	\$ (7,825)	\$ 6

	Total
Beginning balance — January 1, 2015	\$ 39,164
Acquisitions	15,999
Dispositions	(20,774)
Realized gains (losses)	(1,330)
Changes in unrealized gains (losses)	(5,447)
Ending balance — December 31, 2015	\$ 27,612
The total amount of changes in net assets attributable to the changes in unrealized gains (losses) related to assets still held at the December 31, 2015 reporting date	
	\$ (7,819)

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The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2016 and 2015, respectively, and the significant unobservable inputs and the ranges of values for those inputs:

Instrument	Fair Value (In thousands)		Principal Valuation Technique	Significant Unobservable Inputs	Range of Significant Input Values	Weighted Average
	12/31/2016	12/31/2015				
U.S. Corporate Debt	\$ 51,646	\$ 27,526	Vendor priced	N/A	N/A	N/A
U.S. Corporate Debt	739	-	Investment manager priced	N/A	N/A	N/A
GAC	49	57	Contract value	N/A	N/A	N/A
Trust in Dissolution	31	29	Vendor priced	N/A	N/A	N/A

The Plan utilizes net asset value ("NAV") per share (or its equivalent), as a practical expedient, to measure fair value when the investment does not have a readily determinable fair value and the net asset value is calculated in a manner consistent with investment company accounting. The fair value of the following investments were measured using NAV (or its equivalent):

Investment Type	Fair Value (In thousands)		Redemption Frequency	Redemption Notice Period	Remaining Commitment 12/31/2016	Remaining Commitment 12/31/2015
	12/31/2016	12/31/2015				
Cash equivalents	\$ 186,145	\$ 236,122	Daily	Same day	-	-
S&P 500	4,022,607	4,339,520	Daily	One day	-	-
EAFE	768,613	814,461	Daily	Two days	-	-

The S&P and EAFE collective investment funds invest in equities designed to replicate the S&P 500 Index and the Morgan Stanley Capital International EAFE Index. The cash equivalents collective investment fund is a highly liquid fixed income fund that invests in government and corporate securities.

Derivatives

Investment managers ("manager"), on behalf of the Fund, used derivative instruments as part of the Fund's overall investment policy to manage exposure to risks associated with fluctuations in foreign currency exchange rates, interest rates and credit sectors. Derivative instruments were also used to minimize the transactions cost of changing strategies and to more efficiently manage portfolio allocations. The Fund's objectives for holding derivatives included reducing, eliminating and efficiently managing the economic impact of these exposures as effectively as possible. Derivative instruments are recognized as assets or liabilities measured at fair value and may include futures contracts, forward foreign currency exchange rate contracts, swap contracts and option contracts. The notional or contractual amounts of these instruments represent the investment the Fund has in particular classes of financial instruments and do not necessarily represent the amounts potentially at risk. The measurement of the risks associated with these instruments is meaningful only when all related and offsetting transactions are considered. The credit risk associated with these financial instruments is minimal as they are traded either on organized exchanges or with a limited number of highly rated counterparties. Of the contracts outstanding as of December 31, 2016, the majority of futures contracts, foreign exchange currency contracts and options will expire or settle within one year. The majority of swap agreements have expiration dates in excess of one year.

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Futures - A manager, on behalf of the Fund, may enter into financial futures contracts for the future delivery of financial instruments or contracts based on financial indices at a fixed price. The Fund's primary investment in futures contracts is designed to adjust its allocation to various asset classes. Futures contracts are priced daily in order to calculate corresponding notional and fair value (unrealized gain/loss). Payments are made or received by the Fund each day, depending on the daily fluctuations in the fair value of the financial instrument or underlying index. Changes in fair value are accounted for as net appreciation (depreciation) in fair value of investments.

Options - A manager, on behalf of the Fund, may purchase and write call and put options to increase or decrease their exposure to underlying instruments (foreign currency risk) and/or, in the case of options written, to generate potential gains from option premiums. A call option gives the purchaser of the option the right (but not the obligation) to buy, and obligates the seller to sell (when the option is exercised), the underlying instrument at the exercise price at any time or at a specified time during the option period. A put option gives the holder the right to sell and obligates the writer to buy the underlying instrument at the exercise price at any time or at a specified time during the option period. When a manager purchases (writes) an option, an amount equal to the premium paid (received) by the manager is reflected as an asset (liability). The amount of the asset (liability) is subsequently marked-to-market to reflect the current fair value of the option purchased (written).

In purchasing and writing options, the Fund bears the risk of an unfavorable change in the value of the underlying instrument or the risk that the manager may not be able to enter into a closing transaction due to an illiquid market. Exercise of an option written could result in a manager purchasing or selling a security at a price different from the current fair value. The manager may execute transactions in both listed and over-the-counter options.

Swaps - A manager, on behalf of the Fund, may enter into swap agreements, in which a manager and a counterparty agree to make periodic net payments on a specified notional amount. These periodic payments received or made by the manager are recorded as realized gains or losses, respectively. Swaps are recorded at fair value at month end and changes in fair value are recorded as unrealized appreciation (depreciation). When the swap is terminated, the manager will record a realized gain or loss equal to the difference between the proceeds from (or cost of) the closing transaction and the manager's basis in the contract, if any. Swap transactions involve, to varying degrees, elements of interest rate, credit and market risk in excess of the amounts recognized in the Statements of Net Assets Available for Benefits. Such risks involve the possibility that there will be no liquid market for these agreements, that the counterparty to the agreements may default on its obligation to perform or disagree as to the meaning of the contractual terms in the agreements and that there may be unfavorable changes in interest rates and/or market values associated with these transactions.

The manager may enter into credit default swaps to manage its exposure to the market or certain sectors of the market, to reduce its risk exposure to defaults of corporate and/or sovereign issuers or to create exposure to corporate and/or sovereign issuers to which it is not otherwise exposed (credit risk). The manager enters into credit default agreements to provide a measure of protection against the default of an issuer (as buyer protection) and/or gain credit exposure to an issuer to which it is not otherwise exposed (as seller of protection). The manager may either buy or sell (write) credit default swaps on single-name issuers (corporate or sovereign) or traded indices. Credit default swaps on single-name issuers are agreements in which the buyer pays fixed periodic payments to the seller in consideration for a guarantee from the seller to make a specific payment should a negative credit event take place (e.g., bankruptcy, failure to pay, obligation accelerators, repudiation, moratorium or restructuring). Credit default swaps on traded indices are agreements in which the buyer pays fixed periodic payments to the seller in consideration for a guarantee from the seller to make a specific payment should a write-down, principal or interest shortfall or default of all or individual underlying securities included in the index occur. As a buyer, if an underlying credit event occurs, a manager will either receive from the seller an amount equal to the notional amount of the swap and deliver the referenced security or underlying securities comprising an index or receive a net settlement of cash equal to the notional amount of the swap less the recovery value of the security or underlying securities comprising an index. As a seller (writer), if an underlying credit event occurs, a manager will either pay the buyer an amount equal to the notional amount of the swap and take delivery of the referenced security or underlying securities comprising an index or pay a net settlement of cash equal to the notional amount of the swap less the recovery value of the security or underlying securities comprising an index.

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The manager may enter into interest rate swaps to provide an effective means to adjust portfolio duration, maturity mix and sector exposure. In this type of agreement, one counterparty agrees to pay a fixed interest rate in exchange for receiving a floating interest rate in the same currency. The cash exchanged at each payment date is based on the notional amount agreed upon at the beginning of the contract. Likewise, a manager may enter into zero coupon swaps (a type of interest rate swap) in which the floating rate payments are made periodically while the fixed rate payments are paid in a single, lump sum payment. The lump sum payment is made when the contract matures.

Futures, options and swaps contracts are included with Other Investments in the Statements of Net Assets Available for Benefits. The fair value of these instruments at December 31, 2016 and 2015 is as follows:

	2016	2015
	(In thousands)	
<i>Futures contracts</i>		
Foreign currency		
Long position	\$ (491)	\$ (965)
Fixed income		
Short position	101	205
Long position	(481)	(226)
Equity		
Short position	457	(870)
Long position	<u>80</u>	<u>(19)</u>
Total futures contracts	<u>\$ (334)</u>	<u>\$ (1,875)</u>
<i>Options contracts</i>		
Foreign currency		
Purchased	\$ 287	\$ 88
Written	<u>(204)</u>	<u>(61)</u>
Total options contracts	<u>\$ 83</u>	<u>\$ 27</u>
<i>Swaps contracts</i>		
Credit default		
Short position	\$ (266)	\$ (1,751)
Long position	2,590	2,442
Interest rate		
Short position	(60,322)	(74,942)
Long position	61,230	74,595
Zero coupon		
Short position	-	(2,456)
Long position	<u>-</u>	<u>2,326</u>
Total swaps contracts	<u>\$ 3,232</u>	<u>\$ 214</u>

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Foreign currency exchange contracts - Investment managers, on behalf of the Fund, may enter into forward foreign currency exchange ("FX") contracts for the purchase or sale of a specific foreign currency at a fixed price on a future date to hedge exposure to foreign currency fluctuations against the U.S. dollar. FX contracts are repriced to reflect the daily forward exchange rate of the underlying currency, and any gains or losses are recorded for financial statement purposes as unrealized until settlement at which time any gain or loss is realized. The counterparty risk on FX contracts is the risk that the counterparty will fail to meet their obligations. The counterparties to these contracts are usually large banks or sophisticated institutional participants. Because typically no money changes hands at the outset of FX contracts, the counterparty risk is limited to the gain or loss on the contract (not the notional value). The Fund uses multiple counterparties to further reduce this risk.

Foreign currency exchange net contracts receivable (payable) are classified with the Receivables (Payables) for securities sold (purchased) on the Statements of Net Assets Available for Benefits. The fair value of these instruments at December 31, 2016 and 2015 is as follows:

	2016	2015
	(In thousands)	
Foreign currency exchange contracts		
Contracts receivable		
Short position	\$ 204,861	\$ 251,982
Long position	188,497	168,441
Contracts in exchange for and delivery in non-U.S. dollars	<u>2,659</u>	<u>354</u>
Total contracts receivable	<u>396,017</u>	<u>420,777</u>
Contracts payable		
Short position	(203,669)	(251,183)
Long position	(189,885)	(170,529)
Contracts in exchange for and delivery in non-U.S. dollars	<u>(2,666)</u>	<u>(356)</u>
Total contracts payable	<u>(396,220)</u>	<u>(422,068)</u>
Net contracts receivable (payable)	<u>\$ (203)</u>	<u>\$ (1,291)</u>

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The following table represents the monthly average derivative activity based on month end notional values for both 2016 and 2015:

	2016	2015
	(In thousands)	
<i>Futures contracts</i>		
Foreign currency		
Long position	\$ 291,734	\$ 401,773
Fixed income		
Short position	(110,465)	(139,507)
Long position	189,544	226,988
Equity		
Short position	(136,352)	(231,632)
Long position	26,671	3,051
<i>Options contracts</i>		
Foreign currency		
Purchased	18,878	11,060
Written	(20,845)	(15,075)
<i>Swaps contracts</i>		
Credit default		
Short position	(4,756)	(20,902)
Long position	27,179	4,607
Interest rate		
Short position	(29,025)	(19,767)
Long position	64,538	38,190
Zero coupon		
Short position	(238)	(708)
Long position	1,052	2,969
<i>Foreign currency exchange contracts</i>		
Contracts receivable		
Short position	260,394	333,971
Long position	235,152	200,782
Contracts in exchange for and delivery in non-U.S. dollars	1,028	126
Contracts payable		
Short position	(260,143)	(328,649)
Long position	(233,981)	(202,319)
Contracts in exchange for and delivery in non-U.S. dollars	(1,028)	(126)

Foreign currency exchange contracts have different determinants (receivable/payable of U.S. dollar) of long and short positions from that of other derivatives (sell/buy positions).

4. Shared expenses with the Active and Retiree Health and Welfare Plans

The Fund has common Trustees and shares common office facilities, personnel and other functions with Central States, Southeast and Southwest Areas Active Health and Welfare Plan ("Active Plan") and the Central States, Southeast and Southwest Areas Retiree Health and Welfare Plan ("Retiree Plan"). In addition, all Fund employees are covered by one of the Active Plan's benefit plans. Shared costs are allocated between the Fund, Active Plan and the Retiree Plan on the basis of estimated utilization. Approximately \$28.5 million and \$33.4 million of such costs are included in general and administrative expenses for 2016 and 2015, respectively.

5. Income tax status

The Internal Revenue Service ("IRS") issued a letter of determination, dated August 9, 2016, stating that the Plan, as designed, is exempt from federal income tax under Section 501 of the Internal Revenue Code. Fund management believes the Plan is currently designed and being operated in accordance with applicable rules and regulations; therefore, no provision for income taxes is included in these financial statements.

Accounting principles generally accepted in the United States of America require Fund management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. Fund management believes it is no longer subject to income tax examinations for years prior to 2013.

6. Actuarial present value of accumulated benefits

Accumulated benefits are future benefit payments attributable to service credits earned by participants as of the valuation date. Accumulated benefits include amounts expected to be paid to active, retired or terminated participants or their beneficiaries. The actuarial present value of accumulated benefits is determined by the Fund's actuaries using actuarial assumptions to adjust accumulated benefits to reflect related administrative expenses, the time value of money (through discounts equal to the assumed investment rate of return) and the probability of payment (by means of decrements such as for death, disability, termination or retirement) between the valuation date and the expected dates on which the benefits will be paid.

Significant assumptions underlying the 2016 and 2015 actuarial computations are as follows:

- annual investment rate of return of 5.5% and 6.25% (net of investment expenses), respectively;
- varying rates of retirement, resulting in an average retirement age of 62;
- rates of participant termination for reasons other than death, disability or retirement developed from Plan experience;

2016 Rates of Mortality

The applicable RP-2014 base rates described below have been adjusted back to 2006 by removing the Scale MP-2014 improvements between calendar years 2006 and 2014 (the "Adjusted RP-2014" tables).

- Non-Annuitant Lives: For males, Adjusted RP-2014 Blue Collar Employee Male table with rates increased by 10%, and generational projection using Scale MP-2016 from 2006. For females, Adjusted RP-2014 Blue Collar Employee Female table with rates increased by 15%, and generational projection using Scale MP-2016 from 2006.
- Healthy Annuitant Lives: For males, Adjusted RP-2014 Blue Collar Healthy Annuitant Male table with rates increased by 10%, and generational projection using Scale MP-2016 from 2006. For females, Adjusted RP-2014 Blue Collar Healthy Annuitant Female table with rates increased by 15%, and generational projection using Scale MP-2016 from 2006.
- Disabled Lives: For males, Adjusted RP-2014 Disabled Retiree Male table with rates increased by 10%, and generational projection using Scale MP-2016 from 2006. For females, Adjusted RP-2014 Disabled Retiree Female table with rates increased by 15%, and generational projection using Scale MP-2016 from 2006.

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The adjusted underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These adjusted mortality tables were then projected to future years using the generational projection to reflect future mortality improvement.

2015 Rates of Mortality

- Non-Annuitant Lives: From RP-2014 Blue Collar Healthy Employee Mortality Tables with rates increased by 15%, projected using various scales on a generational basis.
- Healthy Annuitant Lives: From RP-2014 Blue Collar Healthy Annuitant Mortality Tables with rates increased by 15%, projected using various scales on a generational basis.
- Disabled Lives: From RP-2014 Disabled Retiree Mortality Tables with rates increased by 15%, projected using various scales on a generational basis.

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits.

The actuarial present value of accumulated benefits at December 31, 2016 and 2015 is as follows:

	2016	2015
	(In millions)	
Vested benefits:		
Participants and beneficiaries currently receiving benefits	\$ 25,719	\$ 25,145
Other participants	15,232	13,642
	40,951	38,787
Nonvested benefits	296	259
Total actuarial present value of accumulated benefits	\$ 41,247	\$ 39,046

Information used to determine the actuarial present value of accumulated benefits includes participant census data and benefit provisions in effect at each valuation date.

Changes during the year in the actuarial present value of accumulated benefits are summarized as follows:

	2016
	(In millions)
Actuarial present value of accumulated benefits at beginning of year	\$ 39,046
Increase (Decrease) during the year attributable to:	
Interest on the actuarial present value of accumulated benefits	2,345
Benefit payments	(2,809)
Benefits accumulated	333
Actuarial experience	(118)
Changes in actuarial assumptions	2,462
Plan amendments	(12)
Actuarial present value of accumulated benefits at end of year	\$ 41,247

Assumption changes for 2016 include updates to mortality rates and net investment rate of return.

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 SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
 INTEREST-BEARING CASH
 DECEMBER 31, 2016

<u>NOTES</u>	<u>IDENTITY OF ISSUE</u>	<u>DESCRIPTION</u>		<u>COST</u>	<u>CURRENT VALUE</u>
		<u>INTEREST RATE</u>	<u>PRINCIPAL</u>		
	<u>DOMESTIC</u>				
	BANK OF TOKYO - MITSUBISHI TIME DEPOSIT	0.550 %	\$ 41,156,296	\$ 41,156,296	\$ 41,156,296
	ICAP CAPITAL MARKETS LLC TIME DEPOSIT	0.500	28,393,700	28,393,700	28,393,700
	ICAP CAPITAL MARKETS LLC TIME DEPOSIT	0.510	13,565,738	13,565,738	13,565,738
	J.M. LUMMIS & COMPANY TIME DEPOSIT	0.510	3,413,658	3,413,658	3,413,658
	SWAP COLLATERAL MARGIN	VARIOUS	2,758,246	2,758,246	2,758,246
	TOTAL DOMESTIC INTEREST-BEARING CASH			<u>89,287,638</u>	<u>89,287,638</u>
	<u>FOREIGN</u>				
	CURRENCY	VARIOUS	N/A	<u>10,267,276</u>	<u>10,132,982</u>
	TOTAL FOREIGN INTEREST-BEARING CASH			<u>10,267,276</u>	<u>10,132,982</u>
	TOTAL INTEREST-BEARING CASH			<u>\$ 99,554,914</u>	<u>\$ 99,420,620</u>

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 SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
 GOVERNMENT SECURITIES
 DECEMBER 31, 2016

IDENTITY OF ISSUE	DESCRIPTION		COST	CURRENT VALUE
	MATURITY	INTEREST RATE		
<u>U.S.A. GOVERNMENT</u>				
AMERICAN MUNICIPAL POWER - OHIO	02/15/2047	5.930 %	\$ 300,000	\$ 361,011
BAY AREA TOLL AUTHORITY	04/01/2049	6.260	250,000	339,630
BAY AREA TOLL AUTHORITY	04/01/2050	7.040	500,000	707,295
CHICAGO TRANSIT AUTHORITY	12/01/2040	6.200	220,000	257,242
CITY OF CHICAGO	01/01/2042	5.430	500,000	403,350
CITY OF NEW YORK	10/01/2031	5.200	750,000	859,883
CITY OF WATERBURY	12/01/2038	7.080	400,000	462,656
DALLAS AREA RAPID TRANSIT	12/01/2044	5.990	500,000	652,260
DORMITORY AUTHORITY OF THE STATE OF NEW YORK	03/15/2030	5.500	500,000	590,140
FEDERAL FARM CREDIT BANK	04/18/2018	0.750	2,000,000	1,984,860
FEDERAL FARM CREDIT BANK	02/17/2021	1.580	250,000	244,878
FEDERAL HOME LOAN BANK	01/06/2017	ZERO	5,000,000	4,999,413
FEDERAL HOME LOAN BANK	06/29/2018	0.870	4,600,000	4,583,992
FEDERAL HOME LOAN BANK	01/06/2020	1.650	400,000	399,820
FEDERAL HOME LOAN BANK	03/13/2020	4.120	1,000,000	1,077,790
FEDERAL HOME LOAN BANK	07/15/2036	5.500	600,000	787,038
FEDERAL HOME LOAN BANK	VARIOUS	1.120	3,500,000	3,421,985
FEDERAL HOME LOAN BANK	VARIOUS	1.750	4,500,000	4,527,755
FEDERAL HOME LOAN MORTGAGE CORPORATION	03/07/2018	0.870	2,500,000	2,496,750
FEDERAL HOME LOAN MORTGAGE CORPORATION	06/13/2018	4.870	1,500,000	1,581,345
FEDERAL HOME LOAN MORTGAGE CORPORATION	03/27/2019	3.750	1,000,000	1,053,440
FEDERAL HOME LOAN MORTGAGE CORPORATION	12/25/2019	2.070	555,883	559,769
FEDERAL HOME LOAN MORTGAGE CORPORATION	05/01/2020	1.370	1,000,000	992,250
FEDERAL HOME LOAN MORTGAGE CORPORATION	04/25/2021	3.870	1,752,000	1,862,569
FEDERAL HOME LOAN MORTGAGE CORPORATION	12/25/2021	2.870	1,100,000	1,128,380
FEDERAL HOME LOAN MORTGAGE CORPORATION	08/25/2022	2.300	1,350,000	1,344,371
FEDERAL HOME LOAN MORTGAGE CORPORATION	02/25/2023	3.010	770,342	790,394
FEDERAL HOME LOAN MORTGAGE CORPORATION	11/25/2025	3.150	1,710,000	1,746,167
FEDERAL HOME LOAN MORTGAGE CORPORATION	12/25/2025	2.990	1,075,000	1,084,535
FEDERAL HOME LOAN MORTGAGE CORPORATION	07/15/2032	6.250	500,000	688,070
FEDERAL HOME LOAN MORTGAGE CORPORATION	10/01/2043	2.380	960,640	977,355
FEDERAL HOME LOAN MORTGAGE CORPORATION	09/01/2046	2.460	487,760	492,189
FEDERAL HOME LOAN MORTGAGE CORPORATION	10/01/2046	2.450	496,675	501,043
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	0.950	23,825,000	1,897,397
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	1.250	1,500,000	1,499,910
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	2.000	1,823,293	1,780,457
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	2.220	763,929	772,922
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	2.370	1,515,000	1,532,316
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	2.500	18,643,322	18,540,007
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	3.000	61,005,488	61,163,888
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	3.060	3,320,000	3,279,896
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	3.500	58,276,143	59,882,633
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	4.000	28,086,475	29,585,338
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	4.500	11,645,473	12,547,143
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	5.000	6,881,466	7,530,136
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	5.500	4,722,845	5,308,781
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	6.000	2,726,151	3,103,725
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	6.500	585,900	667,743
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	6.750	1,700,000	2,368,743
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	7.000	264,838	300,614
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	7.500	242,592	280,224
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	8.000	51,026	57,059
FEDERAL NATIONAL MORTGAGE ASSOCIATION	01/03/2017	ZERO	5,000,000	4,999,828
FEDERAL NATIONAL MORTGAGE ASSOCIATION	11/27/2018	1.620	2,000,000	2,015,080
FEDERAL NATIONAL MORTGAGE ASSOCIATION	07/26/2019	1.120	1,000,000	988,240
FEDERAL NATIONAL MORTGAGE ASSOCIATION	10/09/2019	ZERO	1,000,000	948,300
FEDERAL NATIONAL MORTGAGE ASSOCIATION	06/25/2021	3.760	500,000	528,470
FEDERAL NATIONAL MORTGAGE ASSOCIATION	01/25/2024	3.460	1,926,271	1,970,980
FEDERAL NATIONAL MORTGAGE ASSOCIATION	07/25/2024	3.650	2,500,000	2,510,300
FEDERAL NATIONAL MORTGAGE ASSOCIATION	09/06/2024	2.620	500,000	504,840
FEDERAL NATIONAL MORTGAGE ASSOCIATION	06/25/2025	2.710	2,000,000	1,975,380
FEDERAL NATIONAL MORTGAGE ASSOCIATION	01/15/2030	7.120	1,000,000	1,426,970
FEDERAL NATIONAL MORTGAGE ASSOCIATION	11/15/2030	6.620	1,000,000	1,391,090
FEDERAL NATIONAL MORTGAGE ASSOCIATION	09/01/2031	8.500	5,905	6,132
FEDERAL NATIONAL MORTGAGE ASSOCIATION	05/01/2042	2.940	108,976	111,858
FEDERAL NATIONAL MORTGAGE ASSOCIATION	10/01/2042	2.400	192,047	195,039
FEDERAL NATIONAL MORTGAGE ASSOCIATION	05/01/2043	2.160	429,192	436,127
FEDERAL NATIONAL MORTGAGE ASSOCIATION	11/01/2043	2.650	445,290	455,933
FEDERAL NATIONAL MORTGAGE ASSOCIATION	12/01/2043	2.680	313,345	323,522
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	0.870	1,700,000	1,696,128
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	1.000	2,050,000	2,050,079
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	1.250	3,700,000	3,597,611
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	1.500	3,000,000	2,978,140
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	1.870	3,500,000	3,542,335
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	2.000	2,863,977	2,799,175
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	2.500	25,577,036	25,511,352
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	3.000	101,172,274	101,698,375
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	3.500	103,656,478	106,689,299
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	4.000	86,806,810	91,643,558

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND

EIN: 36-6044243 AND PN: 001

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

GOVERNMENT SECURITIES

DECEMBER 31, 2016

IDENTITY OF ISSUE	DESCRIPTION		COST	CURRENT VALUE	
	INTEREST				
	Maturity	Rate			Principal
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	4.500 %	\$ 40,705,122	\$ 43,544,493	\$ 43,994,257
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	5.000	10,368,380	10,442,929	11,274,631
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	5.500	7,535,037	7,762,362	8,437,085
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	6.000	4,312,146	4,503,045	4,892,393
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	6.500	1,646,263	1,698,055	1,887,380
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	7.000	730,600	765,574	820,489
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	7.500	1,127,130	1,290,583	1,302,535
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	8.000	119,648	128,932	131,875
FINANCING CORPORATION	11/02/2018	9.650	850,000	1,038,037	978,087
FINANCING CORPORATION	09/26/2019	8.600	300,000	413,757	356,163
FREDDIE MAC STRUCTURED AGENCY	09/25/2028	7.100	310,000	310,000	356,419
FREDDIE MAC STRUCTURED AGENCY	10/25/2028	5.400	1,905,000	2,025,625	2,030,673
FREDDIE MAC STRUCTURED AGENCY	12/25/2028	5.750	1,420,000	1,420,000	1,534,409
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	11/15/2031	8.000	27,900	30,141	33,295
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	04/20/2045	4.040	279,684	295,372	291,031
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	06/20/2045	6.040	246,028	236,994	239,041
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	08/20/2045	8.040	288,161	306,829	306,436
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	2.500	3,771,608	3,803,244	3,766,591
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	3.000	56,677,358	57,655,615	57,491,946
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	3.500	71,694,375	74,804,441	74,609,694
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	4.000	29,398,771	31,130,426	31,285,807
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	4.500	14,076,906	15,060,648	15,174,070
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	5.000	7,546,666	7,813,534	8,331,293
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	5.040	1,458,606	1,552,117	1,553,338
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	5.500	2,164,740	2,006,491	2,450,224
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	6.000	1,854,547	1,971,191	2,123,794
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	6.500	771,897	799,926	884,668
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	7.000	426,583	445,459	489,069
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	7.500	61,488	66,119	67,171
LOS ANGELES COMMUNITY COLLEGE DISTRICT	08/01/2049	6.750	250,000	262,005	359,228
LOS ANGELES DEPARTMENT OF WATER AND POWER	07/01/2045	6.570	175,000	242,659	239,470
LOS ANGELES UNIFIED SCHOOL DISTRICT	07/01/2034	6.750	400,000	523,060	535,908
METROPOLITAN TRANSPORTATION AUTHORITY NEW YORK	11/15/2031	6.540	370,000	493,084	475,443
METROPOLITAN TRANSPORTATION AUTHORITY NEW YORK	11/15/2039	7.330	300,000	398,169	441,000
MUNICIPAL ELECTRIC AUTHORITY OF GEORGIA	04/01/2057	6.650	500,000	599,389	603,980
NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	02/15/2019	ZERO	500,000	441,415	473,730
NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	02/15/2029	7.420	500,000	566,460	588,700
NEW JERSEY TRANSPORTATION TRUST FUND AUTHORITY	12/15/2028	5.750	785,000	865,329	818,315
NEW JERSEY TURNPIKE AUTHORITY	01/01/2040	7.410	500,000	766,775	720,265
NEW YORK CITY MUNICIPAL WATER FINANCE AUTHORITY	06/15/2044	5.880	500,000	652,070	645,890
PORT AUTHORITY OF NEW YORK & NEW JERSEY	10/01/2062	4.450	740,000	740,133	745,535
SAN ANTONIO TEXAS ELECTRIC AND GAS REVENUE	02/01/2041	5.710	500,000	655,650	626,480
STATE OF CALIFORNIA	03/01/2022	6.650	375,000	463,530	443,858
STATE OF CALIFORNIA	04/01/2034	7.500	950,000	1,105,274	1,336,327
STATE OF CALIFORNIA	03/01/2036	7.950	500,000	599,715	582,845
STATE OF CALIFORNIA	04/01/2039	7.550	800,000	1,026,105	1,188,008
STATE OF CONNECTICUT	03/15/2032	5.850	615,000	792,628	750,589
STATE OF ILLINOIS	03/01/2018	5.660	500,000	557,965	516,990
STATE OF ILLINOIS	06/01/2033	5.100	900,000	842,454	804,150
STATE OF MASSACHUSETTS	12/01/2021	4.200	500,000	559,650	536,705
STATE OF TEXAS	04/01/2039	5.510	600,000	695,538	758,208
TENNESSEE VALLEY AUTHORITY	02/15/2021	3.870	570,000	639,158	613,331
TENNESSEE VALLEY AUTHORITY	08/15/2022	1.870	500,000	489,620	492,760
TENNESSEE VALLEY AUTHORITY	11/01/2025	6.750	555,000	678,932	726,578
TENNESSEE VALLEY AUTHORITY	04/01/2036	5.880	500,000	649,695	659,590
TENNESSEE VALLEY AUTHORITY	09/15/2039	5.250	1,100,000	1,481,865	1,381,589
TEXAS STATE TRANSPORTATION COMMISSION	04/01/2026	5.020	700,000	791,420	801,087
U.S. TREASURY BONDS	11/15/2018	9.000	2,000,000	2,364,850	2,289,460
U.S. TREASURY BONDS	08/15/2020	8.750	1,000,000	1,395,508	1,248,790
U.S. TREASURY BONDS	02/15/2021	7.870	300,000	409,336	372,165
U.S. TREASURY BONDS	08/15/2021	8.120	500,000	709,416	636,780
U.S. TREASURY BONDS	11/15/2021	8.000	2,325,000	3,051,270	2,977,814
U.S. TREASURY BONDS	11/15/2026	6.500	90,000	124,369	121,883
U.S. TREASURY BONDS	08/15/2027	6.370	90,000	127,593	122,523
U.S. TREASURY BONDS	08/15/2028	5.500	4,000,000	5,533,141	5,178,760
U.S. TREASURY BONDS	02/15/2031	5.370	4,775,000	6,635,877	6,359,727
U.S. TREASURY BONDS	05/15/2037	5.000	1,695,000	2,270,036	2,275,877
U.S. TREASURY BONDS	02/15/2039	3.500	1,410,000	1,694,484	1,541,962
U.S. TREASURY BONDS	02/15/2040	4.620	3,390,000	4,136,824	4,332,318
U.S. TREASURY BONDS	08/15/2040	3.870	2,745,000	2,497,233	3,151,699
U.S. TREASURY BONDS	02/15/2041	4.750	1,630,000	2,184,197	2,125,113
U.S. TREASURY BONDS	11/15/2043	3.750	2,925,000	3,318,608	3,316,336
U.S. TREASURY BONDS	05/15/2044	3.370	3,855,000	4,383,443	4,087,958
U.S. TREASURY BONDS	08/15/2046	2.250	4,480,000	3,890,099	3,766,874
U.S. TREASURY BONDS	VARIOUS	2.500	29,555,000	28,030,721	26,275,336
U.S. TREASURY BONDS	VARIOUS	2.750	8,615,000	8,265,722	8,137,496
U.S. TREASURY BONDS	VARIOUS	2.870	19,355,000	18,660,200	18,656,518
U.S. TREASURY BONDS	VARIOUS	3.000	15,465,000	16,342,071	15,273,520
U.S. TREASURY BONDS	VARIOUS	3.120	27,685,000	28,614,639	28,034,492
U.S. TREASURY BONDS	VARIOUS	3.620	13,970,000	16,619,267	15,488,941
U.S. TREASURY BONDS	VARIOUS	4.250	3,414,000	3,759,709	4,144,831
U.S. TREASURY BONDS	VARIOUS	4.370	2,949,000	3,747,388	3,651,926

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
GOVERNMENT SECURITIES
DECEMBER 31, 2016

IDENTITY OF ISSUE	DESCRIPTION		COST	CURRENT VALUE
	MATURITY	INTEREST		
		RATE		
U.S. TREASURY BONDS	VARIOUS	4.500 %	\$ 6,095,000	\$ 7,901,286
U.S. TREASURY BONDS	VARIOUS	5.250	2,130,000	2,965,957
U.S. TREASURY BONDS	VARIOUS	6.120	1,850,000	2,574,497
U.S. TREASURY BONDS	VARIOUS	6.250	4,770,000	6,965,593
U.S. TREASURY NOTES	03/31/2018	2.870	2,921,000	3,096,032
U.S. TREASURY NOTES	05/15/2018	3.870	1,210,000	1,313,656
U.S. TREASURY NOTES	08/15/2018	4.000	892,000	1,051,449
U.S. TREASURY NOTES	11/15/2018	3.750	3,109,000	3,344,744
U.S. TREASURY NOTES	11/15/2019	3.370	4,000,000	4,293,593
U.S. TREASURY NOTES	VARIOUS	0.750	46,737,000	46,532,214
U.S. TREASURY NOTES	VARIOUS	0.870	29,696,000	29,588,991
U.S. TREASURY NOTES	VARIOUS	1.000	52,200,000	52,088,178
U.S. TREASURY NOTES	VARIOUS	1.120	54,540,000	53,895,923
U.S. TREASURY NOTES	VARIOUS	1.250	41,464,000	41,439,220
U.S. TREASURY NOTES	VARIOUS	1.370	83,271,000	82,774,067
U.S. TREASURY NOTES	VARIOUS	1.500	68,264,000	67,652,518
U.S. TREASURY NOTES	VARIOUS	1.620	79,996,000	80,560,159
U.S. TREASURY NOTES	VARIOUS	1.750	46,172,000	46,147,783
U.S. TREASURY NOTES	VARIOUS	1.870	17,240,000	17,319,490
U.S. TREASURY NOTES	VARIOUS	2.000	86,515,000	86,961,334
U.S. TREASURY NOTES	VARIOUS	2.120	51,546,000	52,593,607
U.S. TREASURY NOTES	VARIOUS	2.250	38,325,000	40,008,939
U.S. TREASURY NOTES	VARIOUS	2.370	19,760,000	20,453,686
U.S. TREASURY NOTES	VARIOUS	2.500	9,045,000	9,510,799
U.S. TREASURY NOTES	VARIOUS	2.620	11,652,000	12,220,546
U.S. TREASURY NOTES	VARIOUS	2.750	9,650,000	10,288,289
U.S. TREASURY NOTES	VARIOUS	3.120	7,801,000	8,482,508
U.S. TREASURY NOTES	VARIOUS	3.500	9,327,000	9,975,057
U.S. TREASURY NOTES	VARIOUS	3.620	10,900,000	12,002,792
UNIVERSITY OF CALIFORNIA REVENUE BONDS	07/01/2019	1.790	500,000	500,580
UNIVERSITY OF CALIFORNIA REVENUE BONDS	05/15/2043	5.770	450,000	449,123
WISCONSIN STATE GENERAL FUND	05/01/2026	5.700	750,000	929,903
TOTAL U.S. GOVERNMENT SECURITIES				\$ 1,896,722,070
				\$ 1,881,494,937

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
 EIN: 36-6044243 AND PN: 001
 SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
 CORPORATE DEBT SECURITIES
 DECEMBER 31, 2016

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	DESCRIPTION		COST	CURRENT VALUE	
				PRINCIPAL CURRENCY	PRINCIPAL			
CORPORATE OBLIGATIONS								
	1011778 B.C. UNLIMITED LIABILITY CO	01/15/2022	4.620 %	USD	\$	1,800,000	\$	1,836,000
	21ST CENTURY FOX AMERICA, INC.	03/01/2019	6.900	USD		500,400		549,170
	21ST CENTURY FOX AMERICA, INC.	11/15/2026	3.370	USD		2,100,000		2,058,588
	21ST CENTURY FOX AMERICA, INC.	12/15/2034	6.200	USD		400,000		469,912
	21ST CENTURY FOX AMERICA, INC.	02/15/2041	6.150	USD		500,000		591,385
	21ST CENTURY FOX AMERICA, INC.	10/15/2045	4.950	USD		500,000		513,850
	ABBOTT LABORATORIES	11/30/2021	2.900	USD		720,000		717,948
	ABBOTT LABORATORIES	03/15/2025	2.950	USD		1,000,000		963,420
	ABBOTT LABORATORIES	11/30/2026	3.750	USD		640,000		635,578
	ABBOTT LABORATORIES	11/30/2046	4.900	USD		480,000		492,643
	ABBVIE INC.	05/14/2020	2.500	USD		1,000,000		1,000,260
	ABBVIE INC.	05/14/2025	3.600	USD		950,000		940,966
	ABBVIE INC.	05/14/2035	4.500	USD		1,000,000		982,530
	ABBVIE INC.	05/14/2045	4.700	USD		870,000		853,583
	ACADIA HEALTHCARE COMPANY, INC.	07/01/2022	5.120	USD		35,000		34,781
	ACADIA HEALTHCARE COMPANY, INC.	02/15/2023	5.620	USD		4,160,000		4,160,000
	ACCO BRANDS CORP.	12/15/2024	5.250	USD		1,385,000		1,394,529
	ACCREDITED MORTGAGE LOAN TRUST 2006-2	09/25/2036	0.900	USD		194,899		194,096
	ACTAVIS FUNDING SCS	06/15/2019	2.450	USD		1,000,000		1,004,230
	ACTAVIS FUNDING SCS	03/12/2020	3.000	USD		1,086,286		1,079,761
	ACTAVIS FUNDING SCS	03/12/2035	4.550	USD		1,000,000		989,790
	ADIANT GLOBAL HOLDINGS LTD.	08/15/2024	3.500	EUR		890,000		952,339
	ADOBE SYSTEMS INC.	02/01/2020	4.750	USD		500,000		537,220
	ADVANCED MICRO DEVICES INC.	08/15/2022	7.500	USD		3,905,000		4,227,163
	AECOM	10/15/2022	5.750	USD		3,760,000		3,974,320
	AERCAP GLOBAL AVIATION TRUST	06/15/2045	6.500	USD		1,950,000		1,967,063
	AERCAP IRELAND CAPITAL D.A.C.	02/01/2022	3.950	USD		1,000,000		1,008,750
	AEROPUERTO INTERNACIONAL DE TOCUMEN	10/09/2023	5.750	USD		120,442		125,560
	AETNA INC.	06/15/2021	2.400	USD		415,000		413,120
	AETNA INC.	02/15/2022	4.000	USD		500,000		528,780
	AETNA INC.	11/15/2024	3.500	USD		1,000,000		1,014,550
	AETNA INC.	10/15/2026	2.870	USD		500,000		479,020
	AETNA INC.	06/15/2036	4.250	USD		570,000		571,511
	AETNA INC.	06/15/2046	4.370	USD		465,000		466,930
	AGILENT TECHNOLOGIES INC.	07/15/2023	3.870	USD		400,000		411,536
	AGRIUM INC.	01/15/2045	5.250	USD		400,000		416,552
	AGROKOR D.D.	02/01/2020	8.870	USD		2,670,000		2,710,050
	AIR LEASE CORPORATION	09/15/2024	4.250	USD		750,000		761,775
	AK STEEL CORPORATION	10/01/2021	7.620	USD		2,660,000		2,856,175
	AK STEEL CORPORATION	07/15/2023	7.500	USD		3,165,000		3,513,150
	ALABAMA POWER COMPANY	10/01/2020	3.370	USD		500,000		516,645
	ALABAMA POWER COMPANY	01/15/2042	4.100	USD		300,000		298,494
	ALABAMA POWER COMPANY	01/02/2046	4.300	USD		500,000		517,370
	ALBA 2007-1 PLC	03/17/2039	1.570	GBP		1,051,270		1,014,944
	ALBERTSONS COMPANIES, LLC	06/15/2024	6.620	USD		1,545,000		1,510,653
	ALBERTSONS COMPANIES, LLC	03/15/2025	5.750	USD		1,855,000		1,834,450
	ALCOA NEDERLAND HOLDING B.V.	09/30/2024	6.750	USD		2,385,000		2,587,725
	ALCOA NEDERLAND HOLDING B.V.	09/30/2026	7.000	USD		450,000		492,750
	ALEXANDRIA REAL ESTATE EQUITIES, INC.	01/15/2020	2.750	USD		500,000		498,845
	ALIBABA GROUP HOLDING LIMITED	11/28/2019	2.500	USD		500,000		502,250
	ALIBABA GROUP HOLDING LIMITED	11/28/2024	3.600	USD		500,000		495,055
	ALLEGHENY TECHNOLOGIES, INC.	01/15/2021	5.950	USD		4,090,000		3,957,075
	ALLISON TRANSMISSION, INC.	10/01/2024	5.000	USD		2,300,000		2,323,000
	ALLY FINANCIAL INC.	02/13/2022	4.120	USD		2,705,000		2,681,331
	ALLY FINANCIAL INC.	11/01/2031	8.000	USD		2,200,000		2,551,824
	ALPHABET HOLDING COMPANY, INC.	08/15/2026	1.990	USD		500,000		458,930
	ALTA MESA HOLDINGS, LP	12/15/2024	7.870	USD		2,365,000		2,447,775
	ALTERRA FINANCE LLC	09/30/2020	5.250	USD		3,925,000		4,354,434
	ALTICE FINANCING S.A.	02/15/2023	5.250	EUR		1,162,304		1,151,576
	ALTICE FINANCING S.A.	02/15/2023	6.620	USD		2,346,000		2,410,515
	ALTICE FINANCING S.A.	05/15/2026	7.500	USD		2,025,000		2,106,000
	ALTICE LUXEMBOURG S.A.	05/15/2022	7.750	USD		4,025,000		4,296,688
	ALTICE US FINANCE I CORPORATION	05/15/2026	5.500	USD		1,845,000		1,881,900
	ALTRIA GROUP, INC.	08/06/2019	9.250	USD		453,000		534,526
	ALTRIA GROUP, INC.	01/31/2024	4.000	USD		1,240,000		1,310,209
	ALTRIA GROUP, INC.	01/31/2044	5.375	USD		2,445,000		2,824,268
	AMAZON.COM, INC.	12/05/2019	2.600	USD		1,575,175		1,606,028
	AMAZON.COM, INC.	12/05/2034	4.800	USD		500,000		550,330
	AMBER CIRCLE FUNDING LIMITED	12/04/2022	3.250	USD		313,000		313,244
	AMC ENTERTAINMENT HOLDING, INC.	11/15/2024	6.370	GBP		905,000		1,182,563
	AMC ENTERTAINMENT HOLDING, INC.	11/15/2026	5.870	USD		3,127,252		3,190,200
	AMERICA MOVIL S.A.B. DE C.V.	10/16/2019	5.000	USD		250,000		287,923
	AMERICA MOVIL S.A.B. DE C.V.	03/30/2020	5.000	USD		500,000		534,680
	AMERICA MOVIL S.A.B. DE C.V.	03/30/2040	6.120	USD		500,000		579,625
	AMERICAN AIRLINES, INC.	10/01/2019	5.500	USD		2,565,000		2,648,363
	AMERICAN AIRLINES, INC.	04/01/2028	3.700	USD		664,045		657,405
	AMERICAN BUILDERS & CONTRACTORS SUPPLY CO., INC.	04/15/2021	5.620	USD		1,330,000		1,369,900
	AMERICAN BUILDERS & CONTRACTORS SUPPLY CO., INC.	12/15/2023	5.750	USD		800,000		824,000
	AMERICAN EXPRESS COMPANY	05/22/2018	1.550	USD		750,000		748,545
	AMERICAN EXPRESS COMPANY	12/05/2024	3.620	USD		500,000		502,075
	AMERICAN EXPRESS CREDIT CORPORATION	03/18/2019	2.120	USD		500,000		501,995
	AMERICAN EXPRESS CREDIT CORPORATION	08/15/2019	2.250	USD		750,000		754,178
	AMERICAN HONDA FINANCE CORPORATION	01/27/2017	1.500	USD		13,700,000		13,680,458
	AMERICAN HONDA FINANCE CORPORATION	10/10/2018	2.120	USD		263,000		265,057
	AMERICAN HONDA FINANCE CORPORATION	09/24/2020	2.450	USD		750,000		753,878
	AMERICAN HONDA FINANCE CORPORATION	09/09/2021	1.700	USD		500,000		482,530
	AMERICAN INTERNATIONAL GROUP, INC.	07/16/2019	2.300	USD		3,125,000		3,139,750
	AMERICAN INTERNATIONAL GROUP, INC.	07/10/2025	3.750	USD		500,000		503,225
	AMERICAN INTERNATIONAL GROUP, INC.	01/15/2035	3.870	USD		1,250,000		1,174,163
	AMERICAN INTERNATIONAL GROUP, INC.	07/10/2045	4.800	USD		140,000		145,309
	AMERICAN TOWER CORPORATION	02/15/2024	5.000	USD		1,329,926		1,453,491
*	AMERIGAS FINANCE LLC	05/20/2022	7.000	USD		506,000		532,565
*	AMERIGAS PARTNERS, L.P.	05/20/2024	5.620	USD		5,140,000		5,255,650
*	AMERIGAS PARTNERS, L.P.	05/20/2025	5.500	USD		605,000		611,050
*	AMERIGAS PARTNERS, L.P.	08/20/2026	5.870	USD		1,845,000		1,872,675
*	AMERIRISE FINANCIAL, INC.	09/15/2026	2.870	USD		499,165		477,200
	AMGEN INC.	02/01/2019	5.700	USD		450,000		483,665
	AMGEN INC.	11/15/2021	3.870	USD		1,000,000		1,046,820
	AMGEN INC.	08/19/2023	2.250	USD		500,000		470,350
	AMGEN INC.	05/22/2024	3.620	USD		500,000		508,620
	AMGEN INC.	08/19/2026	2.600	USD		500,000		495,870
	AMGEN INC.	05/01/2045	4.400	USD		1,000,000		958,550
	ANADARKO PETROLEUM CORPORATION	07/15/2024	3.450	USD		500,000		490,825
	ANADARKO PETROLEUM CORPORATION	03/15/2046	6.600	USD		500,000		616,680
	ANALOG DEVICES, INC.	12/15/2025	3.900	USD		500,000		512,345
	ANDRADE GUTIERREZ INTERNATIONAL S.A.	04/30/2018	4.000	USD		527,000		438,201
	ANGLIAN WATER OSPREY FINANCING PLC	04/30/2023	5.000	GBP		2,850,000		3,688,414

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
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CORPORATE DEBT SECURITIES
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NOTES	IDENTITY OF ISSUE	DESCRIPTION				COST	CURRENT VALUE
		MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL		
<u>CORPORATE OBLIGATIONS</u>							
*	ANHEUSER-BUSCH COMPANIES, INC.	09/01/2037	6.450 %	USD \$	500,000	\$ 678,015	\$ 637,180
*	ANHEUSER-BUSCH INBEV FINANCE INC.	02/01/2019	1.900	USD	1,710,000	1,720,377	1,712,462
*	ANHEUSER-BUSCH INBEV FINANCE INC.	02/01/2021	2.650	USD	1,567,153	1,583,862	1,576,164
*	ANHEUSER-BUSCH INBEV FINANCE INC.	01/17/2023	2.625	USD	285,000	291,501	279,360
*	ANHEUSER-BUSCH INBEV FINANCE INC.	02/01/2023	3.300	USD	500,000	528,600	508,865
*	ANHEUSER-BUSCH INBEV FINANCE INC.	02/01/2026	3.650	USD	3,285,000	3,418,539	3,334,899
*	ANHEUSER-BUSCH INBEV FINANCE INC.	02/01/2046	4.900	USD	1,000,000	1,129,918	1,080,870
*	ANHEUSER-BUSCH INBEV WORLDWIDE INC.	08/01/2018	2.200	USD	400,400	402,432	402,704
*	ANHEUSER-BUSCH INBEV WORLDWIDE INC.	01/15/2019	7.750	USD	10,000	11,517	11,139
*	ANHEUSER-BUSCH INBEV WORLDWIDE INC.	01/15/2020	5.375	USD	185,000	208,693	201,778
*	ANHEUSER-BUSCH INBEV WORLDWIDE INC.	07/15/2022	2.500	USD	805,000	797,610	792,289
*	ANHEUSER-BUSCH INBEV WORLDWIDE INC.	01/15/2042	4.950	USD	500,000	537,720	544,280
*	ANHEUSER-BUSCH INBEV WORLDWIDE INC.	07/15/2042	3.750	USD	1,500,000	1,483,545	1,349,085
	ANIXTER INTERNATIONAL INC.	10/01/2021	5.120	USD	510,000	510,000	530,400
	ANR PIPELINE CO.	11/01/2021	9.620	USD	1,000,000	1,414,900	1,294,790
	ANTERO MIDSTREAM PARTNERS LP	09/15/2024	5.370	USD	365,000	365,000	368,650
	ANTERO RESOURCES CORPORATION	11/01/2021	5.370	USD	4,150,000	3,954,163	4,243,375
	ANTERO RESOURCES CORPORATION	12/01/2022	5.120	USD	2,355,000	2,125,159	2,378,550
	ANTERO RESOURCES CORPORATION	06/01/2023	5.620	USD	580,000	584,050	593,775
	ANTERO RESOURCES CORPORATION	03/01/2025	5.000	USD	4,030,000	4,030,000	3,941,380
	ANTHEM INC.	01/15/2018	1.870	USD	5,020,000	5,012,085	5,022,209
	ANTHEM INC.	01/15/2043	4.650	USD	1,000,000	1,056,310	1,003,900
	AON PLC	06/14/2024	3.500	USD	640,000	645,671	641,952
	AON PLC	05/24/2043	4.450	USD	200,000	192,824	192,836
	AOT BEDDING SUPER HOLDINGS, INC.	10/21/2024	5.860	USD	2,490,000	2,452,650	2,498,292
	APACHE CORPORATION	04/15/2043	4.750	USD	750,000	772,345	772,523
	APEX TOOL GROUP, LLC.	02/01/2021	7.000	USD	2,995,000	2,992,632	2,680,525
	APPALACHIAN POWER COMPANY	10/01/2035	5.800	USD	500,000	635,630	577,590
	APPLE INC.	05/06/2020	2.000	USD	1,650,000	1,657,193	1,653,069
	APPLE INC.	08/04/2021	1.550	USD	930,000	928,707	899,143
	APPLE INC.	02/09/2022	2.150	USD	300,000	300,000	294,993
	APPLE INC.	05/03/2023	2.400	USD	1,500,000	1,495,040	1,460,580
	APPLE INC.	05/13/2025	3.200	USD	280,000	282,285	281,162
	APPLE INC.	02/23/2036	4.500	USD	1,000,000	1,104,640	1,067,930
	APPLE INC.	02/09/2045	3.450	USD	1,000,000	856,930	882,650
	APPLE INC.	05/13/2045	4.370	USD	940,000	1,016,664	965,681
	APPLE INC.	08/04/2046	3.850	USD	670,000	670,000	641,954
	APPLE, INC.	02/13/2017	1.050	USD	15,500,000	15,482,141	15,482,141
	APPLIED MATERIALS INC.	06/15/2041	5.850	USD	500,000	577,010	598,470
	ARCELIK A.S.	04/03/2023	5.000	USD	327,000	335,564	310,107
	ARCELORMITTAL S.A.	02/25/2022	7.250	USD	3,815,000	4,066,864	4,301,413
	ARCELORMITTAL S.A.	06/01/2025	6.120	USD	1,835,000	1,835,000	2,009,325
	ARCELORMITTAL S.A.	03/01/2041	7.750	USD	1,365,000	1,443,488	1,453,725
	ARCH CAPITAL GROUP INC.	11/01/2043	5.140	USD	375,000	379,028	395,936
	ARCHER-DANIELS-MIDLAND COMPANY	08/11/2026	2.500	USD	500,000	500,730	472,300
	ARCHER-DANIELS-MIDLAND COMPANY	04/16/2043	4.010	USD	500,000	494,095	489,680
	ARD FINANCE S.A.	09/15/2023	7.120	USD	8,500,000	8,523,357	8,393,750
	ARDAGH PACKAGING FINANCE PLC	05/15/2024	7.250	USD	1,675,000	1,675,000	1,765,031
	ARIZONA PUBLIC SERVICE COMPANY	06/15/2024	3.350	USD	500,000	508,010	510,190
	ARROW ELECTRONICS INC.	03/01/2018	3.000	USD	500,000	503,210	505,695
	ASCENSION HEALTH	11/15/2046	3.940	USD	400,000	385,344	381,928
	ASHTREAD CAPITAL INC.	07/15/2022	6.500	USD	1,341,000	1,399,601	1,404,698
	ASIAN DEVELOPMENT BANK	09/11/2018	1.750	USD	1,500,000	1,517,520	1,509,900
	ASIAN DEVELOPMENT BANK	04/12/2019	1.870	USD	1,250,000	1,273,888	1,258,375
	ASIAN DEVELOPMENT BANK	08/16/2019	1.000	USD	500,000	499,270	492,175
	ASIAN DEVELOPMENT BANK	01/22/2020	1.500	USD	1,000,000	1,013,170	994,600
	ASIAN DEVELOPMENT BANK	01/22/2025	2.000	USD	500,000	477,445	478,690
	ASSOCIATED BANC-CORP.	01/15/2025	4.250	USD	500,000	499,490	495,510
	ASSURANT INC.	03/15/2018	2.500	USD	500,000	511,235	505,225
	ASTRAZENECA PLC	11/16/2020	2.370	USD	350,000	349,087	348,810
	ASTRAZENECA PLC	11/16/2025	3.370	USD	255,000	255,041	253,238
	ASTRAZENECA PLC	09/15/2037	6.450	USD	325,000	346,772	420,449
	ASTRAZENECA PLC	09/18/2042	4.000	USD	500,000	517,875	473,800
	AT&T INC.	03/15/2017	2.400	USD	4,968,000	5,031,640	5,031,640
	AT&T INC.	02/01/2018	5.500	USD	250,000	283,263	259,748
	AT&T INC.	02/15/2019	5.800	USD	1,000,000	1,124,415	1,075,230
	AT&T INC.	10/01/2019	5.870	USD	500,000	568,320	546,460
	AT&T INC.	02/17/2021	2.800	USD	1,000,000	1,014,875	992,060
	AT&T INC.	02/15/2022	3.000	USD	1,000,000	1,025,740	990,240
	AT&T INC.	03/11/2024	3.900	USD	500,000	505,575	505,575
	AT&T INC.	04/01/2024	4.450	USD	750,000	820,170	781,830
	AT&T INC.	01/15/2025	3.950	USD	1,000,000	1,051,000	1,001,730
	AT&T INC.	05/15/2025	3.400	USD	1,000,000	946,860	963,820
	AT&T INC.	05/15/2035	4.500	USD	750,000	749,585	724,628
	AT&T INC.	09/01/2040	5.350	USD	1,130,000	1,243,839	1,160,510
	AT&T INC.	12/15/2042	4.300	USD	1,000,000	958,410	895,180
	AT&T INC.	03/09/2048	4.500	USD	664,000	662,427	596,650
	AT&T INC.	03/09/2049	4.550	USD	847,000	866,049	765,070
	ATMOS ENERGY CORPORATION	01/15/2043	4.150	USD	500,000	497,760	487,015
	AUSTRALIA AND NEW ZEALAND BANKING GROUP LIMITED	11/16/2020	2.700	USD	500,000	507,600	502,100
	AUSTRALIA AND NEW ZEALAND BANKING GROUP LIMITED	06/01/2021	2.300	USD	1,000,000	1,014,700	984,470
	AUTOMATIC DATA PROCESSING, INC.	09/15/2020	2.250	USD	500,000	506,435	502,585
	AUTONATION, INC.	04/15/2018	6.750	USD	400,000	463,500	421,992
	AUTOZONE INC.	01/15/2023	2.870	USD	500,000	495,765	491,675
	AVALONBAY COMMUNITIES, INC.	09/15/2022	2.950	USD	500,000	463,600	498,430
	AVALONBAY COMMUNITIES, INC.	12/15/2023	4.200	USD	400,000	437,544	422,856
	AVANTI COMMUNICATIONS GROUP PLC	10/01/2019	10.000	USD	5,055,750	4,830,411	3,033,450
	AVAYA INC.	04/01/2019	9.000	USD	3,945,000	3,849,657	3,481,463
	AVAYA INC.	03/01/2021	10.500	USD	3,275,000	2,444,785	1,408,250
	AVISON YOUNG CANADA, INC.	12/15/2021	9.500	USD	1,825,000	1,789,778	1,793,063
	AXA	12/15/2030	8.600	USD	350,000	445,064	481,250
	AXIATA SPV1 LABUAN LIMITED	04/28/2020	5.370	USD	185,000	207,029	198,394
	B&G FOODS, INC.	06/01/2021	4.620	USD	1,540,000	1,548,738	1,570,800
	BAKER HUGHES INCORPORATED	09/15/2040	5.120	USD	500,000	558,965	549,675
	BANCO BILBAO VIZCAYA ARGENTARIA S.A.	11/1/2018	0.406	USD	1,162,307	9,376,161	7,868,818
	BANCO DE COSTA RICA	08/12/2018	5.250	USD	213,000	213,000	214,853
	BANCO DEL ESTADO DE CHILE	10/07/2020	4.120	USD	201,000	212,836	209,349
	BANCO DO BRASIL S.A.	06/29/2049	6.300	USD	3,255,000	2,978,532	3,059,700
	BANCO LATINOAMERICANO DE COMERCIO EXTERIOR, S.A.	05/07/2020	1.540	USD	92,000	1,502,168	2,708,480
	BANCO NACIONAL DE COSTA	11/01/2023	6.250	USD	229,000	229,076	229,573
	BANCO NACIONAL DE DESENVOLVIMENTO ECONOMICO E SOCIAL	06/10/2019	6.500	USD	162,000	177,656	172,076
	BANCO NACIONAL DE DESENVOLVIMENTO ECONOMICO E SOCIAL	09/26/2023	5.750	USD	242,000	242,847	242,661

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
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NOTES	IDENTITY OF ISSUE	DESCRIPTION			COST	CURRENT VALUE
		MATURITY	INTEREST RATE	PRINCIPAL CURRENCY		
	CORPORATE OBLIGATIONS					
	BANK OF AMERICA CORPORATION	08/28/2017	6.400 %	USD \$	1,300,000 \$	1,339,871
	BANK OF AMERICA CORPORATION	05/01/2018	5.650	USD	1,600,265	1,571,640
	BANK OF AMERICA CORPORATION	04/01/2019	2.650	USD	1,500,000	1,515,840
	BANK OF AMERICA CORPORATION	04/21/2020	2.250	USD	320,000	318,134
	BANK OF AMERICA CORPORATION	05/13/2021	5.000	USD	1,500,000	1,633,560
	BANK OF AMERICA CORPORATION	01/11/2023	3.300	USD	1,418,801	1,505,010
	BANK OF AMERICA CORPORATION	07/24/2023	4.100	USD	1,000,000	1,044,600
	BANK OF AMERICA CORPORATION	08/26/2024	4.200	USD	3,900,000	3,972,930
	BANK OF AMERICA CORPORATION	04/21/2025	3.950	USD	1,300,000	1,294,137
	BANK OF AMERICA CORPORATION	10/22/2026	4.250	USD	1,000,000	1,012,110
	BANK OF AMERICA CORPORATION	01/29/2037	6.110	USD	3,050,000	3,626,503
	BANK OF AMERICA CORPORATION	02/07/2042	5.870	USD	500,000	604,325
	BANK OF AMERICA CORPORATION	12/29/2049	6.300	USD	1,300,000	1,358,500
	BANK OF AMERICA, N.A.	06/05/2017	1.390	USD	2,820,000	2,823,074
	BANK OF AMERICA, N.A.	06/05/2018	1.750	USD	1,000,000	999,960
	BANK OF MONTREAL	04/10/2018	1.400	USD	1,000,000	997,420
	BANK OF MONTREAL	07/18/2019	1.500	USD	500,000	493,450
	BANK OF MONTREAL	07/18/2019	1.670	USD	3,400,000	3,409,180
	BANK OF NOVA SCOTIA	04/25/2018	1.450	USD	750,000	747,870
	BANK OF NOVA SCOTIA	01/13/2021	4.370	USD	1,000,000	1,067,370
	BANQUE CENTRALE DE TUNISIA	01/30/2025	5.750	USD	220,000	204,600
	BARCLAYS BANK PLC	02/17/2017	1.480	USD	1,570,000	1,570,534
	BARCLAYS BANK PLC	03/16/2018	2.000	USD	1,000,000	998,190
	BARCLAYS BANK PLC	09/11/2024	4.370	USD	500,000	498,887
	BARCLAYS BANK PLC	01/12/2026	4.370	USD	312,062	313,974
	BARCLAYS BANK PLC	05/12/2026	5.200	USD	2,675,000	2,719,271
	BARRICK NORTH AMERICA FINANCE LLC	05/01/2043	5.750	USD	750,000	788,355
	BAXALTA INC.	06/23/2020	2.870	USD	500,000	499,475
	BAXALTA INC.	06/23/2045	5.250	USD	215,000	229,495
	BAXTER INTERNATIONAL, INC.	08/15/2026	2.600	USD	3,455,000	3,189,587
	BAYTEX ENERGY CORPORATION	06/01/2021	5.120	USD	1,175,000	1,060,438
	BECTON DICKINSON AND COMPANY	12/15/2044	4.680	USD	500,000	517,975
	BERKSHIRE HATHAWAY ENERGY COMPANY	02/01/2020	2.400	USD	650,824	651,768
	BERKSHIRE HATHAWAY ENERGY COMPANY	04/01/2036	6.120	USD	500,000	624,440
	BERKSHIRE HATHAWAY ENERGY COMPANY	09/15/2037	6.500	USD	500,000	650,840
	BERKSHIRE HATHAWAY FINANCE CORPORATION	01/13/2017	1.040	USD	2,095,000	2,095,230
	BERKSHIRE HATHAWAY FINANCE CORPORATION	03/15/2019	1.700	USD	2,435,000	2,432,833
	BERKSHIRE HATHAWAY FINANCE CORPORATION	01/15/2040	5.750	USD	500,000	501,795
	BERKSHIRE HATHAWAY, INC.	03/15/2021	2.200	USD	859,435	848,232
	BERKSHIRE HATHAWAY, INC.	03/15/2026	3.120	USD	485,000	481,852
	BERRY PLASTICS CORPORATION	05/15/2022	5.500	USD	3,115,000	3,239,600
	BEVERAGES & MORE, INC.	11/15/2018	10.000	USD	3,229,251	3,133,725
	BHP BILLITON FINANCE LIMITED	11/21/2021	3.250	USD	1,000,000	1,030,280
	BHP BILLITON FINANCE LIMITED	09/30/2043	5.000	USD	500,000	558,480
	BILL BARRETT CORPORATION	10/15/2022	7.000	USD	2,540,000	2,425,700
	BIODIN INC.	09/15/2020	2.900	USD	500,000	506,375
	BIODIN INC.	09/15/2045	5.200	USD	300,000	306,621
	BLACK KNIGHT INFOSERV, LLC	04/15/2023	5.750	USD	326,000	341,485
	BLACKROCK, INC.	03/18/2024	3.500	USD	500,000	529,955
	BLOCK FINANCIAL LLC	11/01/2022	5.500	USD	500,000	526,745
	BLUE CUBE SPINCO INCORPORATED	10/15/2025	10.000	USD	1,912,000	2,308,740
	BLUELINE RENTAL, LLC	02/01/2019	7.000	USD	3,020,405	2,944,500
	BLUESCOPE STEEL FINANCE LIMITED	05/15/2021	6.500	USD	1,340,000	1,419,864
	BMC EAST LLC	10/01/2024	5.500	USD	975,000	972,563
	BNP PARIBAS S.A.	01/03/2017	2.700	USD	1,841,000	1,840,896
	BNP PARIBAS S.A.	05/02/2017	3.600	USD	11,800,970	11,730,970
	BNP PARIBAS S.A.	08/20/2018	2.700	USD	1,000,000	997,230
	BNP PARIBAS S.A.	03/03/2023	3.250	USD	500,000	504,560
	BOEING CAPITAL CORPORATION	08/15/2018	2.900	USD	1,270,000	1,298,042
	BOMBARDIER INC.	10/15/2022	6.000	USD	515,000	484,100
	BOPARAN FINANCE PLC	07/15/2019	5.250	GBP	1,610,000	1,999,343
	BOPARAN FINANCE PLC	07/15/2021	5.500	GBP	2,110,000	2,545,989
	BOSTON PROPERTIES LIMITED PARTNERSHIP	05/15/2021	4.125	USD	500,000	480,210
	BOSTON PROPERTIES LIMITED PARTNERSHIP	02/01/2024	3.800	USD	1,000,000	1,014,210
	BOSTON SCIENTIFIC CORPORATION	01/15/2020	6.000	USD	750,000	842,363
	BOXER PARENT COMPANY, INC.	10/15/2019	9.000	USD	3,775,000	3,539,063
	BOYD GAMING CORPORATION	04/01/2026	6.370	USD	1,735,000	1,688,595
	BP CAPITAL MARKETS P.L.C.	10/01/2020	4.500	USD	850,000	912,110
	BP CAPITAL MARKETS P.L.C.	11/01/2021	3.560	USD	1,000,000	1,043,870
	BP CAPITAL MARKETS P.L.C.	05/06/2022	3.240	USD	1,000,000	1,021,130
	BP CAPITAL MARKETS P.L.C.	05/10/2023	2.750	USD	500,000	490,875
	BP CAPITAL MARKETS P.L.C.	01/16/2027	3.010	USD	1,000,000	1,015,590
	BPCE S.A.	07/15/2019	2.500	USD	750,000	753,915
	BPCE S.A.	04/15/2024	4.000	USD	750,000	778,508
	BRANCH BANKING & TRUST COMPANY	05/10/2021	2.050	USD	1,000,000	981,450
	BRANCH BANKING & TRUST COMPANY	09/16/2025	3.620	USD	1,000,000	1,016,700
	BRINKER INTERNATIONAL, INC.	10/01/2024	5.000	USD	4,655,000	4,643,363
	BRISTOL-MYERS SQUIBB COMPANY	08/01/2022	2.000	USD	500,000	487,220
	BRISTOL-MYERS SQUIBB COMPANY	08/01/2042	3.250	USD	500,000	447,255
	BRIXMOR OPERATING PARTNERSHIP L.P.	02/01/2025	3.850	USD	500,000	492,355
	BUCKEYE PARTNERS, L.P.	10/15/2024	4.350	USD	500,000	510,265
	BURLINGTON NORTHERN SANTA FE, LLC	09/15/2021	3.450	USD	500,000	522,180
	BURLINGTON NORTHERN SANTA FE, LLC	03/15/2023	3.000	USD	500,000	506,070
	BURLINGTON NORTHERN SANTA FE, LLC	09/01/2025	3.650	USD	500,000	523,405
	BURLINGTON NORTHERN SANTA FE, LLC	08/15/2036	6.200	USD	200,000	256,274
	BURLINGTON NORTHERN SANTA FE, LLC	03/15/2043	4.450	USD	500,000	524,000
	BURLINGTON NORTHERN SANTA FE, LLC	04/01/2045	4.150	USD	400,000	405,644
	CABLE ONE, INC.	06/15/2022	5.750	USD	2,180,000	2,195,669
	CAESARS ENTERTAINMENT OPERATING COMPANY, INC.	06/01/2017	11.250	USD	3,566,739	3,629,177
	CAESARS ENTERTAINMENT OPERATING COMPANY, INC.	04/15/2018	12.750	USD	2,725,000	1,782,014
	CAESARS GROWTH PROPERTIES HOLDINGS, LLC	05/01/2022	9.370	USD	2,075,000	2,237,058
	CALATLANTIC GROUP, INC.	11/15/2024	5.870	USD	2,725,000	2,769,063
	CALIFORNIA INSTITUTE OF TECHNOLOGY	08/01/2045	4.320	USD	120,000	126,146
	CALIFORNIA INSTITUTE OF TECHNOLOGY	11/01/2111	4.700	USD	235,000	222,160
	CALIFORNIA RESOURCES CORP.	12/15/2022	8.000	USD	3,160,000	2,812,400
	CALPINE CORPORATION	01/15/2025	5.750	USD	2,000,000	1,930,000
	CAMELOT FINANCE SA	10/15/2024	7.870	USD	2,075,000	2,117,188
	CAMPBELL SOUP COMPANY	03/19/2025	3.300	USD	500,000	502,300
	CANADIAN NATIONAL RAILWAY COMPANY	11/21/2024	2.950	USD	100,000	100,458
	CANADIAN NATIONAL RAILWAY COMPANY	03/01/2026	2.750	USD	500,000	488,045
	CANADIAN NATIONAL RAILWAY COMPANY	11/15/2037	6.370	USD	750,000	987,345
	CANADIAN NATURAL RESOURCES LIMITED	02/01/2025	3.900	USD	500,000	501,480

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NOTES	IDENTITY OF ISSUE	Maturity	DESCRIPTION			COST	CURRENT VALUE
			INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL		
CORPORATE OBLIGATIONS							
	CANADIAN NATURAL RESOURCES LIMITED	03/15/2038	6.250 %	USD \$	375,000	\$ 394,718	\$ 426,623
	CANADIAN OIL SANDS LTD.	05/15/2019	7.750	USD	1,930,000	2,014,438	2,129,215
	CANADIAN PACIFIC RAILWAY COMPANY	05/15/2018	6.500	USD	250,000	288,385	265,233
	CANADIAN PACIFIC RAILWAY COMPANY	02/01/2026	3.700	USD	270,000	278,671	278,651
	CANADIAN PACIFIC RAILWAY COMPANY	09/15/2115	6.120	USD	270,000	282,110	323,268
	CAPITAL ONE FINANCIAL CORPORATION	10/29/2025	4.200	USD	310,000	321,427	311,032
	CAPITAL ONE MULTI-ASSET EXECUTION TRUST	07/15/2020	5.750	USD	150,000	164,613	154,791
	CAPITAL ONE, N.A.	02/05/2018	1.650	USD	500,000	499,500	499,030
	CAPITAL ONE, N.A.	09/05/2019	2.400	USD	1,000,000	1,008,640	1,002,220
	CAPITAL ONE, N.A.	09/13/2021	2.250	USD	1,000,000	975,460	975,710
	CAPSUGEL HOLDINGS US, INC.	07/31/2021	3.500	USD	8,359,895	8,294,629	8,379,039
	CAPSUGEL S.A. LUXEMBOURG	05/15/2019	7.000	USD	1,873,000	1,854,270	1,889,389
	CARDINAL HEALTH INC.	03/15/2018	1.700	USD	600,000	604,632	599,400
	CARDINAL HEALTH INC.	03/15/2043	4.600	USD	300,000	311,415	296,469
	CARGILL INCORPORATED	11/27/2017	6.000	USD	2,885,000	3,246,952	3,002,650
	CARGILL INCORPORATED	03/06/2019	7.350	USD	815,000	986,385	906,541
	CARRIZO OIL & GAS, INC.	04/15/2023	6.250	USD	590,000	580,000	594,500
	CARROLS RESTAURANT GROUP, INC.	05/01/2022	8.000	USD	2,150,000	2,154,491	2,316,625
	CASCADES INC.	07/15/2022	5.500	USD	3,430,000	3,431,475	3,481,450
	CASCADES INC.	07/15/2023	5.750	USD	30,000	30,000	30,450
	CATERPILLAR FINANCIAL SERVICES CORPORATION	02/15/2019	7.150	USD	500,000	578,170	553,570
	CATERPILLAR FINANCIAL SERVICES CORPORATION	08/09/2021	1.700	USD	500,000	496,335	480,255
	CATERPILLAR FINANCIAL SERVICES CORPORATION	11/24/2023	3.750	USD	500,000	548,400	525,210
	CATERPILLAR INC.	05/15/2064	4.750	USD	500,000	517,870	533,140
	CATHOLIC HEALTH INITIATIVES	11/01/2042	4.350	USD	500,000	448,785	444,125
	CBL & ASSOCIATES LIMITED PARTNERSHIP	10/15/2024	4.600	USD	250,000	253,915	234,335
	CBS CORPORATION	01/15/2025	3.500	USD	500,000	507,255	495,280
	CBS CORPORATION	08/15/2044	4.900	USD	600,000	612,712	600,594
	CCO HOLDINGS, LLC	03/15/2021	5.250	USD	100,000	99,750	103,000
	CCO HOLDINGS, LLC	05/01/2023	5.120	USD	900,000	900,563	927,000
	CCO HOLDINGS, LLC	04/01/2024	5.870	USD	775,000	788,563	827,313
	CCO HOLDINGS, LLC	05/01/2026	5.500	USD	3,475,000	3,580,688	3,544,500
	CEDAR FAIR, L.P.	06/01/2024	5.370	USD	870,000	894,469	896,100
	CELGENE CORPORATION	08/15/2018	2.300	USD	195,000	197,030	196,191
	CELGENE CORPORATION	08/15/2020	2.870	USD	500,000	500,110	505,730
	CELGENE CORPORATION	08/15/2023	4.000	USD	450,000	446,117	469,197
	CELGENE CORPORATION	08/15/2025	3.870	USD	450,000	446,103	456,440
	CELGENE CORPORATION	08/15/2045	5.000	USD	500,000	557,300	519,865
	CELULOSA ARAUCO Y CONSTITUCION S.A.	01/21/2021	5.000	USD	500,000	533,685	525,625
	CEMENTOS PACASMAYO S.A.	02/08/2023	4.500	USD	222,000	219,980	222,000
	CENGAGE LEARNING, INC.	06/15/2024	9.500	USD	3,675,000	3,684,938	3,281,563
	CENTENE CORPORATION	02/15/2021	5.620	USD	1,290,000	1,290,000	1,356,306
	CENTENE CORPORATION	05/15/2022	4.750	USD	575,000	585,063	580,750
	CENTENE CORPORATION	02/15/2024	6.120	USD	910,000	910,000	958,913
	CENTENE CORPORATION	01/15/2025	4.750	USD	1,605,000	1,605,000	1,586,881
	CENTERPOINT ENERGY TRANSITION BOND COMPANY II, LLC	08/01/2019	5.170	USD	42,049	42,064	42,327
	CENTURYLINK, INC.	04/01/2025	5.620	USD	2,265,000	2,258,013	2,151,750
	CENVEO CORPORATION	08/01/2019	6.000	USD	3,075,000	2,649,400	2,744,438
	CENVEO CORPORATION	09/15/2022	8.500	USD	2,725,000	2,702,292	1,893,875
	CF INDUSTRIES, INC.	06/01/2043	4.950	USD	5,365,000	4,395,200	4,381,800
	CHAPARRAL ENERGY, INC.	11/15/2022	7.625	USD	4,270,000	3,036,090	3,821,650
	CHARIOT FUNDING LLC	02/02/2017	0.880	USD	4,405,000	4,405,000	4,405,000
	CHARTA, LLC	03/08/2017	0.210	USD	4,820,000	4,804,705	4,804,705
	CHARTER COMMUNICATIONS OPERATING, LLC	07/23/2020	3.570	USD	720,000	732,228	734,573
	CHARTER COMMUNICATIONS OPERATING, LLC	07/23/2025	4.900	USD	350,000	364,448	368,876
	CHARTER COMMUNICATIONS OPERATING, LLC	10/23/2045	6.480	USD	1,000,370	1,005,370	1,156,080
	CHASE ISSUANCE TRUST	07/15/2020	1.620	USD	2,000,000	2,009,375	2,004,000
	CHASE ISSUANCE TRUST	06/15/2021	1.370	USD	1,800,164	1,803,164	1,782,648
	CHENIERE CORPUS CHRISTI HOLDINGS, INC.	06/30/2024	7.000	USD	1,030,000	1,030,000	1,114,975
	CHENIERE CORPUS CHRISTI HOLDINGS, INC.	03/31/2025	5.870	USD	2,535,000	2,535,000	2,586,486
	CHESAPEAKE ENERGY CORPORATION	08/15/2020	6.620	USD	1,385,000	1,187,638	1,398,850
	CHESAPEAKE ENERGY CORPORATION	02/15/2021	6.120	USD	130,000	120,400	126,750
	CHESAPEAKE ENERGY CORPORATION	06/15/2021	5.370	USD	640,000	642,443	600,000
	CHESAPEAKE ENERGY CORPORATION	08/23/2021	8.500	USD	5,880,929	5,989,929	6,392,030
	CHESAPEAKE ENERGY CORPORATION	04/15/2022	4.870	USD	875,000	866,278	798,438
	CHESAPEAKE ENERGY CORPORATION	12/15/2022	8.000	USD	7,835,000	7,622,032	8,462,331
	CHESAPEAKE ENERGY CORPORATION	01/15/2025	8.000	USD	2,110,000	2,152,814	2,152,000
	CHEVRON CORPORATION	05/16/2019	1.560	USD	1,160,000	1,157,390	1,155,232
	CHEVRON CORPORATION	11/17/2020	2.410	USD	355,000	356,456	357,528
	CHEVRON CORPORATION	06/24/2023	3.190	USD	1,250,000	1,237,051	1,280,350
	CHEVRON CORPORATION	05/16/2026	2.950	USD	265,000	264,862	260,673
	CHEVRON PHILLIPS CHEMICAL COMPANY LLC	12/01/2026	3.400	USD	1,560,000	1,555,913	1,557,348
	CHINA RAILWAY RESOURCES HOLDING LIMITED	02/05/2023	3.850	USD	275,000	273,790	277,790
	CHINOS INTERMEDIATE HOLDINGS A, INC.	05/01/2019	7.750	USD	3,169,239	2,549,530	1,299,388
	CHS/COMMUNITY HEALTH SYSTEMS, INC.	11/15/2019	8.000	USD	2,481,125	2,481,125	2,303,250
	CHS/COMMUNITY HEALTH SYSTEMS, INC.	02/01/2022	6.870	USD	4,230,000	4,334,388	2,939,850
	CHUBB INA HOLDINGS INC.	06/15/2019	5.900	USD	608,940	608,940	547,200
	CHUBB INA HOLDINGS INC.	11/03/2022	2.870	USD	500,000	517,865	504,090
	CHUBB INA HOLDINGS INC.	05/03/2026	3.350	USD	500,000	500,260	506,455
	CHURCHILL DOWNS INCORPORATED	12/15/2021	5.370	USD	2,730,000	2,757,642	2,832,375
	CIGNA CORPORATION	04/15/2025	3.250	USD	3,820,000	3,792,922	3,720,489
	CIGNA CORPORATION	03/15/2041	5.870	USD	165,000	194,809	189,666
	CISCO SYSTEMS, INC.	02/21/2018	1.510	USD	3,320,000	3,320,000	3,339,090
	CISCO SYSTEMS, INC.	02/15/2019	4.950	USD	1,500,000	1,623,345	1,603,485
	CISCO SYSTEMS, INC.	03/01/2019	2.120	USD	1,000,000	1,018,680	1,013,180
	CISCO SYSTEMS, INC.	02/28/2021	2.200	USD	500,000	515,630	498,925
	CISCO SYSTEMS, INC.	02/15/2039	5.900	USD	450,000	455,816	471,491
	CIT GROUP INC.	02/15/2019	5.500	USD	735,000	738,334	775,425
	CIT GROUP INC.	05/15/2020	5.370	USD	590,000	590,000	626,875
	CIT GROUP INC.	08/15/2022	5.000	USD	2,025,000	1,983,207	2,111,063
	CITGO PETROLEUM CORPORATION	08/15/2022	6.250	USD	4,725,000	4,765,925	4,914,000
	CITIBANK CREDIT CARD ISSUANCE TRUST	07/15/2021	2.150	USD	650,000	653,225	653,096
	CITIGROUP COMMERCIAL MORTGAGE TRUST	04/10/2046	1.980	USD	500,000	504,082	501,775
	CITIGROUP COMMERCIAL MORTGAGE TRUST	03/10/2047	1.190	USD	45,533	45,469	45,519
	CITIGROUP COMMERCIAL MORTGAGE TRUST	03/10/2047	4.020	USD	1,000,000	1,067,031	1,063,200
	CITIGROUP COMMERCIAL MORTGAGE TRUST	07/10/2047	3.620	USD	1,500,000	1,581,914	1,555,065
	CITIGROUP INC.	05/01/2018	1.750	USD	1,500,000	1,497,000	1,496,805
	CITIGROUP INC.	09/26/2018	2.500	USD	1,500,000	1,530,390	1,514,355
	CITIGROUP INC.	07/29/2019	2.500	USD	3,260,000	3,294,645	3,282,364
	CITIGROUP INC.	12/08/2021	2.900	USD	400,000	396,484	398,920
	CITIGROUP INC.	03/26/2025	3.870	USD	750,000	754,605	745,500
	CITIGROUP INC.	06/10/2025	4.400	USD	1,000,000	996,710	1,023,050

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	CORPORATE OBLIGATIONS						
	CITIGROUP INC.	09/13/2025	5.500 %	USD \$	500,000	\$ 567,600	\$ 549,505
	CITIGROUP INC.	11/20/2026	4.300	USD	1,000,000	991,410	1,009,130
	CITIGROUP INC.	01/30/2042	5.870	USD	1,140,000	1,434,492	1,350,638
	CITIGROUP INC.	05/06/2044	5.300	USD	1,331,000	1,477,130	1,433,730
	CITIGROUP INC.	07/30/2045	4.650	USD	280,000	276,556	295,134
	CITIGROUP INC.	05/18/2046	4.750	USD	1,000,000	971,650	1,001,150
	CLEAR HARBORS, INC.	08/01/2020	5.250	USD	1,590,000	1,633,725	1,627,763
	CLEAR CHANNEL WORLDWIDE HOLDINGS, INC.	11/15/2022	6.500	USD	8,500,000	8,789,871	8,500,000
	CLIFFS NATURAL RESOURCES INC.	03/31/2020	8.250	USD	1,735,000	1,614,226	1,899,825
	CME GROUP INC.	03/15/2025	3.000	USD	400,000	401,848	399,796
	CMS ENERGY CORPORATION	03/01/2024	3.870	USD	750,000	800,153	780,023
	CMS ENERGY CORPORATION	03/01/2044	4.870	USD	2,150,000	2,600,081	2,304,886
	CNH INDUSTRIAL CAPITAL LLC	07/16/2018	3.870	USD	1,275,000	1,275,436	1,295,719
	CNOOC FINANCE (2013) LIMITED	05/09/2018	1.750	USD	500,000	496,535	497,375
	CNOOC FINANCE (2013) LIMITED	05/09/2043	4.250	USD	500,000	477,640	475,285
	CNOOC FINANCE (2015) U.S.A. LLC	05/05/2025	3.500	USD	750,000	748,175	728,955
	COCA-COLA FEMSA, S.A.B. DE C.V.	11/26/2018	2.375	USD	500,000	504,960	503,475
	COLGATE-PALMOLIVE COMPANY	05/01/2018	0.900	USD	500,000	497,080	497,425
	COLGATE-PALMOLIVE COMPANY	03/15/2024	3.250	USD	500,000	525,600	516,890
	COLLATERALIZED COMMERCIAL PAPER CO. LLC	03/16/2017	0.200	USD	9,600,000	9,543,040	9,543,040
	COLOMBIA TELECOMUNICACIONES S.A. E.S.P.	12/29/2049	8.500	USD	2,700,000	2,700,000	2,396,250
	COMCAST CORPORATION	05/15/2018	5.700	USD	1,000,000	1,096,127	1,055,620
	COMCAST CORPORATION	08/15/2025	3.370	USD	700,000	688,956	704,228
	COMCAST CORPORATION	08/15/2035	4.400	USD	1,510,000	1,545,103	1,579,671
	COMCAST CORPORATION	07/15/2036	3.200	USD	500,000	492,515	449,735
	COMCAST CORPORATION	08/15/2037	6.950	USD	1,000,000	1,444,960	1,363,910
	COMCAST CORPORATION	07/01/2039	6.550	USD	500,000	507,865	652,285
	COMCAST CORPORATION	08/15/2045	4.600	USD	500,000	509,445	524,135
	COMERICA, INC.	07/22/2026	3.800	USD	500,000	500,140	492,315
	COMISION FEDERAL DE ELECTRICIDAD	01/15/2024	4.870	USD	337,000	348,812	334,894
	COMISION FEDERAL DE ELECTRICIDAD	02/14/2042	5.750	USD	318,000	314,974	294,945
	COMM 2012-CCRE4 MORTGAGE TRUST	10/15/2045	2.850	USD	1,000,000	1,016,367	1,010,680
	COMM 2013-CCRE11 MORTGAGE TRUST	10/10/2046	5.160	USD	1,000,000	1,063,281	1,098,700
	COMM 2014-UBS3 MORTGAGE TRUST	06/10/2047	3.810	USD	1,200,000	1,265,297	1,252,380
	COMM 2015-CCRE23 MORTGAGE TRUST	05/10/2048	3.230	USD	1,500,000	1,573,594	1,510,695
	COMM 2016-CCRE28 MORTGAGE TRUST	02/10/2049	3.760	USD	2,000,000	2,155,625	2,078,020
	COMMONWEALTH BANK OF AUSTRALIA	04/03/2017	1.120	USD	8,900,000	8,932,941	8,832,941
	COMMONWEALTH BANK OF AUSTRALIA	03/13/2019	2.250	USD	500,000	507,470	501,925
	COMMONWEALTH BANK OF AUSTRALIA	03/15/2021	2.550	USD	750,000	754,258	747,330
	COMMONWEALTH EDISON COMPANY	03/15/2036	5.900	USD	500,000	626,095	614,235
	COMMONWEALTH EDISON COMPANY	11/15/2045	4.350	USD	500,000	559,385	522,050
	COMMSCOPE, INC.	06/15/2021	5.000	USD	1,050,000	1,081,500	1,081,500
	COMMSCOPE, INC.	06/15/2024	5.500	USD	1,885,000	1,917,975	1,950,975
	COMMUNICATIONS SALES & LEASING, INC.	10/24/2022	0.600	USD	3,500,000	3,517,250	3,547,250
	COMMUNICATIONS SALES & LEASING, INC.	12/15/2024	7.120	USD	1,855,000	1,869,625	1,873,550
	CONAGRA BRANDS, INC.	10/01/2028	7.000	USD	600,000	691,500	733,494
	CONOCO FUNDING COMPANY	10/15/2031	7.250	USD	500,000	586,955	641,920
	CONOCO PHILLIPS CANADA FUNDING COMPANY	10/15/2036	5.950	USD	750,000	870,620	878,580
	CONOCOPHILLIPS COMPANY	05/15/2018	1.500	USD	1,000,000	998,980	996,630
	CONOCOPHILLIPS COMPANY	02/01/2019	5.750	USD	200,000	218,056	214,874
	CONOCOPHILLIPS COMPANY	02/01/2039	6.500	USD	208,000	250,216	263,309
	CONSOLIDATED EDISON, INC.	03/01/2035	5.300	USD	650,000	737,841	746,603
	CONSOLIDATED EDISON, INC.	12/01/2045	4.500	USD	500,000	520,390	530,180
	CONSOLIDATED ENERGY FINANCE S.A.	10/15/2019	6.750	USD	290,000	294,925	290,000
	CONSTELLATION BRANDS, INC.	11/15/2024	4.750	USD	1,305,000	1,398,756	1,385,258
	CONSTELLATION BRANDS, INC.	12/06/2026	3.700	USD	1,125,976	1,125,976	1,099,170
	CONSUMERS ENERGY COMPANY	08/15/2046	3.250	USD	500,000	485,810	441,410
	CONTINENTAL RESOURCES, INC.	09/15/2022	5.000	USD	750,000	740,625	757,043
	COOPERATIVE RABOBANK U.A.	05/15/2017	0.190	USD	9,000,000	8,953,650	8,953,650
	COOPERATIVE RABOBANK U.A.	03/19/2018	1.700	USD	1,000,000	1,000,090	1,000,090
	COOPERATIVE RABOBANK U.A.	08/09/2019	1.390	USD	3,500,000	3,500,000	3,507,700
	COOPERATIVE RABOBANK U.A.	01/19/2021	2.500	USD	1,000,000	1,015,600	999,840
	COOPERATIVE RABOBANK U.A.	05/24/2041	5.250	USD	250,000	274,085	290,970
	COOPERATIVE RABOBANK U.A.	08/04/2045	5.250	USD	500,000	525,230	543,240
	CORECIVIC, INC.	10/15/2022	5.000	USD	10,000	9,175	9,975
	CORECIVIC, INC.	05/01/2025	4.625	USD	2,205,000	1,978,013	2,171,925
	CORNING INCORPORATED	03/15/2042	4.750	USD	250,000	248,235	248,445
	CORPORACION ANDINA DE FOMENTO	05/10/2019	2.000	USD	1,000,000	1,008,370	993,480
	CORPORACION NACIONAL DEL COBRE DE CHILE	11/04/2020	3.750	USD	209,000	218,209	215,169
	CORPORACION NACIONAL DEL COBRE DE CHILE	11/03/2021	3.870	USD	261,000	286,028	266,215
	CORPORACION NACIONAL DEL COBRE DE CHILE	08/13/2023	4.500	USD	20,000	20,423	20,643
	CORPORACION NACIONAL DEL COBRE DE CHILE	09/16/2025	4.500	USD	534,000	533,405	542,090
	CORPORACION NACIONAL DEL COBRE DE CHILE	07/17/2042	4.250	USD	321,000	321,054	289,372
	CORPORACION NACIONAL DEL COBRE DE CHILE	10/18/2043	5.620	USD	200,000	210,250	217,269
	CORPORACION NACIONAL DEL COBRE DE CHILE	11/04/2044	4.870	USD	620,000	688,584	608,426
	CORTES NP ACQUISITION CORPORATION	10/15/2024	9.250	USD	1,975,000	1,975,000	2,093,500
	COSTCO WHOLESALE CORP.	12/15/2019	1.700	USD	500,000	484,460	499,470
	COUNCIL OF EUROPE DEVELOPMENT BANK	03/10/2020	1.620	USD	750,000	752,558	745,140
	COVANTA HOLDING CORPORATION	12/01/2020	7.250	USD	1,120,666	1,120,666	1,144,080
	COVANTA HOLDING CORPORATION	10/01/2022	6.370	USD	1,135,000	1,207,138	1,151,673
	COVANTA HOLDING CORPORATION	03/01/2024	5.870	USD	2,000,000	2,015,013	1,925,000
	COVERIS HOLDINGS S.A.	11/01/2019	7.870	USD	5,000,000	5,287,500	4,962,500
	CPPIB CAPITAL INC.	01/25/2017	0.012	USD	12,100,000	12,078,354	12,078,354
	CPUK FINANCE LIMITED	02/28/2042	3.588	GBP	1,545,000	2,374,532	2,016,280
	CRC FUNDING, LLC.	03/08/2017	0.058	USD	4,815,000	4,799,592	4,799,592
	CREDIT SUISSE AG	03/16/2017	0.133	USD	7,440,000	7,391,371	7,391,371
	CREDIT SUISSE GROUP FUNDING	05/28/2019	2.300	USD	1,000,000	1,013,340	1,002,450
	CREDIT SUISSE GROUP FUNDING	08/05/2020	4.370	USD	500,000	555,715	527,340
	CREDIT SUISSE GROUP FUNDING	12/10/2020	3.120	USD	1,500,000	1,501,658	1,495,305
	CREDIT SUISSE GROUP FUNDING	06/09/2023	3.800	USD	500,000	495,895	499,450
	CREDIT SUISSE GROUP FUNDING	09/09/2024	3.620	USD	500,000	515,529	503,340
	CREDIT SUISSE GROUP FUNDING	03/26/2025	3.750	USD	295,000	286,949	290,516
	CREDIT SUISSE GROUP FUNDING	05/15/2045	4.870	USD	320,000	318,051	328,470
	CROWN AMERICAS LLC	01/15/2023	4.500	USD	2,475,000	2,487,238	2,524,500
	CROWN CASTLE INTERNATIONAL CORPORATION	01/15/2023	5.250	USD	500,000	563,535	538,125
	CROWN CASTLE INTERNATIONAL CORPORATION	06/15/2026	3.700	USD	330,000	340,352	323,905
	CSAIL 2015-C1 COMMERCIAL MORTGAGE TRUST	04/15/2050	2.960	USD	1,000,000	1,037,734	1,022,780
	CSAIL 2015-C2 COMMERCIAL MORTGAGE TRUST	06/15/2057	3.500	USD	1,650,000	1,650,555	1,689,237
	CSC HOLDINGS, LLC.	01/15/2023	10.120	USD	4,725,000	5,017,719	5,457,375
	CSC HOLDINGS, LLC.	06/01/2024	5.250	USD	3,975,000	4,011,375	3,885,563
	CSC HOLDINGS, LLC.	10/15/2025	6.620	USD	55,000	59,538	60,088
	CSC HOLDINGS, LLC.	04/15/2027	5.500	USD	4,790,000	4,828,521	4,849,875

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
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 CORPORATE DEBT SECURITIES
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NOTES	IDENTITY OF ISSUE	Maturity	Interest Rate	DESCRIPTION		COST	CURRENT VALUE
				PRINCIPAL CURRENCY	PRINCIPAL		
CORPORATE OBLIGATIONS							
	CST BRANDS, INC.	05/01/2023	5.000 %	USD	\$ 2,175,000	\$ 2,214,234	\$ 2,245,688
	CSX CORPORATION	06/01/2021	4.250	USD	500,000	555,590	534,135
	CSX CORPORATION	05/01/2037	6.150	USD	525,000	650,372	644,942
	CSX CORPORATION	11/01/2066	4.250	USD	500,000	500,000	456,290
	CUBESMART L.P.	12/15/2023	4.375	USD	400,000	393,552	418,992
*	CVS HEALTH CORPORATION	07/20/2018	1.900	USD	500,650	500,650	501,920
*	CVS HEALTH CORPORATION	12/05/2018	2.250	USD	1,000,000	1,004,380	1,008,770
*	CVS HEALTH CORPORATION	07/20/2020	2.800	USD	1,000,650	1,000,650	1,014,610
*	CVS HEALTH CORPORATION	07/20/2045	5.120	USD	750,000	872,783	835,838
*	CVS PASS THROUGH TRUST	01/10/2032	7.500	USD	2,500,711	3,188,531	3,045,040
	CYTEC INDUSTRIES INC.	05/01/2025	3.950	USD	150,000	150,813	141,983
	DAIMLER FINANCE NORTH AMERICA LLC	01/18/2031	8.500	USD	300,000	478,005	451,845
	DANA HOLDING CORPORATION	09/15/2021	5.375	USD	1,079,000	1,079,243	1,118,114
	DANA HOLDING CORPORATION	12/15/2024	5.500	USD	975,000	973,563	994,500
	DAVITA HEALTHCARE PARTNERS INC.	08/15/2022	5.750	USD	3,550,000	3,775,508	3,709,750
	DAVITA HEALTHCARE PARTNERS INC.	07/15/2024	5.120	USD	3,250,000	3,308,906	3,241,875
	DAVITA HEALTHCARE PARTNERS INC.	05/01/2025	5.000	USD	1,395,000	1,384,298	1,372,331
	DBP HOLDING CORPORATION	10/15/2020	7.750	USD	3,030,000	2,824,318	2,060,400
	DCP MIDSTREAM OPERATING LP	03/15/2023	3.870	USD	2,780,000	2,496,904	2,674,026
	DDR CORP.	02/01/2025	3.625	USD	500,000	501,720	483,680
*	DEAN FOODS COMPANY	03/15/2023	6.500	USD	1,745,000	1,753,219	1,836,613
	DELL INTERNATIONAL LLC	09/07/2023	1.300	USD	2,300,000	2,317,250	2,337,881
	DELPHI CORPORATION	03/15/2024	4.150	USD	200,000	215,030	206,146
	DENBURY RESOURCES INC.	05/15/2021	9.000	USD	1,305,000	1,294,519	1,412,663
	DENBURY RESOURCES INC.	05/01/2022	5.500	USD	1,070,000	1,070,000	933,575
	DEUTSCHE BANK	02/13/2018	1.870	USD	500,000	497,865	497,130
	DEUTSCHE BANK	01/13/2021	3.120	USD	490,000	478,730	481,768
	DEUTSCHE TELEKOM INTERNATIONAL FINANCE B.V.	6/15/2030	8.750	USD	790,000	953,111	1,161,395
	DEVELOPMENT BANK OF KAZAKHSTAN	12/10/2022	4.120	USD	1,464,000	1,407,473	1,408,427
	DEVELOPMENT BANK OF THE PHILIPPINES	03/25/2021	5.500	USD	310,000	345,495	341,811
	DEVON ENERGY CORPORATION	12/15/2025	5.850	USD	1,000,000	1,151,000	1,136,140
	DEVON ENERGY CORPORATION	06/15/2045	5.000	USD	500,000	362,735	491,170
	DIAGEO CAPITAL PLC	04/29/2023	2.625	USD	536,000	494,230	529,890
	DIAGEO CAPITAL PLC	09/30/2036	5.875	USD	400,000	484,120	486,080
	DIAMOND 1 FINANCE CORPORATION	06/01/2019	3.480	USD	505,000	505,878	515,509
	DIAMOND 1 FINANCE CORPORATION	06/15/2021	4.420	USD	1,810,000	1,874,418	1,872,898
	DIAMOND 1 FINANCE CORPORATION	06/15/2023	5.450	USD	830,000	830,643	880,414
	DIAMOND 1 FINANCE CORPORATION	06/15/2026	6.020	USD	6,890,000	6,963,221	7,463,937
	DIAMOND 1 FINANCE CORPORATION	07/15/2046	8.350	USD	430,000	430,656	529,455
	DIGICEL GROUP LIMITED	09/30/2020	8.250	USD	11,255,000	11,578,406	9,656,452
	DIGICEL GROUP LIMITED	04/01/2022	7.120	USD	4,744,000	4,352,273	3,680,110
	DIGICEL GROUP LIMITED	03/01/2023	6.750	USD	2,410,000	2,093,843	2,172,928
	DIGITAL REALTY TRUST, L.P.	03/15/2021	5.250	USD	500,000	549,215	543,305
	DIGNITY HEALTH	11/01/2042	4.500	USD	400,000	372,212	370,160
	DIGNITY HEALTH	11/01/2064	5.260	USD	200,000	206,840	195,106
	DISCOVER BANK	06/04/2020	3.100	USD	500,000	501,790	505,995
	DISCOVER BANK	03/13/2026	4.250	USD	600,000	621,666	611,232
	DISCOVER CARD EXECUTION NOTE TRUST	01/18/2022	1.670	USD	1,000,000	997,109	996,200
	DISCOVERY COMMUNICATIONS, LLC	04/01/2023	3.250	USD	600,000	608,094	584,934
	DISCOVERY COMMUNICATIONS, LLC	06/01/2040	6.350	USD	415,000	443,847	440,689
	DISH DBS CORPORATION	03/15/2023	5.000	USD	6,695,000	6,056,805	6,661,525
	DISH DBS CORPORATION	11/15/2024	5.870	USD	735,000	683,444	756,315
	DISH DBS CORPORATION	07/01/2026	7.750	USD	6,415,000	6,500,929	7,232,913
	DNB NOR BANK	05/12/2017	0.185	USD	8,000,029	7,959,029	7,959,029
	DOLLAR GENERAL CORPORATION	04/15/2018	1.870	USD	500,000	501,980	500,640
	DOLLAR GENERAL CORPORATION	04/15/2023	3.250	USD	2,885,609	2,885,609	2,847,005
	DOLLAR TREE, INC.	03/01/2023	5.750	USD	3,400,000	3,546,166	3,599,988
	DOMINION GAS HOLDINGS, LLC	11/01/2023	3.550	USD	250,000	257,488	252,983
	DOMINION GAS HOLDINGS, LLC	12/15/2044	4.600	USD	1,730,000	1,877,570	1,721,298
	DOMINION RESOURCES, INC.	06/15/2018	1.900	USD	500,385	500,385	500,260
	DOMINION RESOURCES, INC.	09/15/2022	2.750	USD	500,000	497,565	492,035
	DOMINION RESOURCES, INC.	10/01/2025	3.900	USD	750,000	758,093	765,705
	DOVER CORPORATION	11/15/2025	3.150	USD	175,000	183,069	176,110
*	DR PEPPER SNAPPLE GROUP, INC.	11/15/2021	2.530	USD	250,500	247,598	248,545
*	DR PEPPER SNAPPLE GROUP, INC.	11/15/2025	3.400	USD	500,000	518,920	499,085
*	DR PEPPER SNAPPLE GROUP, INC.	06/15/2027	3.430	USD	250,000	246,943	246,218
	DTE ELECTRIC COMPANY	10/01/2020	3.450	USD	500,000	525,280	521,340
	DTE ENERGY COMPANY	04/15/2033	6.370	USD	655,000	786,299	800,646
	DUBAI WORLD	12/31/2017	2.224	USD	2,224,549	1,699,787	1,846,377
	DUKE ENERGY CAROLINAS, LLC	03/15/2023	2.500	USD	500,000	511,010	495,555
	DUKE ENERGY CAROLINAS, LLC	01/15/2038	6.000	USD	500,000	634,980	619,310
	DUKE ENERGY CORPORATION	09/15/2021	3.550	USD	500,000	536,550	517,570
	DUKE ENERGY CORPORATION	09/01/2046	3.750	USD	500,000	478,965	450,105
	DUKE ENERGY FLORIDA LLC	10/01/2046	3.400	USD	340,000	327,841	302,525
	DUKE ENERGY INDIANA, INC.	04/01/2039	6.450	USD	200,000	226,260	262,108
	DUKE ENERGY INDIANA, INC.	07/15/2043	4.900	USD	500,000	559,830	554,035
	DUKE ENERGY OHIO, INC.	09/01/2023	3.800	USD	500,000	547,860	524,815
	DUKE REALTY L.P.	04/15/2023	3.625	USD	580,000	581,514	589,152
	DUKE UNIVERSITY	10/01/2038	3.190	USD	100,000	100,464	92,043
	DUKE UNIVERSITY	10/01/2046	3.290	USD	400,000	358,248	362,612
	DUQUESNE LIGHT HOLDINGS, INC.	09/15/2020	6.400	USD	800,000	895,464	892,632
	DUQUESNE LIGHT HOLDINGS, INC.	12/01/2021	5.900	USD	2,085,000	2,429,241	2,332,615
	DYNEGY INC.	11/01/2019	6.750	USD	1,490,000	1,474,688	1,516,075
	DYNEGY INC.	11/01/2022	7.370	USD	1,900,000	1,876,250	1,814,500
	DYNEGY INC.	11/01/2024	7.620	USD	2,345,000	2,390,361	2,163,263
	E.I. DU PONT DE NEMOURS AND COMPANY	03/15/2019	5.750	USD	500,000	584,060	541,950
	E.I. DU PONT DE NEMOURS AND COMPANY	02/15/2043	4.150	USD	500,000	515,680	470,960
	EASTMAN CHEMICAL COMPANY	10/15/2044	4.650	USD	2,700,000	2,657,053	2,677,725
	EATON CORPORATION	11/02/2022	2.750	USD	500,000	495,515	495,215
	EBAY INC.	08/01/2021	2.870	USD	500,000	497,995	500,960
	EBAY INC.	03/09/2022	3.800	USD	500,000	508,990	516,565
	ECOLAB, INC.	12/08/2027	4.350	USD	500,000	529,865	540,330
	ECOPETROL S.A.	07/23/2019	7.620	USD	183,000	213,394	205,180
	ECOPETROL S.A.	09/18/2023	5.870	USD	249,000	253,014	263,567
	ECOPETROL S.A.	06/26/2026	5.370	USD	736,000	733,531	732,320
	ECOPETROL S.A.	09/18/2043	7.370	USD	500,000	621,250	507,500
	ECOPETROL S.A.	05/28/2045	5.870	USD	334,000	319,173	288,576
	EDUCATION MANAGEMENT LLC	07/02/2020	2.570	USD	482,219	725,345	15,913
	ELDORADO GOLD CORPORATION	12/15/2020	6.120	USD	1,645,000	1,663,506	1,669,675
	ELDORADO INTERNATIONAL FINANCE GMBH	06/16/2021	8.620	USD	3,425,000	3,425,083	2,928,375
	ELI LILLY AND COMPANY	03/15/2037	5.550	USD	500,000	619,470	602,490
	EMBRAER NETHERLANDS FINANCE BV	06/15/2025	5.050	USD	500,000	500,250	497,000

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
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NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	DESCRIPTION		COST	CURRENT VALUE
				PRINCIPAL CURRENCY	PRINCIPAL		
CORPORATE OBLIGATIONS							
	EMERA INC.	06/15/2076	6.750 %	USD	\$ 2,050,000	\$ 2,047,879	\$ 2,193,500
	EMERA US FINANCE LP	06/15/2046	4.750	USD	500,000	537,155	504,225
	EMERSON ELECTRIC COMPANY	02/15/2023	2.620	USD	440,000	443,704	436,594
	EMI MUSIC PUBLISHING GROUP INC.	06/15/2024	7.620	USD	1,295,600	1,298,600	1,398,600
	EMIRATES AIRLINE	02/06/2025	4.500	USD	161,904	164,205	164,511
	EMPRESA DE TELECOMUNICACIONES DE BOGOTA	01/17/2023	7.000	COP	938,000,000	345,634	234,548
	EMPRESA DE TRANSPORTE	02/04/2024	4.750	USD	309,000	306,670	324,160
	EMPRESA ELECTRICA ANGAMOS S.A.	05/25/2029	4.870	USD	280,000	275,878	266,073
	ENABLE MIDSTREAM PARTNERS, LP	05/15/2024	3.900	USD	500,000	500,865	474,275
	ENBRIDGE ENERGY PARTNERS L.P.	09/15/2021	4.200	USD	800,000	847,296	832,560
	ENBRIDGE ENERGY PARTNERS L.P.	10/15/2045	7.370	USD	150,000	159,582	186,053
	ENBRIDGE INC.	06/10/2024	3.500	USD	500,000	486,435	486,960
	ENCAANA CORP.	02/01/2038	6.500	USD	500,000	444,375	540,380
	ENDO FINANCE LLC	01/15/2022	5.750	USD	1,625,000	1,644,121	1,434,063
	ENDO FINANCE LLC	01/15/2023	5.370	USD	95,000	94,050	80,513
	ENEL AMERICAS S.A.	10/25/2026	4.000	USD	72,000	70,822	68,737
	ENERGIZER HOLDINGS, INC.	06/15/2025	5.500	USD	1,585,000	1,591,011	1,588,963
	ENERGY FUTURE INTERMEDIATE HOLDING COMPANY LLC	12/01/2020	10.000	USD	4,755,000	5,241,923	1,117,425
	ENERGY TRANSFER EQUITY L.P.	01/15/2024	5.870	USD	145,000	147,288	149,713
	ENERGY TRANSFER PARTNERS, L.P.	01/15/2026	4.750	USD	1,250,000	1,270,731	1,292,300
	ENERGY TRANSFER PARTNERS, L.P.	02/01/2042	6.500	USD	500,000	618,645	540,185
	ENERGYSOLUTIONS, LLC	05/29/2020	1.000	USD	1,915,983	1,882,011	1,927,958
	ENGLITY CORPORATION	09/01/2024	8.870	USD	2,222,050	2,262,000	2,262,600
	ENLINK MIDSTREAM PARTNERS, L.P.	04/01/2019	2.700	USD	1,000,000	918,750	1,000,660
	ENTERGY ARKANSAS, INC.	02/15/2021	3.750	USD	700,000	769,811	734,013
	ENTERPRISE PRODUCTS OPERATING LLC	01/31/2019	6.500	USD	475,000	521,256	517,788
	ENTERPRISE PRODUCTS OPERATING LLC	03/15/2023	3.350	USD	500,000	493,280	506,180
	ENTERPRISE PRODUCTS OPERATING LLC	02/15/2027	3.950	USD	500,000	527,910	512,195
	ENTERPRISE PRODUCTS OPERATING LLC	02/15/2043	4.450	USD	500,000	513,190	473,910
	ENTERPRISE PRODUCTS OPERATING LLC	10/15/2054	4.950	USD	500,000	509,985	484,465
	ENVISION HEALTHCARE CORPORATION	07/01/2022	5.120	USD	3,335,000	3,311,781	3,322,494
	ENVISION HEALTHCARE CORPORATION	07/15/2022	5.620	USD	3,965,000	4,033,873	4,087,915
	EOG RESOURCES, INC.	04/01/2035	3.900	USD	510,000	508,659	482,985
	EP ENERGY LLC	11/29/2024	8.000	USD	2,280,000	2,288,963	2,450,316
	EPR PROPERTIES	04/01/2025	4.500	USD	400,000	405,808	395,140
	EQT CORPORATION	04/01/2018	6.500	USD	600,000	661,861	631,716
	EQUATE PETROCHEMICAL B.V.	11/03/2026	4.250	USD	215,000	215,379	205,170
	ERP OPERATING LIMITED PARTNERSHIP	12/15/2021	4.625	USD	299,000	342,265	324,777
	ERP OPERATING LIMITED PARTNERSHIP	06/01/2025	3.375	USD	500,000	490,050	496,415
	ESH HOSPITALITY, INC.	05/01/2025	5.250	USD	2,655,000	2,644,706	2,641,725
	ESKOM HOLDINGS SOC LIMITED	01/26/2021	5.750	USD	546,000	482,255	546,044
	ESKOM HOLDINGS SOC LIMITED	08/06/2023	6.750	USD	313,000	314,590	314,590
	ESKOM HOLDINGS SOC LIMITED	02/11/2025	7.120	USD	320,000	298,640	322,400
	ESSEX PORTFOLIO, L.P.	04/15/2026	3.375	USD	500,000	507,280	483,510
	EUROPEAN BANK FOR RECONSTRUCTION AND DEVELOPMENT	11/15/2018	1.620	USD	600,000	599,954	601,596
	EUROPEAN BANK FOR RECONSTRUCTION AND DEVELOPMENT	02/23/2022	1.870	USD	1,000,000	982,700	979,640
	EUROPEAN INVESTMENT BANK	05/15/2018	1.250	USD	1,250,000	1,257,990	1,247,800
	EUROPEAN INVESTMENT BANK	06/15/2018	1.000	USD	1,000,000	972,090	994,960
	EUROPEAN INVESTMENT BANK	03/15/2019	1.870	USD	1,750,000	1,758,733	1,761,953
	EUROPEAN INVESTMENT BANK	03/16/2020	1.620	USD	1,750,000	1,735,338	1,735,773
	EUROPEAN INVESTMENT BANK	06/15/2020	1.370	USD	500,000	497,250	490,510
	EUROPEAN INVESTMENT BANK	03/15/2021	2.000	USD	1,195,000	1,208,862	1,189,981
	EUROPEAN INVESTMENT BANK	09/15/2021	1.370	USD	1,000,000	994,060	962,840
	EUROPEAN INVESTMENT BANK	01/29/2024	3.250	USD	1,500,000	1,673,910	1,567,425
	EUROPEAN INVESTMENT BANK	10/15/2024	2.500	USD	500,000	500,215	497,380
	EUROPEAN INVESTMENT BANK	02/15/2036	4.870	USD	1,000,000	1,350,150	1,244,550
	EXELON CORPORATION	06/15/2035	4.950	USD	500,000	502,220	530,455
	EXELON GENERATION COMPANY, LLC	06/15/2042	5.600	USD	750,000	726,653	694,388
	EXPORT-IMPORT BANK OF INDIA	01/14/2023	4.000	USD	324,000	321,851	329,546
	EXPORT-IMPORT BANK OF INDIA	08/05/2026	3.375	USD	354,000	354,763	330,378
	EXPRESS SCRIPTS HOLDING COMPANY	11/15/2021	4.750	USD	750,000	810,411	805,553
	EXPRESS SCRIPTS HOLDING COMPANY	03/01/2027	3.400	USD	1,000,360	1,007,360	936,910
	EXTRACTION OIL AND GAS, INC.	07/15/2021	7.870	USD	1,120,000	1,120,000	1,198,400
	EXXON MOBIL CORPORATION	03/01/2021	2.220	USD	1,000,000	1,019,880	1,002,290
	EXXON MOBIL CORPORATION	03/01/2026	3.040	USD	750,000	760,320	748,988
	EXXON MOBIL CORPORATION	03/01/2046	4.110	USD	500,000	578,120	512,135
	FAGE INTERNATIONAL S.A.	08/15/2026	5.620	USD	2,700,000	2,706,724	2,706,750
	FBI FINANCE INC.	08/15/2021	8.250	USD	2,395,000	2,449,338	2,526,725
	FEDERAL REALTY INVESTMENT TRUST	12/01/2044	4.500	USD	500,000	501,360	506,115
	FEDEX CORPORATION	02/01/2020	2.300	USD	500,000	504,530	500,590
	FEDEX CORPORATION	11/15/2045	4.750	USD	500,000	539,555	517,835
	FERRERPO FINANCE PLC	04/07/2019	10.370	USD	300,000	227,625	300,000
	FIAT CHRYSLER AUTOMOBILES N.V.	04/15/2023	5.250	USD	4,300,000	4,298,063	4,378,690
	FIDELITY NATIONAL INFORMATION SERVICES, INC.	10/15/2020	3.620	USD	380,000	388,174	393,403
	FIDELITY NATIONAL INFORMATION SERVICES, INC.	06/05/2024	3.870	USD	500,000	517,855	510,130
	FIELDWOOD ENERGY LLC	09/17/2020	8.380	USD	1,925,000	1,874,174	1,669,938
	FIELDWOOD ENERGY LLC	09/30/2020	8.380	USD	780,000	789,405	546,000
	FIFTH THIRD BANCORP	08/20/2018	2.150	USD	1,000,000	1,010,830	1,006,320
	FIFTH THIRD BANCORP	07/27/2020	2.870	USD	1,008,740	1,008,740	1,011,000
	FIRST AMERICAN FINANCIAL CORPORATION	11/15/2024	4.600	USD	500,000	504,005	494,010
	FIRST DATA CORPORATION	03/24/2021	3.780	USD	3,679,390	3,692,142	3,720,783
	FIRST DATA CORPORATION	12/01/2023	7.000	USD	5,260,000	5,216,038	5,601,900
	FIRST DATA CORPORATION	01/15/2024	5.750	USD	2,355,000	2,355,000	2,430,077
	FIRST QUALITY FINANCE COMPANY, INC.	05/15/2021	4.620	USD	2,915,000	2,740,013	2,885,850
	FIRST QUANTUM MINERALS LTD.	02/15/2021	7.000	USD	4,310,000	4,332,495	4,286,726
	FIRST QUANTUM MINERALS LTD.	05/15/2022	7.250	USD	2,705,000	2,742,225	2,664,425
	FIRST REPUBLIC BANK	06/17/2019	2.370	USD	500,000	502,785	499,160
	FIRST TENNESSEE BANK, NATIONAL ASSOCIATION	12/01/2019	2.950	USD	500,000	500,704	501,240
	FISERV, INC.	10/01/2022	3.500	USD	500,000	471,630	509,200
	FLEX-VAN LEASING INC.	08/15/2018	7.870	USD	2,420,000	2,385,717	2,202,200
	FLORIDA POWER & LIGHT COMPANY	06/01/2024	3.250	USD	500,000	533,335	510,235
	FLORIDA POWER & LIGHT COMPANY	02/01/2038	5.950	USD	550,000	547,008	504,635
	FLORIDA POWER & LIGHT COMPANY	02/01/2042	4.120	USD	111,000	122,759	113,854
	FLY LEASING LTD.	12/15/2020	6.750	USD	4,775,000	5,074,476	4,989,875
	FMG RESOURCES AUGUST 2006 PTY LTD	03/01/2022	9.750	USD	1,790,000	2,081,844	2,076,525
	FMS WERTMANAGEMENT AOER	03/17/2020	1.750	USD	550,000	557,341	549,357
*	FORD CREDIT AUTO OWNER TRUST	10/15/2020	1.330	USD	2,000,000	2,005,156	1,993,420
*	FORD MOTOR COMPANY	07/16/2031	7.450	USD	500,000	677,687	627,525
*	FORD MOTOR COMPANY	01/15/2043	4.750	USD	250,000	274,515	237,353
*	FORD MOTOR COMPANY	12/08/2046	5.291	USD	500,000	501,840	506,495
*	FORD MOTOR CREDIT CO. LLC	08/15/2017	6.620	USD	5,250,000	5,909,663	5,409,758
*	FORD MOTOR CREDIT COMPANY LLC	03/12/2019	2.370	USD	1,000,210	1,009,210	999,410

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
 EIN: 36-6044243 AND PN: 001
 SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
 CORPORATE DEBT SECURITIES
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NOTES	IDENTITY OF ISSUE	DESCRIPTION				COST	CURRENT VALUE
		MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL		
	<u>CORPORATE OBLIGATIONS</u>						
*	FORD MOTOR CREDIT COMPANY LLC	01/15/2021	3.200 %	USD \$	1,500,000	\$ 1,490,085	\$ 1,502,190
*	FORD MOTOR CREDIT COMPANY LLC	03/18/2021	3.330	USD	750,000	769,044	755,205
	FORTIVE CORPORATION	06/15/2026	3.150	USD	1,000,000	1,020,740	985,460
	FRANSHION DEVELOPMENT LTD	04/15/2021	6.750	USD	276,000	310,915	310,346
	FREMF 2013-K24 MORTGAGE TRUST	11/25/2045	0.200	USD	1,000,000	946,836	958,900
	FREMF 2014-K715 MORTGAGE TRUST	02/25/2046	2.080	USD	1,299,970	1,272,069	1,272,069
	FREMF 2014-K717 MORTGAGE TRUST	11/25/2047	3.389	USD	940,000	924,138	901,056
	FREMF 2015-K720 MORTGAGE TRUST	07/25/2022	3.389	USD	3,250,000	3,015,010	3,155,328
	FREMF 2015-K721 MORTGAGE TRUST	11/25/2047	3.090	USD	1,080,000	985,950	1,053,443
	FRONTIER COMMUNICATIONS CORP.	09/15/2020	8.870	USD	2,095,000	2,244,944	2,231,175
	FRONTIER COMMUNICATIONS CORP.	01/15/2023	7.120	USD	1,525,000	1,304,694	1,380,125
	FRONTIER COMMUNICATIONS CORP.	04/15/2024	7.620	USD	1,655,000	1,671,354	1,481,225
	FRONTIER COMMUNICATIONS CORP.	01/15/2025	6.870	USD	1,155,000	1,155,000	978,863
	FRONTIER COMMUNICATIONS CORP.	09/15/2025	11.000	USD	4,415,000	4,451,901	4,558,488
	GATES GLOBAL LLC	07/15/2022	6.000	USD	1,570,000	1,503,275	1,535,460
	GATX CORP.	03/30/2023	3.900	USD	600,000	605,334	599,136
	GE CAPITAL INTERNATIONAL FUNDING COMPANY	11/15/2020	3.340	USD	250,000	250,165	249,880
	GE CAPITAL INTERNATIONAL FUNDING COMPANY	11/15/2025	3.370	USD	1,000,000	1,067,530	1,016,580
	GE CAPITAL INTERNATIONAL FUNDING COMPANY	11/15/2035	4.410	USD	1,000,000	1,078,797	1,047,910
*	GENERAL DYNAMICS CORPORATION	08/15/2023	1.875	USD	370,000	366,770	351,759
*	GENERAL DYNAMICS CORPORATION	11/15/2042	3.600	USD	430,000	390,698	407,588
	GENERAL ELECTRIC COMPANY	01/09/2017	1.150	USD	2,135,000	2,135,000	2,135,107
	GENERAL ELECTRIC COMPANY	08/07/2019	6.000	USD	1,750,000	2,007,070	1,933,523
	GENERAL ELECTRIC COMPANY	01/07/2021	4.620	USD	500,000	536,720	542,905
	GENERAL ELECTRIC COMPANY	10/09/2022	2.700	USD	250,000	256,480	249,955
	GENERAL ELECTRIC COMPANY	03/11/2024	3.370	USD	500,000	534,430	513,915
	GENERAL ELECTRIC COMPANY	03/15/2032	6.750	USD	500,000	707,000	665,565
	GENERAL ELECTRIC COMPANY	01/14/2038	5.870	USD	1,000,000	1,194,651	1,258,530
	GENERAL MILLS, INC.	10/21/2019	2.200	USD	1,000,000	998,970	1,004,870
*	GENERAL MOTORS COMPANY	04/01/2045	5.200	USD	500,000	519,580	481,955
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	04/10/2018	2.400	USD	1,000,000	998,590	1,001,070
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	07/10/2019	3.500	USD	500,000	508,750	509,130
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	10/04/2019	2.350	USD	1,000,000	999,510	988,250
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	03/01/2026	5.250	USD	1,000,000	1,098,300	1,050,490
	GENESIS ENERGY, L.P.	02/15/2021	5.750	USD	1,815,135	1,855,135	1,833,150
	GENWORTH HOLDINGS, INC.	06/15/2020	7.700	USD	1,850,000	1,928,323	1,789,320
	GENWORTH HOLDINGS, INC.	06/15/2034	6.500	USD	2,550,000	2,488,157	2,040,000
	GEO GROUP, INC.	04/01/2023	5.125	USD	2,685,000	2,715,980	2,577,600
	GEO GROUP, INC.	04/15/2026	6.000	USD	2,765,000	2,741,073	2,716,613
	GEORGIA POWER COMPANY	06/01/2040	5.400	USD	350,000	438,928	399,963
	GEORGIAN RAILWAY STOCK COMPANY	07/11/2022	7.750	USD	271,000	294,008	288,577
	GEORGIA-PACIFIC LLC	01/15/2024	8.000	USD	500,000	668,420	638,180
	GILEAD SCIENCES, INC.	09/04/2018	1.850	USD	500,000	509,325	501,890
	GILEAD SCIENCES, INC.	09/01/2020	2.550	USD	1,000,000	1,030,430	1,010,540
	GILEAD SCIENCES, INC.	12/01/2021	4.400	USD	500,000	554,450	537,920
	GILEAD SCIENCES, INC.	02/01/2025	3.500	USD	500,000	503,645	505,530
	GILEAD SCIENCES, INC.	03/01/2027	2.950	USD	220,000	223,533	210,553
	GILEAD SCIENCES, INC.	09/01/2035	4.600	USD	350,000	352,058	363,017
	GILEAD SCIENCES, INC.	03/01/2046	4.750	USD	470,000	475,720	486,295
	GILEAD SCIENCES, INC.	03/01/2047	4.150	USD	230,000	236,790	218,454
	GLAXOSMITHKLINE CAPITAL, INC.	05/15/2018	5.650	USD	385,000	410,926	405,794
	GLAXOSMITHKLINE CAPITAL, INC.	04/15/2034	5.370	USD	185,000	169,214	216,506
	GLAXOSMITHKLINE CAPITAL PLC	05/08/2022	2.850	USD	1,000,000	1,048,460	1,008,030
	GOLDCORP INC.	03/15/2018	2.120	USD	500,000	506,130	499,765
	GOLDCORP INC.	06/09/2021	3.620	USD	200,000	204,426	203,182
	GREAT WESTERN PETROLEUM, LLC	09/30/2021	9.000	USD	1,545,550	1,606,800	1,606,800
	GROUP 1 AUTOMOTIVE, INC.	12/15/2023	5.250	USD	1,580,000	1,476,938	1,564,200
	GRUPO TELEVISIVA, S.A.B.	05/15/2018	6.000	USD	500,000	563,340	526,635
	GRUPO TELEVISIVA, S.A.B.	05/13/2045	5.000	USD	500,000	473,830	424,295
	GS MORTGAGE SECURITIES CORP.	01/10/2045	3.480	USD	1,085,899	1,163,335	1,136,448
	GS MORTGAGE SECURITIES CORP.	05/10/2049	2.790	USD	1,500,000	1,531,523	1,456,260
	GS MORTGAGE SECURITIES CORP.	05/10/2050	3.380	USD	1,500,000	1,498,301	1,521,870
	GTH FINANCE B.V.	04/26/2020	6.250	USD	425,000	445,461	445,398
	GUITAR CENTER INC.	04/15/2019	6.500	USD	2,595,088	2,595,088	2,354,963
	GULFPORT ENERGY CORPORATION	05/01/2023	6.620	USD	1,390,000	1,420,572	1,452,550
	HALLIBURTON COMPANY	11/15/2035	5.000	USD	1,000,000	1,116,090	1,054,630
	HALLIBURTON COMPANY	11/15/2045	5.000	USD	400,000	499,908	431,380
	HALLIBURTON COMPANY	10/15/2022	6.250	USD	2,375,000	2,358,125	2,446,250
	HANESBRANDS, INC.	05/15/2024	4.620	USD	1,350,000	1,309,500	1,309,500
	HANESBRANDS, INC.	05/15/2026	4.870	USD	3,505,000	3,611,975	3,426,138
	HARRIS CORPORATION	04/27/2045	5.050	USD	500,000	473,490	527,910
	HARTFORD FINANCIAL SERVICES GROUP INC.	10/01/2041	6.100	USD	500,000	604,855	586,745
	HCA HOLDINGS, INC.	02/15/2021	6.250	USD	3,390,000	3,595,938	3,648,488
	HCA HOLDINGS, INC.	03/01/2023	5.870	USD	925,000	976,863	982,813
	HCA HOLDINGS, INC.	03/01/2024	4.200	USD	500,000	513,810	508,885
	HCA HOLDINGS, INC.	03/15/2024	5.000	USD	2,000,000	2,055,000	2,057,500
	HCA HOLDINGS, INC.	02/01/2025	5.370	USD	3,600,000	3,674,475	3,609,000
	HCA HOLDINGS, INC.	06/01/2025	4.000	USD	500,000	503,590	497,030
	HCA HOLDINGS, INC.	06/15/2026	5.250	USD	55,000	55,000	56,856
	HCA HOLDINGS, INC.	11/06/2033	7.500	USD	5,525,000	5,912,071	5,856,500
*	HD SUPPLY, INC.	04/15/2024	5.750	USD	3,095,000	3,153,994	3,267,392
	HEALTHCARE REALTY TRUST, INC.	05/01/2025	3.880	USD	500,000	501,790	493,020
	HEALTHSOUTH CORPORATION	03/15/2023	5.120	USD	755,000	755,675	747,450
	HEALTHSOUTH CORPORATION	11/01/2024	5.750	USD	5,420,000	5,489,988	5,487,750
	HEALTHSOUTH CORPORATION	09/15/2025	5.750	USD	2,200,000	2,276,060	2,189,000
	HESS CORPORATION	04/01/2027	4.300	USD	500,000	503,415	497,710
	HESS CORPORATION	02/15/2041	5.600	USD	500,000	501,015	505,570
	HEWLETT PACKARD ENTERPRISE COMPANY	10/05/2018	2.850	USD	3,710,000	3,710,351	3,745,876
	HEWLETT PACKARD ENTERPRISE COMPANY	10/15/2020	3.600	USD	750,000	760,530	762,983
	HEWLETT PACKARD ENTERPRISE COMPANY	10/15/2025	4.900	USD	500,000	499,705	514,405
	HEWLETT PACKARD ENTERPRISE COMPANY	10/15/2045	6.350	USD	240,000	235,757	242,424
	HEXION U.S. FINANCE CORPORATION	04/15/2020	6.625	USD	9,228,000	8,795,188	8,166,780
	HILL-ROM HOLDINGS, INC.	09/01/2023	5.750	USD	2,235,000	2,306,725	2,307,638
	HILLTOP ESCROW ISSUER LLC	09/01/2024	4.250	USD	2,985,000	2,985,450	2,985,450
	HOLLY ENERGY PARTNERS, L.P.	08/01/2024	6.000	USD	2,200,000	2,227,500	2,293,500
	HOLLYFRONTIER CORP.	04/01/2026	5.870	USD	300,000	318,948	306,573
	HONDA AUTO RECEIVABLES OWNER TRUST	10/15/2020	1.460	USD	1,000,000	1,003,867	1,001,240
	HONEYWELL INTERNATIONAL INC.	11/01/2021	1.850	USD	2,670,000	2,669,867	2,609,204
	HONEYWELL INTERNATIONAL INC.	03/15/2037	5.700	USD	500,000	615,695	615,990
	HORIZON PHARMA, INC.	11/01/2024	8.750	USD	2,300,000	2,322,625	2,328,750
	HOSPITALITY PROPERTIES TRUST	02/15/2026	5.250	USD	500,000	506,270	506,055
	HOST HOTELS & RESORTS, L.P.	10/01/2021	6.000	USD	3,575,000	4,111,594	3,980,977

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
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NOTES	IDENTITY OF ISSUE	Maturity	DESCRIPTION		COST	CURRENT VALUE
			INTEREST RATE	PRINCIPAL CURRENCY		
CORPORATE OBLIGATIONS						
	HP INC.	06/01/2021	4.300 %	USD \$	500,000 \$	523,290
	HP INC.	09/15/2041	6.000	USD	250,000	252,158
	HSBC BANK PLC	01/11/2017	0.970	USD	4,390,000	4,390,000
	HSBC BANK USA N.A.	08/15/2035	5.620	USD	500,000	568,465
	HSBC HOLDINGS PLC	05/25/2021	2.950	USD	1,535,000	1,534,417
	HSBC HOLDINGS PLC	05/25/2023	3.600	USD	1,004,380	1,005,800
	HSBC HOLDINGS PLC	05/25/2026	3.900	USD	995,000	1,001,796
	HSBC HOLDINGS PLC	09/15/2037	6.500	USD	500,000	619,845
	HSBC HOLDINGS PLC	03/14/2044	5.250	USD	500,000	535,435
	HSBC USA INC.	03/05/2020	2.350	USD	1,500,000	1,488,270
	HUB INTERNATIONAL LIMITED	10/01/2021	7.870	USD	2,955,000	2,981,678
	HUDBAY MINERALS INC.	01/15/2025	7.620	USD	1,295,000	1,345,997
	HUGHES SATELLITE SYSTEMS CORPORATION	08/01/2026	5.250	USD	505,000	494,900
	HUGHES SATELLITE SYSTEMS CORPORATION	08/01/2026	6.620	USD	980,000	984,900
	HUMANA, INC.	10/01/2024	3.850	USD	500,000	511,850
	HUNTINGTON INGALLS INDUSTRIES, INC.	12/15/2021	5.000	USD	2,085,000	2,168,400
	HUSKY ENERGY, INC.	12/15/2019	7.250	USD	500,000	569,305
	HYATT HOTELS CORPORATION	03/15/2026	4.850	USD	500,000	526,545
	HYDRO-QUEBEC	07/07/2024	8.050	USD	1,000,000	1,314,730
	HYUNDAI AUTO RECEIVABLES TRUST	11/15/2019	1.460	USD	100,200	100,126
	HEARTCOMMUNICATIONS, INC.	09/15/2022	9.000	USD	3,125,000	2,296,875
	IHO VERWALTUNGS GMBH	09/15/2023	4.500	USD	2,890,000	2,824,975
	IHS NETHERLANDS HOLDCO B.V.	10/27/2021	9.500	USD	200,000	204,764
	ILLINOIS TOOL WORKS INC.	09/01/2042	3.900	USD	650,000	649,558
	INDIANA MICHIGAN POWER CO.	03/15/2019	7.000	USD	450,000	496,927
	INDIANA MICHIGAN POWER CO.	03/15/2046	4.550	USD	250,000	259,293
	INDUSTRIAL & COMMERCIAL BANK OF CHINA LIMITED	11/13/2019	3.230	USD	504,915	512,570
	INDUSTRIAL & COMMERCIAL BANK OF CHINA LIMITED	11/30/2020	5.120	USD	243,000	263,777
	INFOBLOX, INC.	11/07/2023	6.000	USD	3,460,800	3,438,375
	ING CAPITAL FUNDING LLC	02/13/2017	0.054	USD	13,530,000	13,468,608
	INGERSOLL-RAND LUXEMBOURG FINANCE S.A.	11/01/2024	3.550	USD	1,000,180	1,014,730
	INGLES MARKETS, INC.	06/15/2023	5.750	USD	3,195,000	3,282,863
	INGRAM MICRO INC.	12/15/2024	5.450	USD	500,000	470,495
	INMARSAT FINANCE PLC	10/01/2024	6.500	USD	3,790,500	3,846,850
	INTEL CORPORATION	07/29/2025	3.700	USD	1,000,100	1,054,760
	INTEL CORPORATION	12/15/2032	4.000	USD	1,000,000	1,030,960
	INTEL CORPORATION	07/29/2045	4.900	USD	500,000	559,340
	INTELSAT CONNECT FINANCE	04/01/2022	12.500	USD	918,000	569,055
	INTELSAT JACKSON HOLDINGS S.A.	04/01/2019	7.250	USD	3,550,000	2,982,000
	INTELSAT JACKSON HOLDINGS S.A.	04/01/2021	7.500	USD	3,195,000	2,436,188
	INTELSAT JACKSON HOLDINGS S.A.	09/30/2022	9.500	USD	1,350,000	1,501,875
	INTELSAT JACKSON HOLDINGS S.A.	02/15/2024	8.000	USD	2,015,000	2,070,413
	INTELSAT LUXEMBOURG S.A.	06/01/2021	7.750	USD	4,875,000	1,596,563
	INTER-AMERICAN DEVELOPMENT BANK	08/28/2018	1.120	USD	1,505,970	1,494,540
	INTER-AMERICAN DEVELOPMENT BANK	05/13/2019	1.000	USD	1,500,000	1,479,015
	INTER-AMERICAN DEVELOPMENT BANK	07/15/2020	1.370	USD	250,000	245,065
	INTER-AMERICAN DEVELOPMENT BANK	04/14/2022	1.750	USD	1,000,000	975,740
	INTER-AMERICAN DEVELOPMENT BANK	02/21/2024	3.000	USD	500,000	516,595
	INTER-AMERICAN DEVELOPMENT BANK	06/02/2026	2.000	USD	1,000,000	945,740
	INTERCONTINENTAL EXCHANGE, INC.	10/15/2018	2.500	USD	500,000	506,715
	INTERNATIONAL BUSINESS MACHINES CORPORATION	05/17/2019	1.800	USD	1,000,000	1,000,430
	INTERNATIONAL BUSINESS MACHINES CORPORATION	02/19/2021	2.250	USD	311,305	309,622
	INTERNATIONAL BUSINESS MACHINES CORPORATION	02/12/2024	3.620	USD	1,000,000	1,041,350
	INTERNATIONAL BUSINESS MACHINES CORPORATION	02/19/2026	3.450	USD	280,000	286,462
	INTERNATIONAL BUSINESS MACHINES CORPORATION	02/19/2046	4.700	USD	160,000	174,456
	INTERNATIONAL FINANCE CO. CORP.	09/04/2018	1.750	USD	750,000	754,748
	INTERNATIONAL FINANCE CO. CORP.	09/16/2019	1.750	USD	1,500,000	1,493,355
	INTERNATIONAL GAME TECHNOLOGY PLC	02/15/2022	6.250	USD	2,000,000	2,145,000
	INTERNATIONAL GAME TECHNOLOGY PLC	02/15/2025	6.500	USD	3,000,000	3,217,500
	INTERNATIONAL LEASE FINANCE CORPORATION	12/15/2020	8.250	USD	1,199,700	1,165,000
	INTERNATIONAL PAPER COMPANY	06/15/2024	3.650	USD	1,000,000	1,028,145
	INTERNATIONAL PAPER COMPANY	08/15/2047	4.400	USD	500,000	472,505
	INTERSTATE POWER & LIGHT COMPANY	12/01/2024	3.250	USD	500,000	501,315
	INTREPID AVIATION GROUP HOLDINGS, LLC	02/15/2019	6.870	USD	2,410,000	2,156,950
	INVESCO FINANCE PLC	11/30/2022	3.120	USD	500,000	503,690
	IPAYMENT INC.	12/15/2019	9.500	USD	2,745,814	2,814,459
	IRON MOUNTAIN, INC.	10/01/2020	6.000	USD	780,000	822,900
	IRON MOUNTAIN, INC.	06/01/2021	4.370	USD	1,010,000	1,032,725
	IRON MOUNTAIN, INC.	08/15/2023	6.000	USD	645,000	685,313
	J. CREW GROUP, INC.	03/05/2021	0.500	USD	1,414,122	797,211
	JACK OHIO FINANCE LLC.	11/15/2022	10.250	USD	5,000,000	5,087,500
	JAGUAR HOLDING COMPANY II	08/01/2023	6.370	USD	2,305,000	2,466,500
	JAPAN BANK FOR INTERNATIONAL COOPERATION	11/13/2018	1.750	USD	500,000	499,015
	JAPAN BANK FOR INTERNATIONAL COOPERATION	04/20/2026	2.370	USD	1,000,000	997,400
	JBS INVESTMENTS GMBH	10/28/2020	7.750	USD	1,725,000	1,830,743
	JBS INVESTMENTS GMBH	04/03/2024	7.250	USD	4,849,500	4,780,875
	JBS USA, LLC	06/01/2021	7.250	USD	3,275,000	3,389,658
	JEFFERIES GROUP LLC	04/15/2021	6.870	USD	1,000,000	1,111,480
	JERSEY CENTRAL POWER & LIGHT COMPANY	06/01/2037	6.150	USD	300,000	343,284
	JO-ANN STORES HOLDINGS INC.	10/23/2023	6.000	USD	1,440,000	1,449,605
	JOHN DEERE CAPITAL CORPORATION	01/16/2018	1.310	USD	1,150,000	1,151,139
	JOHN DEERE CAPITAL CORPORATION	09/10/2018	5.750	USD	500,000	533,920
	JOHN DEERE CAPITAL CORPORATION	01/08/2021	2.550	USD	1,029,980	1,004,180
	JOHNSON & JOHNSON	01/17/2017	0.590	USD	17,000,000	16,991,934
	JOHNSON & JOHNSON	03/01/2021	1.650	USD	5,290,000	5,207,582
	JOHNSON & JOHNSON	12/05/2023	3.370	USD	500,000	523,800
	JOHNSON & JOHNSON	03/01/2026	2.450	USD	500,000	478,215
	JOHNSON & JOHNSON	03/01/2046	3.700	USD	850,000	837,556
	JOHNSON CONTROLS, INC.	07/02/2044	4.620	USD	500,000	496,355
	JOHNSON CONTROLS, INC.	09/14/2045	5.120	USD	130,000	136,312
	JONES ENERGY HOLDINGS, LLC.	04/01/2022	6.750	USD	1,900,000	1,972,415
	JP MORGAN CHASE COMMERCIAL MORTGAGE SECURITIES CORP.	05/15/2045	3.500	USD	1,000,000	1,046,150
	JP MORGAN CHASE COMMERCIAL MORTGAGE SECURITIES CORP.	11/15/2045	4.130	USD	1,000,000	1,073,130
	JP MORGAN CHASE COMMERCIAL MORTGAGE SECURITIES CORP.	11/15/2047	3.370	USD	1,500,000	1,532,340
	JP MORGAN CHASE COMMERCIAL MORTGAGE SECURITIES CORP.	10/15/2048	3.040	USD	1,900,000	1,921,983
	JP MORGAN CHASE & CO.	05/15/2018	1.620	USD	1,000,000	998,720
	JP MORGAN CHASE & CO.	01/28/2019	2.350	USD	1,000,000	1,019,130
	JP MORGAN CHASE & CO.	04/23/2019	6.300	USD	3,900,000	4,261,686
	JP MORGAN CHASE & CO.	03/25/2020	4.950	USD	1,000,000	1,077,460
	JP MORGAN CHASE & CO.	10/15/2020	4.250	USD	1,200,000	1,269,888
	JP MORGAN CHASE & CO.	08/15/2021	2.290	USD	1,000,000	981,470
	JP MORGAN CHASE & CO.	01/24/2022	4.500	USD	1,300,000	1,401,959

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
 EIN: 36-6044243 AND PN: 001
 SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
 CORPORATE DEBT SECURITIES
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NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	DESCRIPTION		COST	CURRENT VALUE
				PRINCIPAL CURRENCY	PRINCIPAL		
CORPORATE OBLIGATIONS							
	JPMORGAN CHASE & CO.	01/15/2023	2.970 %	USD	\$ 400,000	\$ 396,680	\$ 398,660
	JPMORGAN CHASE & CO.	02/01/2024	3.870	USD	1,000,000	1,017,570	1,036,380
	JPMORGAN CHASE & CO.	09/10/2024	3.870	USD	1,250,000	1,285,716	1,264,800
	JPMORGAN CHASE & CO.	04/01/2026	3.300	USD	1,500,000	1,510,420	1,473,825
	JPMORGAN CHASE & CO.	12/15/2026	4.120	USD	1,000,000	1,062,480	1,020,660
	JPMORGAN CHASE & CO.	05/15/2038	6.400	USD	3,950,000	5,157,934	5,118,331
	JPMORGAN CHASE & CO.	01/06/2042	5.400	USD	254,000	306,896	297,609
	JPMORGAN CHASE BANK NA	06/14/2017	1.350	USD	2,795,000	2,795,000	2,797,991
	JUNIPER NETWORKS, INC.	06/15/2025	4.350	USD	200,000	200,106	201,674
	KAISA GROUP HOLDINGS LTD.	12/31/2019	7.560	USD	72,160	67,597	67,130
	KAISA GROUP HOLDINGS LTD.	06/30/2020	7.560	USD	284,888	254,063	264,234
	KAISA GROUP HOLDINGS LTD.	12/31/2020	7.560	USD	353,753	272,990	325,895
	KAISA GROUP HOLDINGS LTD.	06/30/2021	7.560	USD	173,185	150,730	159,330
	KAISA GROUP HOLDINGS LTD.	12/31/2021	7.560	USD	107,617	93,480	99,008
	KANSAS CITY SOUTHERN RAILWAY COMPANY	05/15/2020	2.350	USD	500,000	485,045	494,025
	KAZAKHSTAN TEMIR ZHOLY FINANCE B.V.	10/06/2020	6.370	USD	608,000	643,316	651,654
	KAZAKHSTAN TEMIR ZHOLY FINANCE B.V.	07/10/2042	6.950	USD	636,000	587,917	613,511
	KAZKOMMERTSBANK JSC	02/13/2017	6.870	EUR	749,000	813,781	734,707
	KAZKOMMERTSBANK STOCK COMPANY	12/21/2022	5.500	USD	545,000	424,585	408,750
	KAZMUNAIGAZ FINANCE SUB B.V.	05/05/2020	7.000	USD	191,000	231,626	209,389
	KAZMUNAIGAZ FINANCE SUB B.V.	04/30/2023	4.400	USD	444,000	388,380	435,956
*	KELLOGG COMPANY	11/15/2019	4.150	USD	470,000	507,511	495,418
*	KELLOGG COMPANY	04/01/2026	3.250	USD	500,000	515,750	488,085
	KENAN ADVANTAGE GROUP, INC.	07/31/2023	7.870	USD	1,795,000	1,795,000	1,812,950
	KENNEDY-WILSON, INC.	04/01/2024	5.870	USD	1,415,913	1,415,913	1,441,531
	KERR-MCGEE CORPORATION	09/15/2031	7.870	USD	915,000	1,227,793	1,171,676
	KERRY GROUP FINANCIAL SERVICES	04/09/2023	3.200	USD	2,680,447	2,680,447	2,564,197
	KEYBANK N.A.	03/16/2020	2.250	USD	1,000,000	994,240	995,800
	KEYCORP	03/24/2021	5.100	USD	1,000,000	1,151,900	1,093,530
	KEYSIGHT TECHNOLOGIES, INC.	10/30/2024	4.550	USD	500,000	501,875	494,985
	KFC HOLDING COMPANY	06/01/2024	5.000	USD	1,880,250	1,880,250	1,919,950
	KIMBERLY-CLARK CORPORATION	06/01/2023	2.400	USD	250,000	241,455	244,403
	KIMBERLY-CLARK CORPORATION	06/01/2043	3.700	USD	250,000	235,793	237,735
	KIMCO REALTY CORPORATION	06/01/2023	3.130	USD	400,000	389,712	396,020
*	KINDER MORGAN ENERGY PARTNERS, L.P.	02/15/2020	6.850	USD	500,000	507,535	557,385
*	KINDER MORGAN ENERGY PARTNERS, L.P.	03/01/2021	3.500	USD	500,000	449,325	507,620
*	KINDER MORGAN ENERGY PARTNERS, L.P.	09/01/2023	3.500	USD	700,793	700,793	690,410
*	KINDER MORGAN ENERGY PARTNERS, L.P.	03/15/2022	7.750	USD	500,000	529,395	613,780
*	KINDER MORGAN ENERGY PARTNERS, L.P.	08/15/2033	7.300	USD	1,000,000	1,206,950	1,173,540
*	KINDER MORGAN, INC.	02/15/2046	5.050	USD	500,000	428,665	494,955
	KLATENCOR CORPORATION	11/01/2019	3.370	USD	500,000	511,085	511,890
	KOHL'S CORPORATION	07/17/2045	5.550	USD	500,000	452,740	477,495
	KONINKLIJKE PHILIPS N.V.	03/15/2022	3.750	USD	450,000	477,234	468,837
	KOREA DEVELOPMENT BANK	03/11/2020	2.500	USD	500,000	510,930	498,370
	KRAFT HEINZ FOODS COMPANY	07/02/2020	2.800	USD	1,000,000	1,037,610	1,009,500
	KRAFT HEINZ FOODS COMPANY	07/15/2035	5.000	USD	500,000	516,425	524,550
	KRAFT HEINZ FOODS COMPANY	06/01/2046	4.370	USD	1,520,000	1,563,736	1,430,290
	KREDITANSTALT FUR WIEDERAUFBAU	06/11/2018	1.000	USD	2,000,000	1,995,770	1,990,900
	KREDITANSTALT FUR WIEDERAUFBAU	02/06/2019	1.500	USD	2,500,000	2,521,120	2,498,775
	KREDITANSTALT FUR WIEDERAUFBAU	04/01/2019	1.870	USD	1,500,000	1,508,625	1,510,470
	KREDITANSTALT FUR WIEDERAUFBAU	09/30/2019	1.250	USD	1,000,000	998,890	988,270
	KREDITANSTALT FUR WIEDERAUFBAU	10/15/2019	1.750	USD	1,000,000	1,011,615	1,001,520
	KREDITANSTALT FUR WIEDERAUFBAU	01/27/2020	4.000	USD	1,500,000	1,648,035	1,599,000
	KREDITANSTALT FUR WIEDERAUFBAU	06/30/2020	1.870	USD	1,500,000	1,504,005	1,496,835
	KREDITANSTALT FUR WIEDERAUFBAU	03/15/2021	1.620	USD	1,500,000	1,511,124	1,472,925
	KREDITANSTALT FUR WIEDERAUFBAU	06/15/2021	1.500	USD	455,000	442,343	442,483
	KREDITANSTALT FUR WIEDERAUFBAU	08/25/2021	2.370	USD	1,000,000	1,023,873	1,008,770
	KREDITANSTALT FUR WIEDERAUFBAU	05/02/2025	2.000	USD	1,000,000	978,045	956,630
	KREDITANSTALT FUR WIEDERAUFBAU	07/15/2020	4.750	USD	575,000	639,337	611,271
	L3 TECHNOLOGIES, INC.	02/01/2025	3.600	USD	500,000	478,720	497,810
	LABORATORY CORPORATION OF AMERICA HOLDINGS	05/01/2023	5.000	USD	1,115,000	1,114,175	1,148,450
	LAMAR MEDIA CORPORATION	02/01/2026	5.750	USD	1,015,000	1,068,881	1,068,288
	LAMB WESTON HOLDINGS, INC.	11/01/2026	4.870	USD	3,350,000	3,369,396	3,314,423
	LANDESBANK HESSEN-THUERINGEN HELABA	04/24/2017	0.171	USD	11,610,000	11,546,145	11,546,145
	LANDWIRTSCHAFTLICHE RENTENBANK	06/10/2025	2.370	USD	500,000	506,145	490,890
	LAREDO PETROLEUM, INC.	01/15/2022	5.620	USD	1,435,000	1,453,474	1,445,763
	LAREDO PETROLEUM, INC.	03/15/2023	6.250	USD	260,000	260,000	260,100
	LATAM AIRLINES GROUP S.A.	06/09/2020	7.250	USD	227,000	227,000	233,243
	LEGG MASON, INC.	03/15/2026	4.750	USD	500,000	513,870	517,530
	LEHMAN BROTHERS HOLDINGS INC. PLAN TRUST	07/19/2017	3.220	USD	1,169,000	1,131,335	-
	LEHMAN BROTHERS HOLDINGS INC. PLAN TRUST	11/30/2056	0.010	USD	4,694,960	-	-
	LEVEL 3 FINANCING, INC.	08/15/2022	5.370	USD	2,000,000	2,000,000	2,065,000
	LEVEL 3 FINANCING, INC.	05/01/2023	5.120	USD	2,195,000	2,198,769	2,203,231
	LEVEL 3 FINANCING, INC.	01/15/2024	5.370	USD	20,000	20,300	20,200
	LEVEL 3 FINANCING, INC.	03/15/2026	5.250	USD	2,270,738	2,270,738	2,247,300
	LEVI STRAUSS & CO.	05/01/2025	5.000	USD	1,690,000	1,694,225	1,690,000
	LIBERTY MUTUAL GROUP, INC.	06/01/2021	5.000	USD	2,850,000	3,181,854	3,100,715
	LIBERTY STREET FUNDING LLC	03/06/2017	0.045	USD	13,360,000	13,326,162	13,326,162
	LIFE TECHNOLOGIES CORPORATION	03/01/2020	6.000	USD	300,000	334,890	326,814
	LIFE TIME FITNESS, INC.	06/15/2023	8.500	USD	2,300,000	2,288,064	2,380,500
	LIFEPOINT HEALTH, INC.	12/01/2021	5.500	USD	1,265,950	1,302,950	1,315,600
	LIFEPOINT HEALTH, INC.	12/01/2023	5.870	USD	260,000	266,900	263,250
	LIFEPOINT HEALTH, INC.	05/01/2024	5.370	USD	1,780,800	1,779,800	1,743,510
	LINCOLN NATIONAL CORPORATION	09/01/2023	4.000	USD	500,000	495,755	521,235
	LINCOLN NATIONAL CORPORATION	06/15/2040	7.000	USD	225,000	225,625	284,074
	LINN ENERGY, LLC	12/15/2020	12.000	USD	2,387,000	4,862,385	2,082,658
	LIONS GATE ENTERTAINMENT	11/01/2024	5.870	USD	2,250,000	2,250,438	2,283,750
	LLOYDS BANK PLC	11/04/2024	4.500	USD	500,000	507,985	508,825
	LLOYDS BANK PLC	03/24/2026	4.650	USD	500,000	511,835	506,445
	LOCKHEED MARTIN CORPORATION	11/23/2020	2.500	USD	530,000	530,170	534,479
	LOCKHEED MARTIN CORPORATION	01/15/2026	3.550	USD	940,000	977,808	960,407
	LOCKHEED MARTIN CORPORATION	09/01/2036	6.150	USD	400,000	447,948	500,412
	LOCKHEED MARTIN CORPORATION	05/15/2046	4.700	USD	190,000	193,479	206,689
	LOEWS CORP.	05/15/2023	2.620	USD	400,000	381,872	388,712
	LOUISVILLE GAS & ELECTRIC COMPANY	10/01/2025	3.300	USD	500,000	530,440	504,675
	LOUISVILLE GAS & ELECTRIC COMPANY	11/15/2040	5.120	USD	500,000	575,445	566,390
	LOWE'S COMPANIES, INC.	09/15/2024	3.120	USD	250,000	245,910	251,275
	LOWE'S COMPANIES, INC.	04/15/2026	2.500	USD	1,000,000	1,025,040	949,660
	LOWE'S COMPANIES, INC.	04/15/2042	4.650	USD	750,000	804,338	801,518
	LOWE'S COMPANIES, INC.	09/15/2045	4.370	USD	125,000	125,000	128,774
	LSTAR SECURITIES INVESTMENT LTD. 2015-4	04/01/2020	2.620	USD	732,075	731,160	730,706
	LSTAR SECURITIES INVESTMENT LTD. 2015-8	08/01/2020	2.770	USD	738,260	737,107	739,220

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
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 DECEMBER 31, 2016

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	DESCRIPTION		COST	CURRENT VALUE
				PRINCIPAL CURRENCY	PRINCIPAL		
CORPORATE OBLIGATIONS							
	LSTAR SECURITIES INVESTMENT LTD. 2015-9	10/01/2020	2.434 %	USD	\$ 1,103,179	\$ 1,098,353	\$ 1,098,866
	LYONDELLBASELL INDUSTRIES N.V.	04/15/2019	5.000	USD	500,000	558,245	528,325
	LYONDELLBASELL INDUSTRIES N.V.	04/15/2024	5.750	USD	500,000	551,060	572,215
	MACY'S RETAIL HOLDINGS, INC.	06/01/2024	3.620	USD	500,000	481,795	490,365
	MACY'S RETAIL HOLDINGS, INC.	12/15/2034	4.500	USD	230,000	196,015	205,606
	MAGELLAN MIDSTREAM PARTNERS, L.P.	10/15/2043	5.150	USD	500,000	514,165	519,675
	MAGNETATION DIP CREDIT FACILITY	12/31/2049	11.000	USD	8,511	851,128	8,511
	MAGNETATION LLC	05/15/2018	11.000	USD	2,126,394	2,332,394	213
	MAJAPAHIT HOLDING B.V.	08/07/2019	8.000	USD	139,000	162,874	155,680
	MAJAPAHIT HOLDING B.V.	01/20/2020	7.750	USD	199,000	199,000	223,378
	MAJAPAHIT HOLDING B.V.	06/29/2037	7.870	USD	111,000	147,486	131,124
	MALLINCKRODT INTERNATIONAL FINANCE S.A.	08/01/2022	5.750	USD	2,330,783	2,330,783	2,242,625
	MALLINCKRODT INTERNATIONAL FINANCE S.A.	10/15/2023	5.620	USD	260,000	254,138	242,450
	MANUFACTURERS & TRADERS TRUST COMPANY	02/06/2025	2.900	USD	500,000	498,025	487,145
	MARATHON OIL CORPORATION	03/15/2018	5.900	USD	500,000	598,195	522,080
	MARATHON OIL CORPORATION	11/01/2022	2.800	USD	500,000	476,915	476,130
	MARATHON OIL CORPORATION	06/01/2045	5.200	USD	250,000	235,873	235,638
	MARATHON PETROLEUM CORPORATION	03/01/2041	6.500	USD	500,000	588,550	534,800
	MARFRIG HOLDINGS EUROPE B.V.	06/24/2019	6.870	USD	325,000	326,855	333,125
	MARFRIG HOLDINGS EUROPE B.V.	06/08/2023	8.000	USD	3,140,000	3,179,797	3,250,214
	MARFRIG OVERSEAS LTD.	05/04/2020	9.500	USD	4,540,000	4,637,719	4,676,200
	MARKEL CORPORATION	03/30/2023	3.620	USD	580,000	582,152	581,531
	MARRIOTT INTERNATIONAL, INC.	01/15/2022	2.300	USD	500,000	502,220	485,025
	MARRIOTT INTERNATIONAL, INC.	06/15/2026	3.120	USD	2,765,000	2,820,687	2,617,155
	MARSH & MCLENNAN COMPANIES, INC.	10/15/2018	2.550	USD	500,000	516,215	504,700
	MASONITE INTERNATIONAL CO. CORP.	03/15/2023	5.620	USD	2,065,000	2,076,319	2,132,113
	MASSACHUSETTS INSTITUTE OF TECHNOLOGY	07/01/2114	4.670	USD	253,830	253,830	251,660
	MASTERCARD INCORPORATED	04/01/2019	2.000	USD	500,000	498,085	503,165
	MATCH GROUP, INC.	12/15/2022	6.750	USD	2,015,902	2,140,902	2,125,825
	MATTERHORN TELECOM S.A.	05/01/2022	3.870	EUR	1,520,000	1,612,568	1,653,561
	MCDONALD'S CORPORATION	05/20/2021	3.620	USD	500,000	526,450	520,935
	MCDONALD'S CORPORATION	01/30/2026	3.700	USD	1,000,000	1,001,059	1,018,100
	MCDONALD'S CORPORATION	12/09/2045	4.870	USD	500,000	502,490	535,535
	MCKESSON CORPORATION	03/15/2044	3.790	USD	500,000	507,235	515,335
	MCKESSON CORPORATION	03/15/2044	4.880	USD	160,907	161,907	162,762
	MEAD JOHNSON NUTRITION CO.	11/15/2020	3.000	USD	500,000	506,195	506,265
	MEDNAX, INC.	12/01/2023	5.250	USD	2,250,000	2,275,096	2,317,500
	MEDTRONIC, INC.	03/15/2018	1.500	USD	4,550,000	4,532,130	4,550,091
	MEDTRONIC, INC.	04/01/2018	1.370	USD	550,000	552,156	549,060
	MEDTRONIC, INC.	03/15/2020	2.500	USD	1,000,000	1,037,430	1,011,190
	MEDTRONIC, INC.	03/15/2022	3.120	USD	1,000,000	1,021,010	1,021,700
	MEDTRONIC, INC.	03/15/2035	4.370	USD	436,000	454,229	461,257
	MEDTRONIC, INC.	03/15/2045	4.620	USD	500,000	563,140	540,710
	MEMORIAL SLOAN-KETTERING CANCER CENTER	07/01/2042	5.000	USD	300,000	349,077	337,020
	MEMORIAL SLOAN-KETTERING CANCER CENTER	07/01/2052	4.120	USD	300,000	326,274	289,689
	MEMORIAL SLOAN-KETTERING CANCER CENTER	07/01/2055	4.200	USD	500,000	505,445	485,130
	MERCK & CO. INC.	02/10/2022	2.350	USD	500,000	499,475	496,495
	MERCK & CO. INC.	02/10/2025	2.750	USD	500,000	478,405	490,930
	MERCK & CO. INC.	02/10/2045	3.700	USD	500,000	483,426	476,770
	MERCK SHARPE & DOHME CORP.	06/30/2019	5.000	USD	1,000,000	1,126,680	1,083,020
	METHANEX CORPORATION	12/15/2019	3.250	USD	500,000	509,170	492,295
	METINVEST B.V.	11/28/2017	10.500	USD	352,064	231,016	316,858
	METINVEST B.V.	02/14/2018	8.750	USD	451,414	292,897	410,787
	METLIFE, INC.	06/15/2035	5.700	USD	750,000	883,896	882,480
	METLIFE, INC.	12/15/2044	4.720	USD	500,000	534,415	532,070
	METLIFE, INC.	12/15/2066	6.400	USD	300,000	358,440	324,000
	MEXICO CITY AIRPORT TRUST	10/31/2026	4.250	USD	200,000	198,018	196,000
	MGIC INVESTMENT CORPORATION	08/15/2023	5.750	USD	1,975,612	2,012,612	2,058,938
	MGM GROWTH PROPERTIES OPERATING PARTNERSHIP LP	05/01/2024	5.620	USD	340,000	340,000	356,150
	MGM RESORTS INTERNATIONAL	03/31/2020	5.250	USD	330,000	332,475	348,975
	MGM RESORTS INTERNATIONAL	10/01/2020	6.750	USD	1,895,000	1,992,171	2,108,188
	MGM RESORTS INTERNATIONAL	12/15/2021	6.620	USD	1,140,000	1,162,641	1,273,950
	MHP S.A.	04/02/2020	8.250	USD	740,000	666,462	710,400
	MICRON TECHNOLOGY, INC.	08/01/2023	5.250	USD	3,000,000	2,711,022	3,011,250
	MICROSOFT CORPORATION	11/03/2018	1.300	USD	500,000	502,610	499,600
	MICROSOFT CORPORATION	06/01/2019	4.200	USD	700,000	775,096	743,834
	MICROSOFT CORPORATION	11/03/2020	2.000	USD	480,000	480,586	480,499
	MICROSOFT CORPORATION	08/08/2021	1.550	USD	1,170,000	1,164,466	1,134,795
	MICROSOFT CORPORATION	08/08/2023	2.000	USD	1,480,000	1,475,575	1,414,584
	MICROSOFT CORPORATION	08/08/2026	2.400	USD	1,740,000	1,738,988	1,643,778
	MICROSOFT CORPORATION	02/12/2035	3.500	USD	1,500,000	1,483,479	1,443,870
	MICROSOFT CORPORATION	11/03/2035	4.200	USD	955,000	1,069,896	1,004,956
	MICROSOFT CORPORATION	11/03/2045	4.450	USD	437,000	443,762	465,589
	MICROSOFT CORPORATION	11/03/2055	4.750	USD	145,000	146,556	157,715
	MICROSOFT CORPORATION	08/08/2056	3.950	USD	1,000,000	1,039,300	944,480
	MILACRON LLC	02/15/2021	7.750	USD	3,045,000	3,184,727	3,128,738
	MINERVA LUXEMBOURG S.A.	09/20/2026	6.500	USD	250,000	247,740	240,938
	MIRABELA NICKEL LTD.	06/24/2019	9.500	USD	857	76	-
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	03/01/2021	2.950	USD	1,000,820	1,039,820	1,006,680
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	09/13/2026	2.750	USD	500,000	500,125	469,665
	MIZUHO FINANCIAL GROUP, INC.	09/13/2026	2.830	USD	500,000	503,715	473,365
	MOLSON COORS BREWING COMPANY	07/15/2019	1.450	USD	750,000	750,825	738,938
	MOLSON COORS BREWING COMPANY	07/15/2046	4.200	USD	500,000	528,765	466,165
	MONDELEZ INTERNATIONAL, INC.	10/28/2019	1.620	USD	1,610,000	1,606,522	1,578,267
	MONDELEZ INTERNATIONAL, INC.	10/28/2021	2.000	USD	1,820,000	1,813,284	1,743,633
	MONSANTO COMPANY	07/15/2019	2.130	USD	500,000	501,380	499,205
	MONSANTO COMPANY	07/15/2044	4.400	USD	500,000	509,645	483,250
	MOODY'S CORPORATION	07/15/2019	2.750	USD	500,000	504,535	505,705
	MORGAN STANLEY	12/07/2018	2.200	USD	1,000,000	1,000,910	1,003,680
	MORGAN STANLEY	07/23/2019	2.370	USD	1,834,000	1,849,658	1,839,227
	MORGAN STANLEY	09/23/2019	5.620	USD	2,650,000	3,009,934	2,872,494
	MORGAN STANLEY	06/16/2020	2.800	USD	1,500,000	1,503,120	1,512,270
	MORGAN STANLEY	11/01/2022	4.870	USD	3,800,000	4,087,825	4,072,612
	MORGAN STANLEY	02/25/2023	3.750	USD	1,000,000	1,000,464	1,027,140
	MORGAN STANLEY	04/29/2024	3.870	USD	1,000,000	1,062,840	1,025,570
	MORGAN STANLEY	11/24/2025	5.000	USD	500,000	502,230	534,145
	MORGAN STANLEY	01/27/2026	3.870	USD	500,000	521,735	505,055
	MORGAN STANLEY	07/27/2026	3.120	USD	1,000,000	1,003,240	955,380
	MORGAN STANLEY	07/24/2042	6.370	USD	940,000	1,260,958	1,208,600
	MORGAN STANLEY	01/27/2045	4.300	USD	1,180,000	1,134,491	1,175,953
	MORGAN STANLEY BANK OF AMERICA MERRILL LYNCH TRUST	02/15/2048	3.240	USD	1,000,000	1,037,734	1,005,780
	MORGAN STANLEY BANK OF AMERICA MERRILL LYNCH TRUST	12/15/2048	3.130	USD	800,000	809,112	810,936

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
 EIN: 36-6044243 AND PN: 001
 SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
 CORPORATE DEBT SECURITIES
 DECEMBER 31, 2016

NOTES	IDENTITY OF ISSUE	DESCRIPTION				COST	CURRENT VALUE
		MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL		
CORPORATE OBLIGATIONS							
	MOTOROLA SOLUTIONS, INC.	09/01/2021	3.500 %	USD \$	650,000	\$ 651,957	\$ 655,272
	MPG HOLDCO I INC.	10/15/2022	7.735	USD	2,305,000	2,385,675	2,408,725
	MPH ACQUISITION HOLDINGS LLC	06/01/2024	7.120	USD	3,335,000	3,400,275	3,510,421
	MPLX LP	06/01/2025	4.870	USD	3,800,000	3,716,688	3,906,970
	MPT OPERATING PARTNERSHIP, LP	08/01/2026	5.250	USD	4,830,000	4,883,973	4,733,400
	MSCI, INC.	08/01/2026	4.750	USD	1,200,000	1,200,000	1,194,000
	MTN MAURITIUS INVESTMENT LIMITED	10/13/2026	6.500	USD	202,000	202,000	198,970
	MUFU UNION BANK, N.A.	09/26/2018	2.620	USD	1,000,000	1,010,870	1,010,930
	MURPHY OIL CORPORATION	08/15/2024	6.870	USD	1,700,000	1,700,000	1,810,500
	MURRAY ENERGY CORPORATION	04/16/2020	1.000	USD	2,052,583	1,991,005	1,956,378
	MYLAN INC.	06/24/2018	2.600	USD	230,000	232,169	231,332
	MYLAN INC.	06/07/2019	2.500	USD	1,000,000	1,012,740	994,590
	MYLAN INC.	12/15/2020	3.750	USD	300,000	301,668	302,934
	MYRIAD INTERNATIONAL HOLDINGS B.V.	07/18/2020	6.000	USD	250,000	250,000	270,463
	MYRIAD INTERNATIONAL HOLDINGS B.V.	07/21/2025	5.500	USD	281,000	280,893	283,040
	NABORS INDUSTRIES INC.	02/15/2018	6.150	USD	500,000	543,755	518,750
	NASDAQ, INC.	06/30/2026	3.850	USD	500,000	522,520	496,700
	NATIONAL AUSTRALIA BANK LTD.	05/15/2017	0.184	USD	9,069,000	9,023,655	9,023,655
	NATIONAL AUSTRALIA BANK LTD.	06/05/2017	0.384	USD	2,400,000	2,378,516	2,378,516
	NATIONAL AUSTRALIA BANK LTD.	07/23/2020	2.620	USD	310,000	312,756	311,848
	NATIONAL AUSTRALIA BANK LTD.	01/14/2021	2.620	USD	1,000,000	1,024,690	999,490
	NATIONAL AUSTRALIA BANK LTD.	07/12/2026	2.500	USD	310,000	306,221	287,860
	NATIONAL CINEMEDIA, LLC	08/15/2026	5.750	USD	3,375,000	3,452,021	3,425,625
	NATIONAL OILWELL VARCO, INC.	12/01/2022	2.600	USD	830,000	796,103	769,194
	NATIONAL RETAIL PROPERTIES, INC.	07/15/2021	5.500	USD	500,000	574,785	553,240
	NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORPORATION	11/01/2018	10.370	USD	700,000	973,070	807,261
	NATIXIS S.A.	06/05/2017	0.254	USD	11,000,000	10,934,550	10,934,550
	NATURAL RESOURCE PARTNERS L.P.	10/01/2018	9.120	USD	1,990,000	1,952,491	1,920,350
	NAVIENT CORPORATION	01/15/2019	5.500	USD	540,000	553,500	560,250
	NAVIENT CORPORATION	06/17/2019	4.870	USD	2,515,000	2,500,150	2,603,025
	NAVIENT CORPORATION	10/26/2020	5.000	USD	1,460,000	1,460,308	1,489,200
	NAVISTAR INTERNATIONAL CORP.	08/17/2017	1.000	USD	2,393,955	2,396,947	2,421,485
	NBCUNIVERSAL MEDIA, LLC	04/30/2020	5.150	USD	5,250,000	5,973,975	5,740,980
	NCR CORPORATION	12/15/2021	5.870	USD	145,000	140,288	151,888
	NCR CORPORATION	12/15/2023	6.370	USD	5,870,000	5,884,380	6,310,250
	NEIMAN MARCUS GROUP INC.	10/15/2021	8.750	USD	2,440,000	2,409,750	1,726,300
	NEVADA POWER CO.	03/15/2019	7.120	USD	500,000	646,800	555,885
	NEW WORLD RESOURCES N.V.	04/07/2020	8.000	EUR	1,103,786	617,089	64,032
	NEWELL BRANDS, INC.	03/29/2019	2.800	USD	500,000	504,000	505,485
	NEWELL BRANDS, INC.	04/01/2023	3.850	USD	200,000	203,522	207,462
	NEWELL BRANDS, INC.	04/01/2046	5.500	USD	500,000	533,125	574,015
	NEWFIELD EXPLORATION COMPANY	07/01/2024	5.620	USD	115,000	115,000	119,888
	NEWMONT MINING CORPORATION	10/01/2039	6.250	USD	88,000	98,468	96,814
	NEWMONT MINING CORPORATION	03/15/2042	4.870	USD	500,000	449,340	469,125
	NEXSTAR BROADCASTING, INC.	08/01/2024	5.620	USD	3,675,000	3,700,438	3,647,438
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	06/01/2021	4.500	USD	1,000,000	1,007,890	1,070,160
	NGPL PIPECO LLC	12/15/2017	7.110	USD	2,590,000	2,529,999	2,700,075
	NGPL PIPECO LLC	06/01/2019	9.620	USD	1,625,000	1,712,344	1,702,188
	NIELSEN FINANCE LLC	04/15/2022	5.000	USD	1,880,000	1,918,477	1,915,250
	NIKE INC.	05/01/2023	2.250	USD	400,000	399,320	390,100
	NISOURCE FINANCE CORPORATION	03/15/2018	6.400	USD	398,000	480,505	419,158
	NISOURCE FINANCE CORPORATION	02/15/2044	4.800	USD	2,800,000	2,976,148	2,947,812
	NOBLE ENERGY, INC.	12/15/2021	4.150	USD	500,000	519,880	520,345
	NOBLE ENERGY, INC.	11/15/2044	5.050	USD	450,000	420,602	451,328
	NOBLE HOLDING INTERNATIONAL LIMITED	01/15/2024	7.750	USD	1,335,000	1,308,434	1,255,701
	NOKIA OYJ	05/15/2039	6.620	USD	4,505,000	4,360,528	4,752,775
	NOMURA HOLDINGS, INC.	03/04/2020	6.700	USD	500,000	534,170	558,825
	NORDEA BANK AB	02/27/2017	0.082	USD	11,680,000	11,619,092	11,619,092
	NORDEA BANK NORGE ASA	04/25/2017	1.140	USD	4,055,000	4,055,000	4,055,000
	NORDIC INVESTMENT BANK	02/25/2019	1.120	USD	1,000,920	1,000,920	991,050
	NORFOLK SOUTHERN CORP.	01/15/2024	3.850	USD	500,000	522,630	520,640
	NORFOLK SOUTHERN CORP.	05/01/2037	7.050	USD	500,000	712,985	677,645
	NORTHERN STATES POWER COMPANY	07/01/2037	6.200	USD	1,100,000	1,297,461	1,428,240
	NORTHERN TRUST CORPORATION	10/30/2025	3.950	USD	800,000	791,264	838,952
	NORTHROP GRUMMAN CORPORATION	08/01/2019	5.050	USD	450,000	467,438	481,581
	NORTHROP GRUMMAN CORPORATION	08/01/2023	3.250	USD	1,000,000	938,740	1,019,450
	NOVARTIS CAPITAL CORPORATION	05/06/2024	3.400	USD	500,000	511,235	515,250
	NOVARTIS SECURITIES INVESTMENT LTD.	02/10/2019	5.120	USD	500,000	564,674	535,395
	NOVELIS CORPORATION	08/15/2024	6.250	USD	1,185,000	1,185,000	1,256,100
	NOVELIS CORPORATION	09/30/2026	5.870	USD	1,750,000	1,750,000	1,767,500
	NRG ENERGY, INC.	05/15/2021	7.870	USD	96,000	98,224	100,080
	NRG ENERGY, INC.	07/15/2022	6.250	USD	2,590,000	2,681,256	2,596,475
	NRG ENERGY, INC.	05/15/2026	7.250	USD	2,195,000	2,225,896	2,184,025
	NRG ENERGY, INC.	01/15/2027	6.620	USD	2,300,000	2,259,750	2,173,500
	NRG YIELD OPERATING LLC	08/15/2024	5.370	USD	2,620,000	2,487,050	2,633,100
	NSTAR ELECTRIC COMPANY	10/15/2022	2.370	USD	500,000	492,685	491,035
	NUCOR CORPORATION	06/01/2018	5.850	USD	500,000	563,840	526,775
	NVR, INC.	09/15/2022	3.950	USD	1,945,000	2,039,799	1,982,247
	NXP B.V.	06/01/2023	4.620	USD	2,220,000	2,220,000	2,331,000
	OASIS PETROLEUM INC.	11/01/2021	6.500	USD	1,080,000	1,090,489	1,100,250
	OASIS PETROLEUM INC.	01/15/2023	6.870	USD	750,000	604,143	768,750
	OCCIDENTAL PETROLEUM CORPORATION	02/15/2023	2.700	USD	1,000,000	932,220	990,310
	OCCIDENTAL PETROLEUM CORPORATION	08/05/2023	4.400	USD	1,440,000	1,425,600	1,595,995
	OCCIDENTAL PETROLEUM CORPORATION	04/15/2026	3.400	USD	500,000	512,565	503,770
	OCCIDENTAL PETROLEUM CORPORATION	02/15/2047	4.100	USD	500,000	473,040	487,020
	OCP S.A.	04/25/2024	5.625	USD	200,000	218,400	206,799
	ODEBRECHT FINANCE LTD.	06/27/2029	5.250	USD	478,000	478,000	274,850
	ODEBRECHT FINANCE LTD.	06/26/2042	7.120	USD	241,000	95,798	140,383
	OESTERREICHISCHE KONTROLLBANK	10/01/2021	2.370	USD	500,000	502,170	502,140
	OHIO STATE UNIVERSITY	12/01/2056	4.040	USD	500,000	538,165	493,075
	OLD LINE FUNDING CORP.	03/20/2017	0.075	USD	11,730,000	11,693,474	11,693,474
	OLEODUCTO CENTRAL S.A.	05/07/2021	4.000	USD	325,000	322,943	323,375
	OMEGA HEALTHCARE INVESTORS, INC.	01/15/2025	4.500	USD	500,000	500,500	489,900
	OMNICOM GROUP INC.	05/01/2022	3.620	USD	600,000	578,718	616,206
	ONCOR ELECTRIC DELIVERY COMPANY LLC	09/01/2038	7.500	USD	400,000	539,496	576,136
	ONCOR ELECTRIC DELIVERY COMPANY LLC	12/01/2041	4.550	USD	500,000	570,890	533,675
	ONE GAS, INC.	02/01/2024	3.610	USD	100,000	102,604	102,010
	ONE GAS, INC.	02/01/2044	4.650	USD	205,000	205,086	212,491
	ONEMAIN FINANCIAL HOLDINGS, INC.	12/15/2021	7.250	USD	3,050,000	3,111,000	3,179,625
	ONEOK PARTNERS, L.P.	10/01/2036	6.650	USD	535,000	544,614	606,909
	OPEN TEXT CORPORATION	01/15/2023	5.620	USD	2,635,000	2,641,288	2,753,575
	OPEN TEXT CORPORATION	06/01/2026	5.870	USD	325,000	329,675	342,875

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
 EIN: 36-6044243 AND PN: 001
 SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
 CORPORATE DEBT SECURITIES
 DECEMBER 31, 2016

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	DESCRIPTION		COST	CURRENT VALUE
				PRINCIPAL CURRENCY	PRINCIPAL		
	CORPORATE OBLIGATIONS						
	ORACLE CORPORATION	07/08/2019	5.000 %	USD	\$ 1,500,000	\$ 1,642,410	\$ 1,617,630
	ORACLE CORPORATION	09/15/2021	1.900	USD	1,500,000	1,465,970	1,465,785
	ORACLE CORPORATION	05/15/2025	2.950	USD	1,000,000	960,150	980,280
	ORACLE CORPORATION	07/08/2034	4.300	USD	530,000	530,000	548,009
	ORACLE CORPORATION	07/15/2040	5.370	USD	750,000	917,908	871,583
	ORACLE CORPORATION	07/15/2046	4.000	USD	750,000	765,483	717,375
	ORANGE S.A.	07/08/2019	5.370	USD	563,000	625,212	606,706
	ORANGE S.A.	03/01/2031	9.000	USD	545,000	848,189	819,418
	O'REILLY AUTOMOTIVE, INC.	09/15/2021	4.620	USD	3,000,000	3,272,400	3,219,690
	OWENS & MINOR, INC.	12/15/2024	4.370	USD	500,000	500,000	491,880
	OWENS CORNING INC.	12/01/2024	4.200	USD	500,000	512,960	512,190
	OWENS-BROCKWAY GLASS CONTAINER, INC.	01/15/2022	5.000	USD	525,000	504,796	536,813
	OWENS-BROCKWAY GLASS CONTAINER, INC.	08/15/2023	5.870	USD	2,090,000	2,063,576	2,178,825
	PACCAR FINANCIAL CORPORATION	03/09/2018	1.450	USD	500,000	501,450	499,815
	PACIFIC GAS & ELECTRIC COMPANY	06/15/2023	3.250	USD	500,000	529,525	510,110
	PACIFIC GAS & ELECTRIC COMPANY	08/15/2024	3.400	USD	750,000	754,710	766,373
	PACIFIC GAS & ELECTRIC COMPANY	03/01/2034	6.050	USD	650,000	715,248	813,456
	PACIFIC GAS & ELECTRIC COMPANY	03/15/2045	4.300	USD	250,000	249,753	255,688
	PACIFIC LIFE INSURANCE COMPANY	06/15/2039	9.250	USD	750,000	1,188,683	1,107,840
	PACIFICORP	07/15/2018	5.650	USD	572,000	615,586	606,440
	PACKAGING CORPORATION OF AMERICA	11/01/2023	4.500	USD	535,000	534,164	566,688
	PARKER-HANNIFIN CORPORATION	11/21/2034	4.200	USD	580,000	646,648	592,656
	PARSLEY ENERGY LLC	01/15/2025	5.370	USD	1,455,000	1,456,213	1,459,947
	PARTNERRE LTD.	06/01/2020	5.500	USD	157,000	175,385	170,271
	PARTY CITY HOLDINGS, INC.	08/15/2023	6.120	USD	2,955,000	2,999,800	3,087,975
	PELABUHAN INDONESIA II PERSERO P.T.	05/05/2025	4.250	USD	200,000	197,992	190,310
	PENSKE AUTOMOTIVE GROUP, INC.	10/01/2022	5.750	USD	1,350,000	1,355,750	1,390,500
	PENSKE AUTOMOTIVE GROUP, INC.	05/15/2026	5.500	USD	2,225,000	2,230,563	2,197,188
	PEPSICO, INC.	10/13/2017	1.130	USD	5,635,000	5,633,110	5,631,281
	PEPSICO, INC.	03/01/2023	2.750	USD	1,500,000	1,525,170	1,498,365
	PEPSICO, INC.	10/22/2044	4.250	USD	500,000	515,843	516,365
	PEPSICO, INC.	04/14/2046	4.450	USD	500,000	573,815	532,540
	PEPSICO, INC.	10/06/2046	3.450	USD	240,000	232,790	218,638
	PERFORMANCE FOOD GROUP, INC.	06/01/2024	5.500	USD	1,790,000	1,812,691	1,803,425
	PERRIGO COMPANY PLC	11/15/2023	4.000	USD	500,000	519,685	495,660
	PERRIGO FINANCE UNLIMITED COMPANY	03/15/2026	4.370	USD	200,000	209,042	200,204
	PERTAMINA PERSERO	05/03/2042	6.000	USD	220,000	200,060	211,425
	PERTAMINA PERSERO	05/20/2043	5.620	USD	335,000	310,713	308,226
	PERUSAHAAN GAS NEGARA PERSERO TBK	05/16/2024	5.120	USD	200,000	216,750	205,444
	PERUSAHAAN LESTARI NEGARA	11/22/2021	5.500	USD	670,000	736,490	716,576
	PETROBRAS GLOBAL FINANCE B.V.	01/20/2020	5.750	USD	3,140,000	2,847,271	3,179,250
	PETROBRAS GLOBAL FINANCE B.V.	01/27/2021	5.370	USD	1,905,000	1,855,260	1,863,000
	PETROBRAS GLOBAL FINANCE B.V.	05/23/2026	8.750	USD	10,905,000	11,359,626	11,763,699
	PETROBRAS GLOBAL FINANCE B.V.	01/20/2040	6.870	USD	1,512,000	1,331,105	1,297,598
	PETROBRAS GLOBAL FINANCE B.V.	01/27/2041	6.750	USD	481,000	394,059	404,040
	PETROBRAS GLOBAL FINANCE B.V.	06/05/2115	6.850	USD	95,000	70,315	76,950
	PETROLEOS DE VENEZUELA, S.A.	04/12/2017	5.250	USD	1,314,400	898,687	1,182,960
	PETROLEOS DE VENEZUELA, S.A.	11/02/2017	8.500	USD	204,800	116,668	162,304
	PETROLEOS DE VENEZUELA, S.A.	10/27/2020	8.500	USD	10,013,000	7,407,617	7,459,685
	PETROLEOS DE VENEZUELA, S.A.	11/17/2021	9.000	USD	421,000	256,498	223,172
	PETROLEOS DE VENEZUELA, S.A.	02/17/2022	12.750	USD	171,000	87,489	105,593
	PETROLEOS DE VENEZUELA, S.A.	11/15/2026	6.000	USD	158,678	52,516	61,091
	PETROLEOS DE VENEZUELA, S.A.	04/12/2027	5.370	USD	751,600	253,084	279,971
	PETROLEOS DE VENEZUELA, S.A.	05/17/2035	9.750	USD	914,523	392,015	434,398
	PETROLEOS DE VENEZUELA, S.A.	04/12/2037	5.500	USD	1,399,000	448,554	514,133
	PETROLEOS MEXICANOS	01/23/2019	3.120	USD	500,000	500,337	495,750
	PETROLEOS MEXICANOS	03/05/2020	6.000	USD	1,100,000	1,231,601	1,160,225
	PETROLEOS MEXICANOS	03/13/2022	5.370	USD	353,439	361,439	361,465
	PETROLEOS MEXICANOS	01/30/2023	3.500	USD	500,000	461,945	459,000
	PETROLEOS MEXICANOS	01/18/2024	4.870	USD	500,000	511,750	484,805
	PETROLEOS MEXICANOS	09/12/2024	0.330	MXN	4,260,000	270,413	175,776
	PETROLEOS MEXICANOS	02/24/2025	5.500	EUR	255,000	282,218	294,361
	PETROLEOS MEXICANOS	01/23/2026	4.500	USD	1,250,000	1,175,608	1,138,750
	PETROLEOS MEXICANOS	08/04/2026	6.870	USD	1,396,000	1,175,942	1,472,780
	PETROLEOS MEXICANOS	03/13/2027	6.500	USD	430,000	440,062	443,545
	PETROLEOS MEXICANOS	06/15/2035	6.620	USD	1,115,000	1,209,538	1,098,275
	PETROLEOS MEXICANOS	06/02/2041	6.500	USD	1,066,000	1,184,127	998,362
	PETROLEOS MEXICANOS	06/27/2044	5.500	USD	2,042,000	1,824,404	1,699,353
	PETROLEOS MEXICANOS	01/23/2045	6.370	USD	500,000	563,750	455,000
	PETROLEOS MEXICANOS	01/23/2046	5.620	USD	374,000	358,786	310,420
	PETROLEOS MEXICANOS	09/21/2047	6.750	USD	2,323,000	2,286,795	2,194,771
	PETRONAS CAPITAL LTD.	08/12/2019	5.250	USD	219,000	243,266	234,576
	PETRONAS CAPITAL LTD.	05/22/2022	7.870	USD	519,000	713,269	635,754
	PETSMART, INC.	03/15/2023	7.120	USD	2,090,000	2,196,556	2,131,800
	PFIZER INC.	06/15/2018	1.500	USD	1,000,000	1,005,870	1,001,450
	PFIZER INC.	12/15/2019	1.700	USD	2,615,000	2,613,117	2,612,542
	PFIZER INC.	08/12/2020	5.200	USD	400,000	456,600	444,412
	PFIZER INC.	06/03/2026	2.750	USD	915,000	942,600	888,319
	PFIZER INC.	03/15/2039	7.200	USD	565,000	703,834	816,137
	PFIZER INC.	12/15/2046	4.120	USD	500,000	497,505	508,630
	PHI, INC.	03/15/2019	5.250	USD	2,010,000	2,039,495	1,889,400
	PHILIP MORRIS INTERNATIONAL INC.	05/16/2018	5.650	USD	3,950,000	4,474,718	4,163,261
	PHILIP MORRIS INTERNATIONAL INC.	03/26/2020	4.500	USD	700,000	767,669	749,616
	PHILIP MORRIS INTERNATIONAL INC.	08/22/2022	4.300	USD	500,000	460,205	489,235
	PHILIP MORRIS INTERNATIONAL INC.	05/16/2038	6.380	USD	500,000	709,605	641,120
	PHILIP MORRIS INTERNATIONAL INC.	11/10/2044	4.250	USD	750,000	741,600	740,558
	PHILLIPS 66	04/01/2022	4.300	USD	400,000	435,754	429,488
	PHILLIPS 66	11/15/2044	4.870	USD	500,000	561,595	528,035
	PILGRIMS PRIDE CORPORATION	03/15/2025	5.750	USD	1,305,000	1,305,113	1,301,738
	PINNACLE FOODS FINANCE LLC	05/01/2021	4.870	USD	2,480,000	2,493,659	2,554,400
	PITNEY BOWES INC.	03/15/2024	4.620	USD	400,000	398,128	394,004
	PLAINS ALL AMERICAN PIPELINE L.P.	11/01/2024	3.600	USD	500,000	512,500	478,755
	PLAINS ALL AMERICAN PIPELINE L.P.	06/01/2042	5.150	USD	500,000	405,775	463,595
	PLAINS ALL AMERICAN PIPELINE L.P.	02/15/2045	4.900	USD	2,030,000	2,027,483	1,875,355
	PLANTRONICS, INC.	05/31/2023	5.500	USD	2,530,000	2,530,694	2,555,300
	PLASTIPAK HOLDINGS, INC.	10/01/2021	6.500	USD	2,950,000	2,976,750	3,082,750
	PLATFORM SPECIALTY PRODUCTS CORPORATION	02/01/2022	6.500	USD	2,870,000	2,760,988	2,891,525
	PNC BANK, NATIONAL ASSOCIATION	04/01/2018	6.870	USD	1,150,000	1,182,465	1,218,506
	PNC BANK, NATIONAL ASSOCIATION	06/01/2018	1.350	USD	2,790,000	2,790,000	2,794,073
	PNC BANK, NATIONAL ASSOCIATION	12/07/2018	1.350	USD	2,575,000	2,575,000	2,576,365
	PNC BANK, NATIONAL ASSOCIATION	10/18/2019	2.400	USD	1,000,000	1,005,923	1,009,210
	PNC BANK, NATIONAL ASSOCIATION	12/09/2021	2.550	USD	400,000	397,548	399,748

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
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 CORPORATE DEBT SECURITIES
 DECEMBER 31, 2016

NOTES	IDENTITY OF ISSUE	Maturity	INTEREST RATE	DESCRIPTION		COST		CURRENT VALUE
				PRINCIPAL CURRENCY	PRINCIPAL			
CORPORATE OBLIGATIONS								
	PNC BANK, NATIONAL ASSOCIATION	11/01/2022	2.700 %	USD	\$	1,350,000	\$	1,328,967
	POST HOLDINGS, INC.	12/15/2022	6.000	USD		2,080,000		2,171,000
	POST HOLDINGS, INC.	08/15/2026	5.000	USD		1,035,000		991,013
	POTASH CORPORATION OF SASKATCHEWAN INC.	03/15/2024	3.625	USD		170,000		168,628
	POTOMAC ELECTRIC POWER COMPANY	03/15/2024	3.600	USD		750,000		775,455
	POWER SECTOR ASSETS & LIABILITIES MANAGEMENT CORPORATION	12/02/2024	7.390	USD		358,000		453,495
	PPL CAPITAL FUNDING, INC.	06/15/2022	4.200	USD		750,000		790,433
	PQ CORPORATION	11/15/2022	6.750	USD		1,665,000		1,781,550
	PRAXAIR, INC.	11/07/2042	3.550	USD		500,000		464,530
	PRECISION CASTPARTS CORP.	06/15/2020	2.250	USD		500,000		501,845
	PRECISION CASTPARTS CORP.	01/15/2043	3.900	USD		500,000		493,205
	PRECISION DRILLING CORPORATION	11/15/2020	6.620	USD		388,641		394,471
	PRECISION DRILLING CORPORATION	12/15/2021	6.500	USD		615,000		624,225
	PRECISION DRILLING CORPORATION	12/15/2023	7.750	USD		1,175,000		1,239,625
	PRESIDENT & FELLOWS OF HARVARD	07/15/2046	3.150	USD		100,000		89,714
	PRESTIGE BRANDS, INC.	12/15/2021	5.370	USD		1,855,000		1,910,650
	PRESTIGE BRANDS, INC.	03/01/2024	6.370	USD		3,225,000		3,386,250
	PRINCIPAL FINANCIAL GROUP, INC.	05/15/2023	3.120	USD		750,000		745,905
	PRINCIPAL LIFE GLOBAL FUNDING II	11/21/2021	2.370	USD		2,185,000		2,154,956
	PROCTER & GAMBLE CO.	03/05/2037	5.550	USD		24,000		31,045
	PROGRESS ENERGY INC.	12/01/2019	4.870	USD		500,000		536,940
	PROGRESS ENERGY INC.	03/01/2031	7.750	USD		220,000		302,713
	PROSPECT CAPITAL CORPORATION	07/15/2019	5.000	USD		500,000		506,265
	PROTECTIVE LIFE CORPORATION	10/15/2019	7.370	USD		3,000,000		3,397,890
	PRUDENTIAL FINANCIAL, INC.	08/15/2018	2.300	USD		660,000		665,524
	PRUDENTIAL FINANCIAL, INC.	06/21/2020	5.370	USD		500,000		547,675
	PRUDENTIAL FINANCIAL, INC.	06/21/2040	6.620	USD		500,000		635,115
	PSEG POWER LLC	04/15/2031	8.620	USD		500,000		610,395
	PSP CAPITAL INC.	02/24/2017	0.042	USD		12,000,000		11,965,717
	PUBLIC SERVICE ELECTRIC AND GAS COMPANY	05/15/2023	2.370	USD		500,000		488,715
	PUBLIC SERVICE ELECTRIC AND GAS COMPANY	09/01/2042	3.650	USD		500,000		478,700
	PUGET SOUND ENERGY, INC.	12/15/2020	6.500	USD		505,000		569,332
	PUGET SOUND ENERGY, INC.	07/15/2040	5.760	USD		500,000		612,345
	PULTEGROUP, INC.	01/15/2027	5.000	USD		2,095,000		1,990,250
	QGOG CONSTELLATION S.A.	11/09/2019	6.250	USD		1,010,000		661,550
	QUAD/GRAPHICS, INC.	05/01/2022	7.000	USD		3,345,000		3,261,375
	QUALCOMM, INC.	05/20/2020	2.250	USD		630,000		630,044
	QUALCOMM, INC.	05/20/2025	3.450	USD		460,000		468,059
	QUALCOMM, INC.	05/20/2045	4.800	USD		260,000		277,844
	QUEST DIAGNOSTICS, INC.	03/30/2025	3.500	USD		500,000		494,050
	QUICKEN LOANS INC.	05/01/2025	5.750	USD		3,475,000		3,379,438
	QVC, INC.	04/01/2019	3.120	USD		750,000		757,808
	QWEST CORPORATION	12/01/2021	6.750	USD		500,000		542,500
	RACKSPACE HOSTING, INC.	11/03/2023	0.300	USD		515,000		521,221
	RACKSPACE HOSTING, INC.	11/15/2024	8.620	USD		4,205,000		4,450,782
	RANGE RESOURCES CORPORATION	06/01/2021	5.750	USD		170,000		178,075
	RANGE RESOURCES CORPORATION	08/15/2022	5.000	USD		550,000		546,563
	RANGE RESOURCES CORPORATION	05/15/2025	4.870	USD		935,000		905,781
	RASC SERIES 2006-KS1 TRUST	02/25/2036	1.050	USD		271,473		268,979
	RAYONIER A.M. PRODUCTS INC.	06/01/2024	5.500	USD		4,250,000		3,973,750
	RAYTHEON COMPANY	12/15/2022	2.500	USD		500,000		497,500
	RAYTHEON COMPANY	12/15/2041	4.700	USD		500,000		550,530
	REALTY INCOME CORPORATION	08/01/2023	4.650	USD		500,000		536,065
	REGENCY ENERGY PARTNERS LP	09/01/2020	5.750	USD		925,000		1,000,230
	REGENCY ENERGY PARTNERS LP	03/01/2022	5.870	USD		2,235,000		2,458,634
	REGENCY ENERGY PARTNERS LP	10/01/2022	5.000	USD		265,000		280,821
	REGIONS FINANCIAL CORPORATION	12/10/2037	7.370	USD		500,000		614,075
	RENT-A-CENTER, INC.	11/15/2020	6.620	USD		535,000		489,525
	RENT-A-CENTER, INC.	05/01/2021	4.750	USD		2,535,000		2,107,992
	REPUBLIC SERVICES, INC.	11/15/2021	5.250	USD		1,150,000		1,278,593
	RESOLUTE ENERGY CORPORATION	05/01/2020	8.500	USD		4,410,000		4,487,175
	REYNOLDS AMERICAN, INC.	06/23/2019	8.130	USD		500,000		570,420
	REYNOLDS AMERICAN, INC.	09/15/2023	4.850	USD		500,000		543,025
	REYNOLDS AMERICAN, INC.	08/15/2045	5.850	USD		630,000		746,002
	REYNOLDS GROUP ISSUER INC.	10/15/2020	5.750	USD		575,000		592,969
	REYNOLDS GROUP ISSUER INC.	02/15/2021	8.250	USD		590,424		609,613
	REYNOLDS GROUP ISSUER INC.	07/15/2023	5.120	USD		1,195,000		1,220,394
	REYNOLDS GROUP ISSUER INC.	07/15/2024	7.000	USD		1,140,000		1,211,968
	RICE ENERGY, INC.	05/01/2023	7.250	USD		80,000		84,800
	RIO TINTO FINANCE (USA) LIMITED	06/15/2025	3.750	USD		1,500,000		1,544,715
	RIO TINTO FINANCE (USA) LIMITED	11/02/2040	5.200	USD		350,000		398,216
	RITECH BROS. AUCTIONEERS INCORPORATED	01/15/2025	5.370	USD		1,075,000		1,096,500
	RITE AID CORPORATION	04/01/2023	6.370	USD		2,635,000		2,832,625
	RMAC SECURITIES	06/12/2044	0.140	EUR		2,682,996		2,404,374
	ROGERS COMMUNICATIONS INC.	08/15/2018	6.800	USD		200,000		215,650
	ROGERS COMMUNICATIONS INC.	03/15/2044	5.000	USD		400,000		427,880
	ROWAN COS, INC.	01/15/2024	4.750	USD		1,845,150		1,665,113
	ROYAL BANK OF CANADA	12/10/2018	2.000	USD		750,000		752,063
	ROYAL BANK OF CANADA	03/06/2020	2.150	USD		1,000,000		994,650
	ROYAL BANK OF CANADA	10/30/2020	2.350	USD		500,000		499,290
	ROYAL BANK OF SCOTLAND GROUP PLC	12/19/2023	6.000	USD		115,000		119,451
	ROYAL BANK OF SCOTLAND GROUP PLC	05/28/2024	5.120	USD		2,505,000		2,497,685
	ROYAL BANK OF SCOTLAND GROUP PLC	04/05/2026	4.800	USD		1,000,000		1,001,130
	RUBY TUESDAY, INC.	05/15/2020	7.620	USD		4,050,000		3,847,500
	RUSSIAN RAILWAYS VIA RZD	04/05/2022	5.700	USD		258,390		272,643
	RYDER SYSTEM INC.	02/26/2019	2.350	USD		500,000		502,940
	S&P GLOBAL, INC.	02/15/2026	4.400	USD		270,000		285,622
	SABINE PASS LIQUEFACTION, LLC	02/01/2021	5.620	USD		3,890,000		4,162,300
	SABINE PASS LIQUEFACTION, LLC	04/15/2023	5.620	USD		370,000		393,125
	SABINE PASS LIQUEFACTION, LLC	05/15/2024	5.750	USD		100,000		107,250
	SABINE PASS LIQUEFACTION, LLC	03/01/2025	5.620	USD		345,000		369,150
	SABINE PASS LIQUEFACTION, LLC	06/30/2026	5.870	USD		3,115,000		3,356,413
	SABINE PASS LIQUEFACTION, LLC	03/15/2027	5.000	USD		890,000		897,788
	SABLE INTERNATIONAL FINANCE LIMITED	08/01/2022	6.870	USD		1,885,000		1,960,400
	SAMARCO MINERACAO S.A.	11/01/2022	4.120	USD		282,000		152,280
	SAN DIEGO GAS & ELECTRIC COMPANY	08/15/2040	4.500	USD		450,000		482,373
	SANCHEZ ENERGY CORPORATION	01/15/2023	6.120	USD		1,655,000		1,572,250
	SANTANDER BANK N.A.	01/12/2018	2.000	USD		500,000		499,790
	SANTANDER HOLDINGS USA, INC.	08/27/2018	3.450	USD		2,543,000		2,581,501
	SANTANDER HOLDINGS USA, INC.	04/17/2020	2.650	USD		500,000		495,565
	SANTANDER UK PLC	08/23/2018	3.050	USD		2,850,000		2,895,002
	SANTANDER UK PLC	03/16/2020	2.370	USD		400,000		397,796

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
 EIN: 36-6044243 AND PN: 001
 SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
 CORPORATE DEBT SECURITIES
 DECEMBER 31, 2016

NOTES	IDENTITY OF ISSUE	Maturity	Interest Rate	DESCRIPTION		COST	CURRENT VALUE
				PRINCIPAL CURRENCY	PRINCIPAL		
	CORPORATE OBLIGATIONS						
	SBA COMMUNICATIONS CORPORATION	07/15/2022	4.870 %	USD \$	5,495,000	\$ 5,478,600	\$ 5,577,425
	SBA COMMUNICATIONS CORPORATION	09/01/2024	4.870	USD	1,580,000	1,567,670	1,560,250
	SCF CAPITAL LIMITED	06/16/2023	5.370	USD	384,000	401,472	389,268
	SCIENTIFIC GAMES CORPORATION	10/18/2020	4.280	USD	2,000,000	2,010,000	2,025,420
	SCIENTIFIC GAMES INTERNATIONAL, INC.	05/15/2021	6.620	USD	5,750,000	4,391,751	4,858,750
	SCIENTIFIC GAMES INTERNATIONAL, INC.	01/01/2022	7.000	USD	1,695,000	1,750,238	1,817,888
	SCRIPPS NETWORKS INTERACTIVE, INC.	06/15/2022	3.500	USD	500,000	506,495	505,285
	SEA TRUCKS GROUP LIMITED	03/26/2018	9.000	USD	626,975	626,975	238,251
	SEAGATE HDD CAYMAN	06/01/2023	4.750	USD	2,950,000	2,536,406	2,924,188
	SEALED AIR CORP.	12/01/2024	5.120	USD	770,000	770,000	791,175
	SEMPRA ENERGY	10/01/2022	2.870	USD	1,500,000	1,474,080	1,485,660
	SEQUA CORPORATION	12/15/2017	7.000	USD	2,330,000	2,327,314	1,281,500
	SERVICE CORPORATION INTERNATIONAL	04/01/2027	7.500	USD	4,400,000	4,857,935	5,104,000
	SERVICIOS CORPORATIVOS JAVIER S.A.P.I. DE C.V.	04/06/2021	9.870	USD	145,269	145,269	148,263
	SEVEN ENERGY LIMITED	10/11/2021	10.250	USD	350,000	248,756	128,100
	SFR GROUP S.A.	05/15/2022	6.000	USD	5,445,000	5,490,000	5,587,931
	SFR GROUP S.A.	05/01/2025	7.370	USD	3,200,000	3,208,941	3,280,000
	SHEA HOMES LIMITED PARTNERSHIP	04/01/2023	5.870	USD	2,445,000	2,473,064	2,383,875
	SHELL INTERNATIONAL FINANCE B.V.	08/10/2018	1.900	USD	750,000	753,750	754,583
	SHELL INTERNATIONAL FINANCE B.V.	05/10/2019	1.370	USD	1,950,000	1,938,701	1,932,411
	SHELL INTERNATIONAL FINANCE B.V.	08/21/2022	2.370	USD	500,000	462,550	491,050
	SHELL INTERNATIONAL FINANCE B.V.	05/11/2025	3.250	USD	1,320,000	1,371,325	1,318,918
	SHELL INTERNATIONAL FINANCE B.V.	05/10/2026	2.870	USD	260,000	255,637	251,365
	SHELL INTERNATIONAL FINANCE B.V.	05/11/2045	4.370	USD	680,000	721,139	688,826
	SHELL INTERNATIONAL FINANCE B.V.	05/10/2046	4.000	USD	235,000	227,534	224,721
	SHIRE ACQUISITIONS INVESTMENTS COMPANY	09/23/2019	1.900	USD	1,000,000	999,120	987,320
	SHIRE ACQUISITIONS INVESTMENTS COMPANY	09/23/2023	2.870	USD	1,000,000	997,990	950,450
	SIGNODE INDUSTRIAL GROUP LLC	05/01/2022	6.370	USD	1,650,000	1,634,971	1,645,875
	SIMON PROPERTY GROUP, L.P.	02/01/2023	2.750	USD	500,000	483,515	493,025
	SIMON PROPERTY GROUP, L.P.	09/01/2025	3.500	USD	500,000	534,050	505,680
	SIMON PROPERTY GROUP, L.P.	11/30/2046	4.250	USD	500,000	492,980	491,465
	SINOCHEM OVERSEAS CAPITAL CO., LTD.	11/12/2020	4.500	USD	370,000	399,432	387,025
	SINOCHEM OVERSEAS CAPITAL CO., LTD.	11/12/2040	6.300	USD	139,900	139,925	167,492
	SINOPEC GROUP OVERSEAS DEVELOPMENT (2015) LIMITED	04/10/2024	4.370	USD	502,000	535,965	521,658
	SINOPEC GROUP OVERSEAS DEVELOPMENT (2015) LIMITED	04/28/2025	3.250	USD	340,000	336,675	325,982
	SINOPEC GROUP OVERSEAS DEVELOPMENT (2015) LIMITED	05/03/2026	3.500	USD	319,000	316,340	309,028
	SINOPEC GROUP OVERSEAS DEVELOPMENT (2015) LIMITED	05/17/2042	4.870	USD	213,000	213,000	223,571
	SIRIUS XM RADIO, INC.	07/15/2024	6.000	USD	3,510,000	3,674,350	3,667,950
	SIRIUS XM RADIO, INC.	04/15/2025	5.370	USD	3,050,000	3,034,400	3,034,750
	SITV, LLC	07/01/2019	10.370	USD	3,500,000	3,352,000	2,135,000
	SIX FLAGS ENTERTAINMENT CORPORATION	07/31/2024	4.870	USD	2,325,000	2,325,000	2,295,938
	SKANDINAVISKA ENSKILDA BANKEN AB	03/01/2017	0.085	USD	11,960,000	10,995,299	10,995,299
	SMURFIT KAPPA TREASURY FUNDING LIMITED	11/20/2025	7.500	USD	4,675,000	5,095,075	5,423,000
	SOCIETE GENERALE	01/31/2017	0.046	USD	10,385,000	10,327,363	10,327,363
	SOTHEBY'S	10/01/2022	5.250	USD	2,070,000	1,930,275	2,033,775
	SOUTH CAROLINA ELECTRIC & GAS COMPANY	11/01/2018	6.500	USD	450,000	533,093	487,710
	SOUTH CAROLINA ELECTRIC & GAS COMPANY	06/01/2065	5.100	USD	500,000	540,160	548,215
	SOUTHERN CALIFORNIA EDISON COMPANY	10/01/2023	3.500	USD	300,000	324,807	311,769
	SOUTHERN CALIFORNIA EDISON COMPANY	02/01/2038	5.950	USD	400,000	398,160	502,272
	SOUTHERN CALIFORNIA EDISON COMPANY	10/01/2043	4.650	USD	500,000	612,475	551,350
	SOUTHERN CALIFORNIA GAS COMPANY	11/15/2035	5.750	USD	225,000	233,793	273,344
	SOUTHERN COMPANY GAS CAPITAL CORPORATION	06/01/2043	4.400	USD	705,500	783,502	697,118
	SOUTHERN COPPER CORPORATION	04/23/2025	3.870	USD	500,000	501,520	493,015
	SOUTHERN COPPER CORPORATION	04/23/2045	5.870	USD	500,000	499,220	490,865
	SOUTHERN GAS CORRIDOR CJSC	03/24/2026	6.870	USD	370,000	383,135	398,490
	SOUTHWESTERN ENERGY COMPANY	03/15/2022	4.100	USD	1,185,000	930,875	1,119,588
	SOUTHWESTERN ENERGY COMPANY	01/23/2025	6.700	USD	745,000	684,519	761,763
	SPECTRA ENERGY CAPITAL, LLC	10/01/2019	8.000	USD	600,000	688,626	682,440
	SPECTRA ENERGY PARTNERS LP	09/25/2018	2.950	USD	500,000	519,285	507,890
	SPECTRA ENERGY PARTNERS LP	03/15/2025	3.500	USD	341,000	341,530	333,065
	SPECTRUM BRANDS, INC.	11/15/2022	6.620	USD	540,000	575,295	573,750
	SPECTRUM BRANDS, INC.	07/15/2025	5.750	USD	3,825,000	3,821,941	3,968,438
	SPRINGS INDUSTRIES INC.	06/01/2021	6.250	USD	1,890,000	1,920,840	1,956,150
	SPRINT CAPITAL CORPORATION	03/15/2032	8.750	USD	1,290,000	1,476,708	1,419,000
	SPRINT COMMUNICATIONS, INC.	11/15/2018	9.000	USD	1,800,000	1,923,750	1,984,500
	SPRINT COMMUNICATIONS, INC.	08/15/2020	7.000	USD	3,085,000	2,991,706	3,270,439
	SPRINT COMMUNICATIONS, INC.	11/15/2022	6.000	USD	3,430,000	3,353,773	3,455,725
	SPRINT CORPORATION	09/15/2021	7.250	USD	11,425,000	11,623,584	12,139,063
	SPRINT CORPORATION	09/15/2023	7.870	USD	6,785,000	6,259,799	7,242,988
	SPRINT CORPORATION	06/15/2024	7.120	USD	530,000	520,325	545,900
	SPRINT SPECTRUM COMPANY LLC	03/20/2023	3.360	USD	3,090,000	3,105,804	3,095,778
	SS&C TECHNOLOGIES HOLDINGS, INC.	07/15/2023	5.870	USD	1,330,000	1,334,620	1,378,213
	ST. JUDE MEDICAL, INC.	04/15/2023	3.250	USD	500,000	501,550	496,915
	STANDARD INDUSTRIES INC.	11/15/2024	5.370	USD	115,000	119,600	118,163
	STANDARD INDUSTRIES INC.	10/15/2025	6.000	USD	3,690,000	3,690,000	3,883,725
	STANLEY BLACK & DECKER, INC.	12/01/2021	3.400	USD	500,000	524,035	515,910
	STAPLES, INC.	01/12/2023	4.370	USD	300,000	295,479	300,567
	STARBUCKS CORPORATION	12/05/2018	2.000	USD	500,000	499,030	504,995
	STARBUCKS CORPORATION	02/04/2021	2.100	USD	2,600,000	2,662,166	2,591,680
	STATE STREET CORP.	05/15/2023	3.100	USD	1,000,000	981,800	998,040
	STATOIL ASA	05/15/2018	1.150	USD	1,000,000	987,140	993,850
	STATOIL ASA	04/15/2019	5.250	USD	500,000	545,675	536,855
	STATOIL ASA	03/01/2024	3.700	USD	500,000	499,524	523,345
	STATOIL ASA	05/15/2043	3.950	USD	500,000	473,900	476,920
	STEEL DYNAMICS, INC.	10/01/2021	5.120	USD	1,355,006	1,355,006	1,413,184
	STEEL DYNAMICS, INC.	10/01/2024	5.500	USD	760,000	760,000	805,600
	STENA AB	02/01/2024	7.000	USD	2,550,000	2,557,760	2,258,408
	STENA INTERNATIONAL S.A.	03/01/2024	5.750	USD	1,525,000	1,492,631	1,319,125
	STONEMOR PARTNERS LP	06/01/2021	7.870	USD	3,725,000	3,881,688	3,389,750
	STRYKER CORPORATION	03/08/2019	2.000	USD	750,000	754,673	750,368
	STRYKER CORPORATION	03/15/2046	4.620	USD	200,000	212,318	203,936
	SUBURBAN PROPANE PARTNERS, L.P.	08/01/2021	7.370	USD	1,893,000	2,032,358	1,948,906
	SUBURBAN PROPANE PARTNERS, L.P.	06/01/2024	5.500	USD	3,855,000	3,785,350	3,903,188
	SUMITOMO MITSUI BANKING CORPORATION	01/27/2017	0.038	USD	10,415,000	10,359,384	10,359,384
	SUMITOMO MITSUI BANKING CORPORATION	04/26/2017	0.181	USD	11,915,000	11,847,085	11,847,085
	SUMITOMO MITSUI BANKING CORPORATION	01/10/2019	2.450	USD	1,250,000	1,251,450	1,256,838
	SUMITOMO MITSUI BANKING CORPORATION	01/10/2024	3.950	USD	1,000,000	1,080,610	1,042,220
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	07/14/2026	2.630	USD	500,000	489,795	464,630
	SUMMIT MATERIALS, INC.	07/15/2023	6.120	USD	3,905,000	3,905,250	4,007,467
	SUNCOKE ENERGY, INC.	08/01/2019	7.620	USD	178,000	180,003	175,775
	SUNCOKE ENERGY PARTNERS, L.P.	02/01/2020	7.370	USD	2,580,000	2,647,073	2,567,100
	SUNCOR ENERGY, INC.	12/01/2024	3.600	USD	750,000	750,650	768,548

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
 EIN: 36-6044243 AND PN: 001
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 CORPORATE DEBT SECURITIES
 DECEMBER 31, 2016

NOTES	IDENTITY OF ISSUE	Maturity	Interest Rate	Description		Cost	Current Value
				Principal Currency	Principal		
	CORPORATE OBLIGATIONS						
	SUNCOR ENERGY, INC.	06/15/2038	6.500 %	USD	\$ 500,000	\$ 660,420	\$ 638,870
	SUNGARD AVAILABILITY SERVICES CAPITAL INC.	04/01/2022	8.750	USD	5,025,000	4,093,420	3,442,125
	SUNOCO LOGISTICS PARTNERS L.P.	12/01/2025	5.950	USD	750,000	705,083	835,575
	SUNTRUST BANK	05/01/2023	2.750	USD	500,000	478,130	487,655
	SVENSK EXPORTKREDIT AB	04/12/2019	1.250	USD	1,000,000	1,002,730	990,400
	SVENSK EXPORTKREDIT AB	03/10/2021	1.750	USD	500,000	504,940	490,685
	SVENSKA HANDELSBANKEN AB	02/15/2017	2.250	USD	9,000,000	8,982,255	8,982,255
	SVENSKA HANDELSBANKEN AB	06/17/2019	2.250	USD	1,000,200	1,000,200	1,003,120
	SWEDBANK AB	02/17/2017	0.073	USD	11,300,000	11,236,108	11,236,108
	SYMPHONY CLO XII, LTD.	10/15/2025	4.122	USD	4,000,000	4,000,000	3,990,000
	SYNCHRONY FINANCIAL	01/15/2019	2.600	USD	750,000	748,620	753,795
	SYNCHRONY FINANCIAL	07/23/2025	4.500	USD	500,000	502,090	513,585
	SYSCO CORPORATION	06/12/2022	2.600	USD	1,000,000	971,220	984,510
	TALLGRASS ENERGY PARTNERS, LP	09/15/2024	5.500	USD	2,555,000	2,577,306	2,535,838
	TAMPA ELECTRIC COMPANY	05/15/2044	4.350	USD	500,000	511,875	500,180
	TARGA RESOURCES PARTNERS LP	08/01/2022	6.370	USD	2,385,000	2,363,053	2,468,475
	TARGA RESOURCES PARTNERS LP	03/15/2024	6.750	USD	1,850,000	1,837,197	1,984,125
	TARGA RESOURCES PARTNERS LP	02/01/2025	5.120	USD	755,000	755,000	749,338
	TARGET CORPORATION	06/28/2019	2.300	USD	500,000	514,680	508,060
	TARGET CORPORATION	01/15/2022	2.900	USD	500,000	515,995	509,515
	TARGET CORPORATION	07/01/2042	4.000	USD	1,000,000	1,069,040	994,440
	TAYLOR MORRISON COMMUNITIES, INC.	04/15/2023	5.870	USD	2,015,000	2,015,000	2,045,225
	TD AMERITRADE HOLDING CORPORATION	04/01/2022	2.950	USD	400,000	404,228	404,980
	TDA 24 FTA	06/22/2040	0.200	EUR	366,947	459,326	367,393
	TECK RESOURCES LIMITED	06/01/2024	8.500	USD	1,025,000	1,041,875	1,181,313
	TELECOM ITALIA CAPITAL S.A.	11/15/2033	6.370	USD	4,250,000	4,329,688	4,058,750
	TELECOM ITALIA S.P.A.	05/30/2024	5.300	USD	2,000,000	2,025,000	1,955,000
	TELEFONICA EMISIONES, S.A.U.	07/15/2019	5.870	USD	1,400,000	1,621,956	1,517,376
	TELEFONICA EMISIONES, S.A.U.	02/16/2021	5.460	USD	500,000	565,185	545,035
	TELEFONICA EMISIONES, S.A.U.	06/20/2036	7.040	USD	500,000	565,095	580,355
	TEMPLAR ENERGY, LLC	11/25/2020	1.000	USD	2,710,000	2,710,000	599,588
	TEMPUR SEALY INTERNATIONAL INC.	10/15/2023	5.620	USD	1,415,000	1,419,313	1,460,988
	TEMPUR SEALY INTERNATIONAL INC.	06/15/2026	5.500	USD	1,855,000	1,855,000	1,864,275
	TENET HEALTHCARE CORPORATION	08/01/2020	8.000	USD	3,375,000	3,378,931	3,333,150
	TENET HEALTHCARE CORPORATION	10/01/2021	4.370	USD	4,590,000	4,594,938	4,549,838
	TENET HEALTHCARE CORPORATION	01/01/2022	7.500	USD	510,000	510,000	531,675
	TENET HEALTHCARE CORPORATION	04/01/2022	8.120	USD	1,225,546	1,225,546	1,155,788
	TENET HEALTHCARE CORPORATION	06/15/2023	6.750	USD	3,675,000	3,657,431	3,243,188
	TENET HEALTHCARE CORPORATION	11/15/2031	6.870	USD	1,925,000	1,900,250	1,484,656
	TENINGCHEVROIL FINANCE COMPANY INTERNATIONAL LTD.	08/15/2026	4.000	USD	245,000	243,248	229,859
	TERRAFORM POWER OPERATING LLC	02/01/2022	6.370	USD	3,150,000	3,116,376	3,189,375
	TESORO LOGISTICS, L.P.	10/15/2019	5.500	USD	1,340,000	1,353,526	1,417,050
	TESORO LOGISTICS, L.P.	10/15/2021	6.120	USD	2,675,000	2,782,000	2,808,750
	TESORO LOGISTICS, L.P.	01/15/2025	5.250	USD	470,000	470,000	479,988
	TEVA PHARMACEUTICAL FINANCE COMPANY, LLC	02/01/2036	6.150	USD	510,000	610,512	569,539
	TEVA PHARMACEUTICAL FINANCE NETHERLANDS BV	07/19/2019	1.700	USD	1,000,000	997,030	982,530
	TEVA PHARMACEUTICAL FINANCE NETHERLANDS BV	07/21/2021	2.200	USD	500,000	498,470	478,345
	TEVA PHARMACEUTICAL FINANCE NETHERLANDS BV	10/01/2046	4.100	USD	500,000	509,720	428,430
	TEXAS COMPETITIVE ELECTRIC HOLDINGS COMPANY LLC.	10/10/2017	4.668	USD	3,202,195	2,374,584	928,637
	TEXAS INSTRUMENTS INCORPORATED	03/12/2021	2.750	USD	400,000	405,904	407,480
	TEXTRON INC.	10/01/2019	7.250	USD	2,580,000	3,071,954	2,899,688
	TEXTRON INC.	03/01/2021	3.650	USD	500,000	510,450	513,635
	THE 3M COMPANY	06/15/2019	1.620	USD	500,000	503,985	499,615
	THE 3M COMPANY	09/19/2046	3.120	USD	500,000	481,315	445,610
	THE AES CORPORATION	06/01/2019	3.930	USD	531,000	529,673	531,000
	THE AES CORPORATION	05/15/2026	6.000	USD	2,385,456	2,385,456	2,420,775
	THE ALLSTATE CORPORATION	06/15/2023	3.150	USD	500,000	482,715	506,300
	THE ALLSTATE CORPORATION	05/15/2067	6.500	USD	283,750	283,750	283,750
	THE BANK OF TOKYO MITSUBISHI UFJ, LTD.	06/05/2017	0.120	USD	10,470,000	10,404,563	10,404,563
	THE BOEING COMPANY	03/01/2025	2.500	USD	1,000,000	952,440	968,750
	THE CHARLES SCHWAB CORPORATION	07/22/2020	4.450	USD	500,000	556,790	534,475
	THE CHEMOURS COMPANY	05/15/2025	7.000	USD	2,575,000	2,578,129	2,536,375
	THE CHUBB CORPORATION	05/15/2038	6.500	USD	200,000	227,152	268,070
	THE CLOROX COMPANY	11/15/2021	3.800	USD	200,000	214,238	210,968
	THE COCA-COLA COMPANY	11/01/2018	1.650	USD	500,000	495,715	502,000
	THE COCA-COLA COMPANY	04/01/2023	2.500	USD	500,000	465,400	494,740
	THE COCA-COLA COMPANY	10/27/2025	2.875	USD	1,000,000	1,045,240	986,820
	THE DOW CHEMICAL COMPANY	05/15/2019	8.525	USD	500,000	563,175	573,400
	THE DOW CHEMICAL COMPANY	11/15/2021	4.125	USD	750,000	825,480	792,473
	THE DOW CHEMICAL COMPANY	10/01/2024	3.500	USD	500,000	520,635	504,365
	THE GOLDMAN SACHS GROUP, INC.	04/01/2018	6.150	USD	1,500,000	1,654,080	1,577,880
	THE GOLDMAN SACHS GROUP, INC.	01/31/2019	2.620	USD	1,000,000	1,011,330	1,010,750
	THE GOLDMAN SACHS GROUP, INC.	02/15/2019	7.500	USD	5,000,000	5,994,550	5,542,900
	THE GOLDMAN SACHS GROUP, INC.	04/23/2020	2.600	USD	500,000	501,620	500,525
	THE GOLDMAN SACHS GROUP, INC.	09/15/2020	2.750	USD	210,000	210,582	210,907
	THE GOLDMAN SACHS GROUP, INC.	01/24/2022	5.750	USD	1,950,000	2,059,030	2,192,229
	THE GOLDMAN SACHS GROUP, INC.	03/03/2024	4.000	USD	1,000,000	1,002,310	1,037,420
	THE GOLDMAN SACHS GROUP, INC.	10/21/2025	4.250	USD	720,000	746,287	731,405
	THE GOLDMAN SACHS GROUP, INC.	02/25/2026	3.750	USD	1,000,000	1,026,040	1,002,940
	THE GOLDMAN SACHS GROUP, INC.	11/16/2026	3.500	USD	500,000	490,295	488,495
	THE GOLDMAN SACHS GROUP, INC.	10/01/2037	6.750	USD	3,700,000	4,555,357	4,568,945
	THE GOLDMAN SACHS GROUP, INC.	07/08/2044	4.800	USD	2,000,000	2,028,100	2,099,660
	THE GOLDMAN SACHS GROUP, INC.	10/21/2045	4.750	USD	1,000,000	1,115,110	1,055,640
	THE GOODYEAR TIRE & RUBBER COMPANY	11/15/2023	5.125	USD	255,000	255,000	262,650
	THE GOODYEAR TIRE & RUBBER COMPANY	05/31/2026	5.000	USD	1,150,000	1,150,000	1,144,756
	THE HERSHEY COMPANY	08/15/2026	2.300	USD	300,000	297,855	279,012
	THE HOME DEPOT, INC.	04/01/2021	4.400	USD	500,000	549,455	542,150
	THE HOME DEPOT, INC.	04/01/2026	3.000	USD	750,000	788,093	748,560
	THE HOME DEPOT, INC.	12/16/2036	5.870	USD	1,000,000	1,355,030	1,263,360
	THE HOME DEPOT, INC.	03/15/2045	4.400	USD	200,000	214,932	213,140
	THE HOME DEPOT, INC.	09/15/2056	3.500	USD	130,000	128,397	113,796
	THE INTERPUBLIC GROUP OF COMPANIES, INC.	04/15/2024	4.200	USD	500,000	509,335	513,750
	THE ISRAEL ELECTRIC CORPORATION LIMITED	11/12/2024	5.000	USD	240,000	237,674	249,737
	THE J.M. SMUCKER COMPANY	03/15/2025	3.500	USD	500,000	541,350	504,170
	THE KROGER CO.	01/15/2021	3.300	USD	725,000	742,068	744,959
	THE KROGER CO.	04/15/2038	6.900	USD	500,000	682,472	639,325
	THE MOSAIC COMPANY	11/15/2033	5.450	USD	500,000	585,965	495,905
	THE NATIONAL BANK OF CANADA	01/12/2017	0.002	USD	15,000,000	14,991,783	14,991,783
	THE NEW YORK AND PRESBYTERIAN HOSPITAL	08/01/2036	3.560	USD	400,000	390,928	382,664
	THE PRICELINE GROUP INC.	06/01/2026	3.600	USD	2,455,000	2,455,262	2,427,995
	THE PROGRESSIVE CORPORATION	04/25/2044	4.350	USD	500,000	498,420	518,615
	THE SCOTTS MIRACLE-GRO COMPANY	10/15/2023	6.000	USD	245,000	260,313	259,088

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
 EIN: 36-6044243 AND PN: 001
 SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
 CORPORATE DEBT SECURITIES
 DECEMBER 31, 2016

NOTES	IDENTITY OF ISSUE	DESCRIPTION				COST	CURRENT VALUE
		MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL		
<u>CORPORATE OBLIGATIONS</u>							
	THE SHERWIN WILLIAMS COMPANY	08/01/2025	3.450 %	USD \$	500,000	\$ 511,450	\$ 497,025
	THE SOUTHERN COMPANY	07/01/2019	1.850	USD	500,000	502,935	498,450
	THE SOUTHERN COMPANY	07/01/2021	2.350	USD	500,000	506,650	491,505
	THE SOUTHERN COMPANY	07/01/2026	3.250	USD	600,000	602,406	583,938
	THE SOUTHERN COMPANY	07/01/2046	4.400	USD	500,000	548,610	494,560
	THE TJX COMPANIES, INC.	09/15/2026	2.250	USD	3,905,000	3,875,869	3,596,466
	THE TRAVELERS COMPANIES, INC.	06/15/2037	6.250	USD	700,000	757,764	899,514
	THE WALT DISNEY COMPANY	02/12/2021	2.300	USD	1,000,660	1,040,660	1,005,020
	THE WALT DISNEY COMPANY	07/30/2026	1.850	USD	500,000	474,810	450,145
	THE WALT DISNEY COMPANY	12/01/2041	4.120	USD	250,000	250,380	256,393
	THE WESTERN UNION COMPANY	05/22/2019	3.350	USD	555,000	577,716	566,117
	THE WESTERN UNION COMPANY	11/17/2036	6.200	USD	240,000	248,597	250,274
	THERMO FISHER SCIENTIFIC INC.	02/01/2024	4.150	USD	1,000,000	1,000,730	1,041,330
	THOMSON REUTERS CORPORATION	09/30/2021	3.950	USD	500,000	531,300	519,510
	THOMSON REUTERS CORPORATION	05/23/2043	4.500	USD	200,000	190,270	187,588
	TIME INC.	04/15/2022	5.750	USD	2,900,000	2,765,952	3,001,500
	TIME INC.	02/01/2020	5.000	USD	1,000,000	1,014,536	1,061,330
	TIME WARNER CABLE, INC.	05/01/2037	6.550	USD	850,000	1,034,866	962,243
	TIME WARNER CABLE, INC.	09/01/2041	5.500	USD	400,000	472,492	406,644
	TIME WARNER INC.	03/15/2020	4.870	USD	1,000,000	1,096,170	1,067,470
	TIME WARNER INC.	07/15/2026	2.950	USD	500,000	508,205	465,760
	TIME WARNER INC.	04/15/2031	7.620	USD	270,000	379,728	366,174
	TIME WARNER INC.	05/01/2032	7.700	USD	500,000	691,330	677,625
	TIME WARNER INC.	03/29/2041	6.250	USD	500,000	639,510	583,390
	T-MOBILE USA INC.	04/28/2020	6.540	USD	650,000	650,000	669,500
	T-MOBILE USA INC.	04/01/2021	6.250	USD	1,440,000	1,532,492	1,497,600
	T-MOBILE USA INC.	04/28/2021	6.630	USD	2,550,000	2,689,380	2,661,563
	T-MOBILE USA INC.	03/01/2023	6.000	USD	3,765,000	3,870,910	3,976,781
	T-MOBILE USA INC.	01/15/2024	6.500	USD	4,060,000	4,136,125	4,354,350
	T-MOBILE USA INC.	04/15/2024	6.000	USD	1,155,000	1,155,000	1,217,081
	T-MOBILE USA INC.	03/01/2025	6.370	USD	2,700,000	2,757,375	2,885,625
	T-MOBILE USA INC.	01/15/2026	6.500	USD	1,325,000	1,325,000	1,432,656
	TMS INTERNATIONAL CORP.	10/15/2021	7.620	USD	2,500,000	2,695,238	2,387,500
	TMX FINANCE LLC	09/15/2018	8.500	USD	2,825,000	2,777,770	2,464,813
	TONON LUXEMBOURG S.A.	01/24/2020	7.250	USD	388,594	163,741	42,745
	TORCHMARK CORPORATION	06/15/2019	9.250	USD	1,910,000	2,447,971	2,207,311
	TORONTO-DOMINION BANK	09/10/2018	2.620	USD	1,000,000	1,029,760	1,015,330
	TORONTO-DOMINION BANK	08/13/2019	1.450	USD	500,000	499,485	492,815
	TORONTO-DOMINION BANK	12/14/2020	2.500	USD	750,000	751,185	752,723
	TOTAL CAPITAL INTERNATIONAL	01/20/2017	0.009	USD	8,300,000	8,285,959	8,285,959
	TOTAL CAPITAL INTERNATIONAL	02/17/2022	2.870	USD	1,000,000	992,430	1,007,900
	TOTAL CAPITAL INTERNATIONAL	04/10/2024	3.750	USD	1,000,000	1,076,390	1,047,010
	TOTAL SYSTEM SERVICES, INC.	04/01/2026	4.900	USD	200,000	208,500	215,504
*	TOYOTA MOTOR CREDIT CORPORATION	02/19/2019	1.700	USD	500,000	501,095	498,420
*	TOYOTA MOTOR CREDIT CORPORATION	07/18/2019	2.120	USD	500,000	505,682	502,170
*	TOYOTA MOTOR CREDIT CORPORATION	09/15/2021	3.400	USD	1,000,000	1,016,780	1,040,130
	TRADE & DEVELOPMENT BANK	05/19/2020	9.370	USD	344,000	344,000	328,819
	TRANSATLANTIC HOLDINGS, INC.	11/30/2039	8.000	USD	250,000	327,798	318,463
	TRANSCANADA PIPELINES LIMITED	08/15/2038	7.250	USD	350,000	428,603	472,493
	TRANSDIGM GROUP INCORPORATED	07/15/2022	6.000	USD	2,085,000	2,095,671	2,168,400
	TRANSDIGM GROUP INCORPORATED	06/15/2026	6.370	USD	1,150,000	1,150,000	1,181,500
	TRANSOCEAN, INC.	10/15/2017	3.750	USD	1,720,000	1,569,122	1,737,200
	TRANSOCEAN, INC.	12/15/2021	8.120	USD	2,450,000	2,247,525	2,450,000
	TREEHOUSE FOODS, INC.	02/15/2024	6.000	USD	970,000	1,024,563	1,018,500
	TRI POINTE HOLDINGS, INC.	06/15/2024	5.870	USD	2,700,000	2,740,500	2,781,000
	TRINIDAD GENERATION UNLIMITED	11/04/2027	5.250	USD	258,000	258,000	250,848
	TRINITY HEALTH CORPORATION	12/01/2045	4.120	USD	1,000,000	1,069,145	970,780
	TRONOX FINANCE LLC	08/15/2020	6.375	USD	3,210,000	3,071,779	3,001,350
	TRONOX FINANCE LLC	03/15/2022	7.500	USD	2,450,000	2,356,838	2,284,625
	TURKIYE VAKIFLAR BANKASI T.A.O.	11/01/2022	6.000	USD	260,489	260,489	241,561
	TYCO ELECTRONICS GROUP S.A.	08/01/2019	2.350	USD	710,000	718,627	712,116
	TYSON FOODS, INC.	08/15/2019	2.650	USD	5,165,000	5,214,222	5,214,222
	U.S. BANCORP	11/15/2018	1.950	USD	1,000,000	1,000,350	1,005,090
	U.S. BANCORP	07/15/2022	2.950	USD	500,000	500,600	502,965
	U.S. BANCORP	07/22/2026	2.370	USD	500,000	489,760	462,885
	U.S. CONCRETE, INC.	06/01/2024	6.370	USD	1,895,000	1,896,519	2,003,963
	UBS AG, STAMFORD BRANCH	03/28/2020	2.350	USD	1,000,000	1,004,030	995,910
	ULTRA PETROLEUM CORP.	10/01/2024	6.125	USD	1,015,000	1,014,786	954,100
	ULTRA RESOURCES, INC.	10/06/2017	1.875	USD	2,240,000	1,731,156	2,090,211
	UNDER ARMOUR, INC.	06/15/2026	3.250	USD	700,000	706,289	661,101
*	UNILEVER CAPITAL CORPORATION	03/06/2019	2.200	USD	1,000,000	1,027,300	1,010,120
	UNION ELECTRIC COMPANY	04/15/2024	3.500	USD	300,000	317,193	308,790
	UNION ELECTRIC COMPANY	09/15/2042	3.900	USD	500,000	511,290	492,600
*	UNION PACIFIC CORPORATION	02/01/2021	4.000	USD	338,000	366,020	358,185
*	UNION PACIFIC CORPORATION	02/15/2024	3.640	USD	370,000	363,155	386,273
*	UNION PACIFIC CORPORATION	01/15/2045	4.150	USD	1,000,000	1,045,545	1,007,050
	UNITED AIRLINES, INC.	02/15/2027	4.300	USD	902,156	886,368	929,221
	UNITED OVERSEAS BANK LIMITED	01/23/2017	0.015	USD	15,635,000	15,596,347	15,596,348
	UNITED PARCEL SERVICE, INC.	10/01/2022	2.450	USD	500,000	492,540	497,935
	UNITED PARCEL SERVICE, INC.	11/15/2040	4.870	USD	500,000	567,920	571,850
	UNITED RENTALS (NORTH AMERICA), INC.	04/15/2022	7.620	USD	985,000	991,213	1,036,713
	UNITED RENTALS (NORTH AMERICA), INC.	06/15/2023	6.120	USD	845,000	895,574	895,700
	UNITED RENTALS (NORTH AMERICA), INC.	07/15/2023	4.620	USD	2,220,000	2,286,113	2,264,400
	UNITED RENTALS (NORTH AMERICA), INC.	09/15/2026	5.870	USD	305,000	305,000	313,769
	UNITED RENTALS (NORTH AMERICA), INC.	05/15/2027	5.500	USD	895,900	896,900	888,288
	UNITED TECHNOLOGIES CORPORATION	06/01/2022	3.100	USD	750,000	792,823	770,880
	UNITED TECHNOLOGIES CORPORATION	06/01/2042	4.500	USD	1,000,000	1,150,915	1,070,400
	UNITED UTILITIES PLC	02/01/2019	5.370	USD	1,000,000	985,580	1,048,020
	UNITEDHEALTH GROUP INCORPORATED	07/15/2020	2.700	USD	4,000,000	4,036,230	4,060,200
	UNITEDHEALTH GROUP INCORPORATED	02/15/2023	2.750	USD	1,000,000	939,260	994,440
	UNITEDHEALTH GROUP INCORPORATED	07/15/2035	4.620	USD	700,000	776,437	763,028
	UNITEDHEALTH GROUP INCORPORATED	01/15/2047	4.200	USD	300,000	300,594	303,450
	UNITYMEDIA GMBH	01/15/2027	3.750	EUR	1,000,000	1,119,550	997,728
	UNIVERSAL HEALTH SERVICES, INC.	08/01/2022	4.750	USD	800,000	801,000	810,000
	UNIVERSAL HEALTH SERVICES, INC.	06/01/2026	5.000	USD	1,500,000	1,504,517	1,462,500
	UNIVERSITY OF SOUTHERN CALIFORNIA	10/01/2039	3.020	USD	480,000	438,163	426,326
	UNIVERSITY OF SOUTHERN CALIFORNIA	10/01/2039	5.250	USD	50,000	60,070	56,676
	UNIVISION COMMUNICATIONS INC.	05/15/2023	5.120	USD	2,751,000	2,755,050	2,709,735
	UNIVISION COMMUNICATIONS INC.	02/15/2025	5.120	USD	2,225,000	2,255,269	2,127,656
*	US FOODS, INC.	06/15/2024	5.870	USD	1,645,000	1,645,000	1,702,575
*	USG CORPORATION	03/01/2025	5.500	USD	1,550,000	1,564,913	1,592,625
	USJ ACUCAR E ALCOOL S.A.	11/09/2021	9.870	USD	309,799	222,291	247,839

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 DECEMBER 31, 2016

NOTES	IDENTITY OF ISSUE	MATURITY	DESCRIPTION				COST	CURRENT VALUE
			INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL			
<u>CORPORATE OBLIGATIONS</u>								
	VALE OVERSEAS LIMITED	06/10/2021	5.870 %	USD \$	1,000,000	\$	1,050,300	\$ 1,047,500
	VALE OVERSEAS LIMITED	11/21/2036	6.870	USD	500,000		3,492,500	492,500
	VALE S.A.	09/11/2042	5.620	USD	500,000		419,030	442,500
	VALEANT PHARMACEUTICALS INTERNATIONAL, INC.	08/15/2018	6.750	USD	6,610,000		6,620,100	6,262,975
	VALEANT PHARMACEUTICALS INTERNATIONAL, INC.	03/15/2020	5.370	USD	1,410,000		1,144,539	1,191,450
	VALEANT PHARMACEUTICALS INTERNATIONAL, INC.	10/15/2020	6.370	USD	3,335,000		3,335,744	2,864,965
	VALEANT PHARMACEUTICALS INTERNATIONAL, INC.	08/15/2021	6.750	USD	1,615,000		1,560,392	1,340,450
	VALEANT PHARMACEUTICALS INTERNATIONAL, INC.	12/01/2021	5.620	USD	2,645,000		2,643,050	2,049,875
	VALEANT PHARMACEUTICALS INTERNATIONAL, INC.	07/15/2022	7.250	USD	1,385,000		1,336,820	1,132,238
	VALEANT PHARMACEUTICALS INTERNATIONAL, INC.	05/15/2023	5.870	USD	655,000		655,880	494,525
	VALEANT PHARMACEUTICALS INTERNATIONAL, INC.	04/15/2025	6.120	USD	2,700,000		2,315,250	2,028,375
	VALERO ENERGY CORPORATION	06/15/2037	6.620	USD	2,385,000		2,735,809	2,791,309
	VALIDUS HOLDINGS, LTD.	01/26/2040	8.870	USD	595,000		833,726	780,646
	VECTOR GROUP LTD.	02/15/2021	7.750	USD	1,035,000		1,111,906	1,078,988
	VENTAS REALTY L.P.	04/30/2019	4.000	USD	3,100,000		3,318,994	3,213,708
	VENTAS REALTY L.P.	04/01/2029	4.700	USD	580,000		583,938	583,509
	VENTAS REALTY L.P.	02/01/2025	3.500	USD	500,000		485,680	492,265
	VERISK ANALYTICS, INC.	09/12/2022	4.120	USD	542,000		548,845	564,704
	VERIZON COMMUNICATIONS INC.	09/14/2018	3.650	USD	1,000,000		1,041,970	1,033,020
	VERIZON COMMUNICATIONS INC.	04/01/2021	4.600	USD	1,250,000		1,362,250	1,340,275
	VERIZON COMMUNICATIONS INC.	09/15/2023	5.150	USD	1,500,000		1,657,056	1,658,610
	VERIZON COMMUNICATIONS INC.	11/01/2024	3.500	USD	1,750,000		1,791,768	1,744,383
	VERIZON COMMUNICATIONS INC.	01/15/2036	4.270	USD	1,000,000		976,100	957,130
	VERIZON COMMUNICATIONS INC.	08/15/2046	4.120	USD	1,700,000		1,699,099	1,538,534
	VERIZON COMMUNICATIONS INC.	08/21/2046	4.860	USD	2,500,000		2,664,555	2,533,225
	VERIZON COMMUNICATIONS INC.	09/15/2048	4.520	USD	1,000,000		926,390	958,910
	VERIZON COMMUNICATIONS INC.	08/21/2054	5.010	USD	1,000,000		1,076,440	994,760
	VIACOM, INC.	03/01/2021	4.500	USD	500,000		517,960	522,500
	VIACOM, INC.	09/01/2023	4.250	USD	1,000,000		1,037,420	1,000,800
	VIACOM, INC.	12/15/2034	4.850	USD	500,000		483,993	445,735
	VIRGIN MEDIA FINANCE PLC	04/15/2023	6.370	USD	575,000		575,000	597,281
	VIRGIN MEDIA FINANCE PLC	01/15/2025	5.750	USD	200,000		205,500	200,500
	VIRGIN MEDIA SECURED FINANCE PLC	01/15/2025	5.500	USD	560,000		571,200	568,400
	VIRGIN MEDIA SECURED FINANCE PLC	01/15/2025	5.500	GBP	3,631,500		5,967,231	4,623,003
	VIRGIN MEDIA SECURED FINANCE PLC	01/15/2026	5.250	USD	4,170,000		4,170,000	4,117,875
	VIRGIN MEDIA SECURED FINANCE PLC	08/15/2026	5.500	USD	810,000		810,000	807,975
	VIRGINIA ELECTRIC & POWER COMPANY	01/15/2043	4.000	USD	500,000		500,000	493,945
	VIRGINIA ELECTRIC & POWER COMPANY	02/15/2044	4.450	USD	500,000		564,515	524,935
	VIRGOLINO DE OLIVEIRA FINANCE S.A.	01/28/2018	10.500	USD	646,000		593,286	48,450
	VIRIDIAN GROUP FUNDCO II	03/01/2020	7.500	EUR	3,860,000		4,416,420	4,335,972
	VISA, INC.	12/14/2020	2.200	USD	1,005,000		1,018,933	1,008,126
	VISA, INC.	12/14/2035	4.150	USD	780,000		841,662	816,644
	VODAFONE GROUP PLC	02/19/2023	2.950	USD	500,000		475,756	484,810
	VODAFONE GROUP PLC	02/19/2043	4.370	USD	800,000		787,439	707,849
	VOYA FINANCIAL, INC.	02/15/2018	2.900	USD	3,430,000		3,508,959	3,472,498
	VOYA FINANCIAL, INC.	07/15/2043	5.700	USD	250,000		310,650	272,740
	VTR FINANCE B.V.	01/15/2024	6.870	USD	2,160,000		2,133,000	2,230,200
	W.R. BERKLEY CORPORATION	09/15/2020	5.370	USD	500,000		569,100	535,805
	WALGREEN CO.	01/15/2019	5.250	USD	414,000		449,596	438,153
	WALGREENS BOOTS ALLIANCE, INC.	11/18/2019	2.700	USD	3,000,000		3,059,790	3,039,810
	WALGREENS BOOTS ALLIANCE, INC.	11/18/2024	3.800	USD	1,000,000		1,067,980	1,017,780
	WALGREENS BOOTS ALLIANCE, INC.	11/18/2044	4.800	USD	715,000		715,861	734,884
	WAL-MART STORES, INC.	04/11/2018	1.120	USD	1,000,000		999,875	997,670
	WAL-MART STORES, INC.	10/25/2020	3.250	USD	500,000		524,335	521,105
	WAL-MART STORES, INC.	09/01/2035	5.250	USD	1,000,000		1,284,380	1,196,030
	WAL-MART STORES, INC.	04/15/2038	6.200	USD	475,000		475,213	626,140
	WAL-MART STORES, INC.	07/08/2040	4.870	USD	1,000,000		1,094,550	1,132,940
	WALTER INVESTMENT MANAGEMENT CORP.	12/15/2021	7.870	USD	1,350,000		1,347,794	1,091,813
	WARNER MUSIC GROUP	11/01/2023	3.790	USD	925,000		920,375	932,132
	WASTE MANAGEMENT, INC.	05/15/2024	3.500	USD	500,000		541,560	515,520
	WASTE MANAGEMENT, INC.	03/01/2045	4.100	USD	500,000		513,295	494,835
	WATCO COMPANIES, L.L.C.	04/01/2023	6.370	USD	2,660,955		2,660,955	2,753,100
	WEATHERFORD INTERNATIONAL LTD.	06/15/2021	7.750	USD	1,395,000		1,395,000	1,408,950
	WEATHERFORD INTERNATIONAL LTD.	04/15/2022	4.500	USD	120,000		120,900	104,100
	WEATHERFORD INTERNATIONAL LTD.	06/15/2023	8.250	USD	120,000		120,000	122,100
	WEATHERFORD INTERNATIONAL LTD.	02/15/2024	9.870	USD	1,250,000		1,263,125	1,332,025
	WEATHERFORD INTERNATIONAL LTD.	04/15/2042	3.950	USD	685,000		697,375	686,175
	WEINGARTEN REALTY INVESTORS	10/15/2022	3.380	USD	350,000		353,952	349,996
	WELLS FARGO & COMPANY	04/22/2019	2.120	USD	1,000,000		993,120	1,003,240
	WELLS FARGO & COMPANY	12/07/2020	2.550	USD	1,000,000		1,025,400	1,001,140
	WELLS FARGO & COMPANY	04/01/2021	4.600	USD	500,000		550,995	537,270
	WELLS FARGO & COMPANY	02/13/2023	3.450	USD	1,000,000		1,013,390	1,003,600
	WELLS FARGO & COMPANY	02/19/2025	3.000	USD	1,000,000		1,005,240	960,640
	WELLS FARGO & COMPANY	09/29/2025	3.550	USD	1,000,000		1,046,280	998,340
	WELLS FARGO & COMPANY	07/22/2027	4.300	USD	1,500,000		1,532,970	1,542,855
	WELLS FARGO & COMPANY	11/02/2043	5.370	USD	1,000,000		1,129,023	1,103,650
	WELLS FARGO & COMPANY	05/01/2045	3.900	USD	500,000		498,100	474,255
	WELLS FARGO & COMPANY	12/07/2046	4.750	USD	400,000		400,308	405,944
	WELLS FARGO BANK, N.A.	01/22/2018	1.650	USD	1,000,060		1,000,060	999,970
	WELLS FARGO BANK, N.A.	01/22/2018	1.780	USD	2,745,000		2,745,000	2,758,368
	WELLS FARGO BANK, N.A.	11/28/2018	1.450	USD	3,310,000		3,310,000	3,310,629
	WELLS FARGO BANK, N.A.	09/15/2017	4.700	USD	2,825,000		3,057,498	2,885,681
	WELLTOWER INC.	01/15/2024	4.500	USD	1,013,280		1,013,280	1,056,580
	WESTAR ENERGY, INC.	12/01/2025	3.250	USD	500,000		513,180	500,360
	WESTLAKE CHEMICAL CORPORATION	08/15/2026	3.600	USD	500,000		502,170	480,915
	WESTPAC BANKING CORPORATION	06/01/2018	4.620	USD	500,000		489,785	517,600
	WESTPAC BANKING CORPORATION	11/23/2018	1.950	USD	500,000		501,705	500,820
	WESTPAC BANKING CORPORATION	11/19/2019	4.870	USD	500,000		569,445	536,540
	WESTPAC BANKING CORPORATION	05/13/2021	2.100	USD	1,000,000		1,002,940	977,760
	WESTPAC BANKING CORPORATION	05/13/2026	2.850	USD	750,000		743,505	719,415
	WEYERHAEUSER COMPANY	09/15/2023	4.630	USD	600,000		613,508	644,250
	WFRBS COMMERCIAL MORTGAGE TRUST	06/15/2046	2.970	USD	1,200,000		1,206,000	1,226,148
	WFRBS COMMERCIAL MORTGAGE TRUST	05/15/2047	3.030	USD	900,000		932,625	921,555
	WHIRLPOOL CORPORATION	03/01/2019	2.400	USD	3,650,000		3,647,591	3,664,089
	WHIRLPOOL CORPORATION	05/01/2025	3.700	USD	290,000		302,734	292,604
	WILLIAMS PARTNERS L.P.	11/15/2021	4.000	USD	1,000,000		1,049,240	1,026,340
	WILLIAMS PARTNERS L.P.	04/15/2040	6.300	USD	500,000		556,663	533,695
	WILLIAMS PARTNERS L.P.	01/15/2045	4.900	USD	500,000		495,492	462,105
	WILLIS TOWERS WATSON PLC	03/15/2021	5.750	USD	500,000		571,515	546,365
	WIND ACQUISITION FINANCE S.A.	04/23/2021	7.370	USD	4,705,000		4,893,916	4,893,200
	WISCONSIN ELECTRIC POWER COMPANY	06/01/2044	4.250	USD	440,000		450,155	451,084
	WMG ACQUISITION CORP.	04/15/2022	5.620	USD	2,642,000		2,675,393	2,734,470

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		MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL		
CORPORATE OBLIGATIONS							
	WMG ACQUISITION CORP.	08/01/2023	5.000 %	USD \$	3,720,000	\$ 3,759,139	\$ 3,738,600
	WORLD OMNI AUTO RECEIVABLES TRUST	06/15/2020	1.530	USD	600,000	601,500	601,080
	WORLD OMNI AUTO RECEIVABLES TRUST	04/15/2021	1.750	USD	1,981,929	1,985,645	1,984,049
	WPP FINANCE 2010	09/19/2024	3.750	USD	500,000	494,660	503,215
	WPX ENERGY, INC.	01/15/2022	6.000	USD	1,685,000	1,802,912	1,727,125
	WYNDHAM WORLDWIDE CORP.	03/01/2023	3.900	USD	500,000	503,155	499,110
	XCEL ENERGY INC.	03/15/2021	2.400	USD	1,000,000	1,014,960	994,400
	XEROX CORPORATION	05/15/2018	6.350	USD	300,000	353,283	316,284
	XEROX CORPORATION	09/01/2020	2.750	USD	500,000	500,590	493,180
	XEROX CORPORATION	12/15/2039	6.750	USD	250,000	306,520	251,000
	XILINX, INC.	03/15/2019	2.120	USD	225,000	223,686	225,227
	XLIT LTD.	03/31/2025	4.450	USD	500,000	494,770	495,785
	XTO ENERGY INC.	12/15/2018	6.500	USD	500,000	574,450	545,705
	YALE UNIVERSITY	04/15/2019	2.080	USD	400,000	403,444	403,472
	ZEBRA TECHNOLOGIES CORPORATION	10/15/2022	7.250	USD	2,600,000	2,782,000	2,827,000
	ZEKELMAN INDUSTRIES, INC.	06/15/2023	9.870	USD	2,225,000	2,225,024	2,492,000
	ZF NORTH AMERICA CAPITAL, INC.	04/29/2022	4.500	USD	670,000	664,261	690,938
	ZHAIKMUNAI LLP	02/14/2019	6.370	USD	830,000	738,862	805,100
	ZHAIKMUNAI LLP	11/13/2019	7.120	USD	980,000	866,581	954,471
	ZIGGO SECURED FINANCE B.V.	01/15/2027	5.500	USD	5,140,000	5,136,562	5,010,472
	ZIMMER BIOMET HOLDINGS, INC.	04/01/2018	2.000	USD	500,000	502,280	500,610
	ZIMMER BIOMET HOLDINGS, INC.	04/01/2025	3.550	USD	500,000	504,320	486,995
	ZIMMER BIOMET HOLDINGS, INC.	08/15/2035	4.250	USD	114,000	115,458	106,305
	ZOETIS, INC.	02/01/2023	3.250	USD	500,000	502,962	498,806
	TOTAL CORPORATE OBLIGATIONS					\$ 2,661,960,621	\$ 2,621,344,131

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<u>NOTES</u>	<u>IDENTITY OF ISSUE</u>	<u>NUMBER OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
<u>PREFERRED STOCKS</u>				
	AMERIKING, INC.	17	\$ 97	\$ 17
	BANCO BRADESCO S.A.	370,391	4,024,463	3,300,255
	BANCOLOMBIA S.A.	9,696	97,799	87,787
	BANK OF AMERICA CORPORATION	1,750,000	1,710,625	1,723,750
	BANK OF AMERICA CORPORATION - DEPOSITARY SHARES	1,970,000	1,915,563	1,807,120
	CAPITAL ONE FINANCIAL CORPORATION	2,400,000	2,400,000	2,430,000
	CITIGROUP INC.	3,000,000	2,988,750	2,974,500
	COMPANHIA BRASILEIRA DE DISTRIBUICAO (GRUPO PAO DE ACUCAR)	30,611	1,304,961	514,933
	DRAGERWERK AG	9,300	850,565	779,731
	EDUCATION MANAGEMENT CORPORATION	9,832	98,493	983
	EDUCATION MANAGEMENT CORPORATION - NEW	3,468	483,543	6,936
	EMBOTELLADORA ANDINA S.A. - CLASS A	61,969	186,287	211,780
	EMBOTELLADORA ANDINA S.A. - CLASS R	27,577	90,186	102,570
	GERDAU S.A.	213,800	307,936	709,448
	GOLDMAN SACHS GROUP, INC. - SERIES I	1,248,000	1,445,786	1,483,810
	ITAU UNIBANCO HOLDING S.A.	337,928	3,651,173	3,514,567
	ITAUSA INVESTIMENTOS ITAU S.A.	492,641	1,444,282	1,253,285
	J.P. MORGAN CHASE & CO.	2,900,000	2,943,500	2,914,500
	LG CHEM, LTD.	3,291	512,075	489,100
	MORGAN STANLEY	2,950,000	2,979,500	2,920,500
	PETROLEO BRASILEIRO S.A. - PETROBRAS	662,300	2,824,401	3,025,901
	SAMSUNG ELECTRONICS CO., LTD.	4,610	2,119,631	5,469,559
	SAMSUNG FIRE & MARINE INSURANCE CO., LTD.	979	152,060	147,523
	SARTORIUS AG	6,594	534,983	490,329
	WELLS FARGO & COMPANY - CAPITAL X	540,000	552,658	561,600
	WELLS FARGO & COMPANY - SERIES S	2,120,000	2,190,025	2,130,600
	WELLS FARGO & COMPANY - SERIES U	270,000	284,837	283,473
	TOTAL PREFERRED STOCK		<u>38,094,179</u>	<u>39,334,557</u>
<u>COMMON STOCK</u>				
	2U, INC.	79,811	2,399,619	2,406,284
	3I GROUP PLC	362,224	2,734,539	3,150,978
	7-ELEVEN MALAYSIA HOLDINGS BERHAD	374,700	164,797	118,604
	A. O. SMITH CORPORATION	49,696	2,202,570	2,353,106
	AAC TECHNOLOGIES HOLDINGS, INC.	198,000	1,308,671	1,799,153
	ABB LTD.	454,276	9,599,103	9,600,874
	ABBOTT LABORATORIES	341,722	13,542,710	13,125,542
	ABBVIE INC.	136,600	9,630,013	8,553,892
	ABERCROMBIE & FITCH CO.	103,470	2,114,460	1,241,640
	ABIOMED, INC.	24,181	2,544,493	2,724,715
	ACADIA HEALTHCARE COMPANY, INC.	26,077	1,315,703	863,149
	ACCENTURE PLC	107,200	12,371,499	12,556,336
	ACETO CORPORATION	78,801	1,824,044	1,731,258
	ACI WORLDWIDE, INC.	86,770	1,386,093	1,574,876
	ACTELION, LTD.	14,832	1,785,523	3,217,844
	ACTIVISION BLIZZARD, INC.	77,719	2,053,886	2,806,433
	ADECCO S.A.	15,974	1,042,579	1,047,540
	ADIDAS AG	106,899	11,505,741	11,930,819
	ADOBE SYSTEMS INC.	158,315	11,524,251	16,298,529
	ADVA OPTICAL NETWORKING SE	91,200	966,469	742,419
	ADVANCED DRAINAGE SYSTEMS, INC.	64,054	1,662,094	1,319,512
	ADVANCED ENGINEERING	693,000	839,109	710,653
	AEGON N.V.	290,100	3,165,511	1,599,679
	AENA S.A.	12,228	1,789,022	1,672,159
	AERIE PHARMACEUTICALS, INC.	31,179	694,984	1,180,125
	AETNA INC.	22,900	685,346	2,839,829
	AFFILIATED MANAGERS GROUP, INC.	13,990	2,240,013	2,032,747
	AFLAC INCORPORATED	31,400	1,047,627	2,185,440
	AFRICAN BANK INVESTMENTS LIMITED	429,160	855,388	31
	AFRICAN BARRICK GOLD PLC	106,700	660,577	492,832
	AGCO CORPORATION	37,700	1,598,010	2,181,322
	AIA GROUP LIMITED	1,177,094	6,533,996	6,642,186
	AIN PHARMACIEZ INC.	400	22,634	26,544
	AIR METHODS CORPORATION	37,410	1,449,147	1,191,509
	AIRASIA BERHAD	844,200	562,361	430,945
	AIRPORTS OF THAILAND PUBLIC COMPANY LIMITED	85,700	709,863	952,475
	AISIN SEIKI CO.	42,600	1,662,355	1,851,777
	AK ALROSA PAO	86,200	89,877	137,581
	AKAMAI TECHNOLOGIES, INC.	84,816	4,358,327	5,655,531
	AKBANK TAS.	343,084	775,287	762,712
	AKZO NOBEL N.V.	172,062	9,807,214	10,778,239
	ALAPIS S.A.	1,230	58,563	53
	ALASKA AIR GROUP, INC.	27,300	1,895,469	2,422,329
	ALBEMARLE CORPORATION	61,286	5,208,046	5,275,499
	ALDER BIOPHARMACEUTICALS, INC.	24,987	647,124	519,730
	ALEXION PHARMACEUTICALS, INC.	34,443	3,515,893	4,214,101

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*	ALFA LAVAL AB	185,650	\$ 2,826,406	\$ 3,081,701
*	ALFA LAVAL S.A.	629,400	817,238	785,165
	ALIBABA GROUP HOLDING LIMITED	198,367	16,637,090	17,418,606
	ALIGN TECHNOLOGY, INC.	65,597	4,582,013	6,305,840
	ALIMENTATION COUCHE-TARD, INC.	25,407	805,645	1,153,408
	ALIOR BANK S.A.	1,057	17,273	13,722
	ALKERMES PLC	27,120	1,483,567	1,507,330
	ALLERGAN PLC	15,957	4,019,158	3,351,130
	ALLETE, INC.	32,070	1,862,312	2,058,573
	ALLIANCE DATA SYSTEMS CORPORATION	29,507	6,991,889	6,742,350
	ALLIANZ SE	31,600	3,887,363	5,232,826
	ALPHABET INC. - CLASS A	27,566	15,783,599	21,844,677
	ALPHABET INC. - CLASS C	11,125	4,110,777	8,586,498
	ALPS ELECTRIC CO., LTD.	41,600	1,136,180	1,007,944
	ALROSA-NYURBA OAO A.D.R.	1,051,317	1,120,444	1,677,973
	ALTRA INDUSTRIAL MOTION CORP.	46,014	1,259,114	1,697,917
	AMADEUS IT HOLDING S.A.	54,252	2,270,930	2,470,287
	AMAG PHARMACEUTICALS, INC.	37,900	1,292,234	1,318,920
	AMAZON.COM, INC.	34,166	8,729,185	25,620,058
	AMBEV S.A. A.D.R.	1,293,484	7,435,033	6,351,006
	AMBUJA CEMENTS LIMITED	280,620	1,058,569	852,982
	AMC ENTERTAINMENT HOLDINGS, INC.	57,630	1,567,212	1,939,250
	AMDOCS LIMITED	21,800	722,146	1,269,850
	AMEC FOSTER WHEELER PLC	43,200	695,000	250,886
	AMEREN CORPORATION	40,500	1,118,155	2,124,630
	AMERICA MOVIL A.D.R.	50,994	1,113,623	640,995
	AMERICA MOVIL, S.A.B. DE C.V. SERIE L	1,154,974	782,082	730,496
	AMERICAN AIRLINES GROUP INC.	76,100	2,767,075	3,553,109
	AMERICAN ELECTRIC POWER CO., INC.	48,000	1,882,379	3,022,080
	AMERICAN FINANCIAL GROUP, INC.	42,700	1,250,961	3,762,724
	AMERICAN INTERNATIONAL GROUP, INC.	107,043	3,123,135	6,990,978
	AMERICAN VANGUARD CORPORATION	52,400	643,441	1,003,460
	AMERIKING, INC.	375	405,000	3,750
	AMERIPRISE FINANCIAL, INC.	111,300	9,073,495	12,347,622
	AMGEN, INC.	46,000	6,936,669	6,725,660
	AMKOR TECHNOLOGY, INC.	277,900	1,574,577	2,931,845
	AMPHENOL CORP.	31,004	1,041,278	2,083,469
	AMTRUST FINANCIAL SERVICES, INC.	92,600	2,513,883	2,535,388
	ANADOLU EFES	119,695	960,340	599,904
	ANALOG DEVICES, INC.	50,100	3,708,930	3,638,262
	ANGLO AMERICAN PLATINUM CORPORATION LIMITED - SOUTH AFRICA	56,353	1,829,915	803,983
	ANGLO AMERICAN PLC	21,916	474,787	314,134
	ANHUI CONCH CEMENT COMPANY LIMITED	795,556	2,298,670	2,165,085
	ANSYS, INC.	29,750	2,784,296	2,751,578
	AON PLC	36,472	3,444,583	4,067,722
	AOYAMA TRADING CO., LTD.	18,800	251,124	656,030
	AOZORA BANK, LTD.	405,000	1,282,133	1,434,089
	APPLE COMPUTER, INC.	242,801	11,515,058	28,121,212
	APPLIED INDUSTRIAL TECHNOLOGIES, INC.	24,495	1,065,230	1,455,003
	APPLIED MATERIALS, INC.	127,200	3,774,895	4,104,744
	AQUAVENTURE HOLDINGS LIMITED	27,212	494,055	667,510
*	ARAMARK	279,374	9,556,206	9,979,239
	ARCA CONTINENTAL S.A.B. DE C.V.	169,333	1,120,847	888,276
	ARCELIK AS	79,396	473,034	478,507
	ARCELORMITTAL	335,617	1,931,051	2,483,608
	ARCHER-DANIELS-MIDLAND COMPANY	436,600	15,933,722	19,930,790
	ARES CAPITAL CORPORATION	423,175	6,316,864	6,978,156
	ARISTA NETWORKS, INC.	29,794	2,628,806	2,883,165
	ARKEMA S.A.	38,537	2,839,303	3,777,723
	ARRIS INTERNATIONAL PLC	113,200	3,059,535	3,410,716
	ARRIUM LIMITED	4,277,700	6,858,440	68,145
	ARTHUR J. GALLAGHER & CO.	133,400	5,635,080	6,931,464
	ARTISAN PARTNERS ASSET MANAGEMENT INC.	62,760	1,851,545	1,867,110
	ARYZTA AG	157,686	8,112,428	6,958,447
	ASAHI GROUP HOLDINGS, LTD.	64,200	2,109,081	2,031,106
	ASAHI INTECC CO., LTD.	10,100	490,396	410,027
	ASAHI KASEI CORPORATION	287,000	2,539,720	2,508,651
	ASALEO CARE LIMITED	1,262,200	1,398,607	1,352,659
	ASHFORD HOSPITALITY PRIME, INC.	20,333	398,697	277,545
	ASHFORD HOSPITALITY TRUST, INC.	147,900	1,963,228	1,147,704
	ASHFORD INC.	500	28,000	21,570
	ASHTED GROUP PLC	58,700	949,974	1,146,016
	ASIAN PAINTS LIMITED	110,810	1,479,436	1,454,800
	ASPEN INSURANCE HOLDINGS LIMITED	45,000	1,342,281	2,475,000
	ASPEN PHARMACARE HOLDINGS LIMITED	83,433	1,861,338	1,730,159
	ASPEN TECHNOLOGY, INC.	6,766	367,672	369,965
	ASSOCIATED BANC-CORP	36,500	622,192	901,550
	ASSURANT, INC.	39,629	1,789,331	3,679,949
	ASTELLAS PHARMA INC.	141,200	2,072,997	1,965,432
	ASTRAZENECA	36,822	1,994,473	2,019,023

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	ASTRONICS CORPORATION	19,102	\$ 706,165	\$ 646,412
	AT&T CORP.	255,200	8,290,521	10,853,656
	ATHENAHEALTH, INC.	30,095	2,952,287	3,165,091
	ATOS S.A.	53,498	4,910,453	5,656,808
	ATTIJARIWafa BANK	11,631	427,597	474,617
	AUSDRIll LIMITED	540,300	1,665,189	492,951
	AUTONEUM HOLDING AG	3,800	695,701	999,213
	AVERY DENNISON CORPORATION	46,425	2,676,396	3,259,964
	AVI LIMITED	72,667	505,875	485,474
	AVIVA PLC	1,759,303	12,503,426	10,573,766
	AXA	244,764	5,568,601	6,192,083
	AXALTA COATING SYSTEMS LTD.	93,400	2,620,361	2,540,480
	AXIS BANK LIMITED	616,494	3,520,012	4,087,100
	AXIS CAPITAL HOLDINGS LTD.	106,587	3,326,196	6,956,933
	AYALA LAND INC.	930,900	709,443	599,222
	AZIMUT HOLDING SPA	33,748	799,273	564,548
	BABCOCK INTERNATIONAL GROUP PLC	60,235	820,578	709,312
	BAE SYSTEMS	1,064,890	6,720,945	7,783,142
	BAIDU, INC.	47,420	8,408,738	7,796,322
	BAKER HUGHES, INC.	45,375	2,984,232	2,948,014
	BALFOUR BEATTY PLC	1,064,871	4,334,516	3,538,207
	BALL CORPORATION	93,468	6,771,452	7,016,643
	BALOISE GROUP	25,200	1,502,322	3,181,148
	BANCA GENERALI SPA	43,506	1,125,120	1,039,821
	BANCA TRANSILVANIA S.A.	596,056	329,755	330,089
	BANCO BRADESCO S.A.	383,409	3,181,131	3,357,343
	BANCO MACRO S.A. A.D.R.	5,203	110,248	334,813
	BANCO SANTANDER BRASIL S.A.	68,800	539,836	624,225
	BANCO SANTANDER S.A.	257,500	13,281	13,580
	BANCO SANTANDER S.A. - (EURO)	257,500	4,676,234	1,346,855
	BANCOLOMBIA S.A.	42,461	214,604	356,717
	BANCOLUMBIA S.A. A.D.R.	3,783	163,531	138,760
	BANGKOK DUSIT MEDICAL SERVICES PUBLIC COMPANY LIMITED	2,372,400	1,555,491	1,530,346
	BANK HAPoALIM B.M.	396,900	1,517,892	2,362,641
	BANK NEGARA INDONESIA	1,212,100	492,420	497,074
	BANK OF AMERICA CORPORATION	912,190	17,911,462	20,159,399
	BANK OF CHINA LIMITED	3,240,000	1,466,034	1,437,558
	BANK OF COMMUNICATIONS CO., LTD.	1,264,000	1,072,527	914,601
	BANK OF QUEENSLAND LIMITED	212,615	1,740,698	1,827,440
	BANK OF THE PHILIPPINE ISLANDS	265,357	595,565	474,000
	BANKINTER S.A.	270,820	1,872,678	2,102,365
	BARCLAYS PLC	2,911,526	12,380,128	8,038,898
	BARD (C.R.), INC.	18,899	3,531,084	4,245,849
	BARRATT DEVELOPMENTS PLC	240,500	1,832,791	1,374,132
	BASF AG	92,315	6,564,901	8,598,678
	BAXTER INTERNATIONAL, INC.	217,000	8,312,306	9,621,780
	BAYER AG	20,800	2,333,911	2,174,793
	BB SEGURIDADE PARTICIPACOES S.A.	281,325	2,460,075	2,446,154
	BB&T CORPORATION	255,100	10,134,271	11,994,802
	BEACON ROOFING SUPPLY, INC.	126,742	4,347,802	5,839,004
	BEAUTY COMMUNITY PUBLIC COMPANY LIMITED	1,887,700	522,462	616,749
	BECHTLE AG	4,651	534,642	484,776
	BELDEN INC.	14,000	789,772	1,046,780
	BELLWAY PLC	73,698	2,043,299	2,254,768
	BENDIGO & ADELAIDE BANK LIMITED	275,100	2,332,003	2,531,831
	BERENDSEN PLC	33,062	349,719	355,626
	BERKELEY GROUP	40,600	1,605,608	1,408,700
	BERRY PLASTICS GROUP, INC.	56,242	2,328,326	2,740,673
	BGC PARTNERS, INC.	252,960	2,081,469	2,587,781
	BHARAT PETROLEUM CORPORATION LIMITED	80,885	487,122	757,366
	BHP BILLITON LIMITED	250,036	3,787,581	4,036,523
	BID CORPORATION LIMITED	127,347	2,187,897	2,282,934
	BIG LOTS, INC.	83,060	3,256,130	4,170,443
	BILLERUDKORSNAS AB NPV	28,383	506,107	478,018
	BIOGEN INC.	6,100	1,966,877	1,729,838
	BIOMARIN PHARMACEUTICAL INC.	93,441	8,148,423	7,740,652
	BIOMERIEUX S.A.	3,770	528,180	564,252
	BIO-TECHNE CORPORATION	39,760	3,210,913	4,088,521
	BLACKHAWK NETWORK HOLDINGS, INC.	27,190	992,301	1,024,383
	BLOOMIN' BRANDS, INC.	95,070	1,799,262	1,714,112
	BLUE BUFFALO PET PRODUCTS, INC.	56,954	1,390,393	1,369,174
	BLUEBIRD BIO, INC.	13,065	606,867	806,111
	BLUESCOPE STEEL LIMITED	160,400	1,084,838	1,077,832
	BNP PARIBAS S.A.	230,601	13,191,511	14,727,359
	BOART LONGYEAR GROUP NPV	409,800	1,226,309	37,092
	BOINGO WIRELESS, INC.	33,897	275,370	413,204
	BOK FINANCIAL CORPORATION	64,000	4,223,958	5,314,560
	BOLIDEN AB	117,320	1,848,559	3,072,279
	BOOZ ALLEN HAMILTON HOLDING CORPORATION	108,700	3,118,438	3,920,809
	BORGWARNER INC.	68,577	3,662,829	2,704,677

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	BP PLC	917,800	\$ 9,169,046	\$ 5,779,269
	BP PLC - A.D.R.	164,580	7,431,578	6,152,000
	BRADKEN LIMITED	287,300	2,010,162	669,869
	BRANDYWINE REALTY TRUST	117,800	1,348,527	1,944,878
	BREMBO SPA	8,411	467,501	510,111
	BRIGHT HORIZONS FAMILY SOLUTION INC.	26,013	1,147,585	1,821,430
	BRILLIANCE CHINA AUTOMOTIVE HOLDINGS LIMITED	848,000	1,463,437	1,168,124
	BRINKER INTERNATIONAL, INC.	57,850	1,926,706	2,865,311
	BRISTOL-MYERS SQUIBB COMPANY	90,094	4,262,395	5,265,093
	BRITANNIA INDUSTRIES LIMITED	10,684	525,873	454,357
	BRITISH AMERICAN TOBACCO PLC	234,537	12,745,709	13,393,368
	BROADCOM LIMITED	25,490	3,652,695	4,505,867
	BROADRIDGE FINANCIAL SOLUTIONS INC.	36,300	1,989,919	2,406,690
	BROADSOFT, INC.	25,552	1,146,072	1,054,020
	BROCADE COMMUNICATIONS SYSTEMS, INC.	246,900	2,470,081	3,083,781
*	BROOKFIELD ASSET MANAGEMENT INC.	18,147	569,265	599,032
	BROTHER INDUSTRIES, LTD.	99,800	1,410,164	1,804,589
	BROWN-FORMAN CORPORATION	28,315	1,330,543	1,271,910
	BRUNSWICK CORP.	70,212	3,435,800	3,829,362
	BT GROUP PLC	298,400	1,163,559	1,352,826
	BTG PACTUAL PARTICIPATIONS LTD.	72,289	780,867	323,165
	BUCHER INDUSTRIES AG	3,500	847,762	863,507
	BUNGE LIMITED	43,000	2,435,280	3,106,320
	BUNZL PLC	57,767	1,188,689	1,505,400
	BWX TECHNOLOGIES, INC.	66,840	1,547,245	2,653,548
	C&C GROUP PLC	357,000	1,617,313	1,449,701
	CA INCORPORATED	382,823	11,651,938	12,162,287
	CABOT CORP.	46,600	1,750,155	2,355,164
	CABOT MICROELECTRONICS CORPORATION	20,996	705,129	1,326,317
	CACI INTERNATIONAL INC.	34,575	2,648,722	4,297,673
	CADENCE DESIGN SYSTEMS	169,740	3,410,034	4,280,843
	CAESARSTONE LTD.	141,000	5,168,609	4,039,650
	CAIRN ENERGY PLC	84,700	495,994	493,801
	CAIXABANK S.A.	1,314,595	6,081,862	4,353,827
	CALAVO GROWERS, INC.	22,046	1,157,688	1,353,624
	CALERES, INC.	60,883	1,268,997	1,998,180
	CALLON PETROLEUM COMPANY	151,273	2,171,876	2,325,066
	CANADIAN NATIONAL RAILWAY COMPANY	42,570	2,774,778	2,868,368
	CANADIAN NATURAL RESOURCES LIMITED	114,919	3,415,787	3,666,816
	CANADIAN PACIFIC RAILWAY LIMITED	88,983	14,944,233	12,704,103
	CAPEVIN HOLDINGS LIMITED	116,131	81,384	78,978
	CAPITAL ONE FINANCIAL CORP.	92,100	6,071,330	8,034,804
	CARDINAL FINANCIAL CORPORATION	59,630	1,178,849	1,955,268
	CARDINAL HEALTH, INC.	176,100	9,748,920	12,673,917
	CARGOTEC OYJ	23,200	925,523	1,049,527
	CARNIVAL PLC	133,882	5,108,151	6,824,041
	CARRIZO OIL & GAS, INC.	64,650	3,253,511	2,414,678
	CASS INFORMATION SYSTEMS	29,673	836,080	2,183,043
	CATALENT, INC.	185,975	4,817,826	5,013,886
	CATERPILLAR INC.	66,700	6,332,776	6,185,758
	CAVIUM, INC.	17,107	1,101,497	1,068,161
	CBIZ, INC.	145,373	1,059,998	1,991,610
	CBL & ASSOCIATES PROPERTIES, INC.	332,790	4,671,880	3,827,085
	CBS CORPORATION	22,000	1,423,666	1,399,640
	CDK GLOBAL, INC.	82,944	3,981,790	4,950,927
	CELANESE CORPORATION	30,000	1,581,819	2,362,200
	CELGENE CORPORATION	116,296	12,400,829	13,461,262
	CEMBRA MONEY BANK AG	7,061	477,661	515,498
*	CEMEX, S.A.B. DE C.V.	299,779	2,826,010	2,407,225
	CENGAGE LEARNING HOLDINGS II, L.P.	30,086	1,011,583	481,380
	CENOVUS ENERGY INC.	414,625	5,107,438	6,273,276
	CENTENE CORPORATION	131,575	8,424,118	7,435,303
	CENTENNIAL RESOURCE DEVELOPMENT, INC.	44,635	667,630	880,202
	CENTRAL PATTANA PUBLIC COMPANY LIMITED	1,295,000	552,224	2,059,511
	CENTRICA PLC	736,700	4,134,413	2,131,020
	CENTURYLINK, INC.	95,800	2,593,299	2,278,124
	CERNER CORP.	55,400	3,776,027	2,624,298
	CF INDUSTRIES HOLDINGS, INC.	36,870	1,165,007	1,160,668
	CGI GROUP INC.	45,217	2,121,627	2,172,763
	CHALLENGER FINANCIAL SERVICES GROUP	9,300	27,785	75,692
	CHANNELADVISOR CORPORATION	63,927	1,796,826	917,352
	CHAROEN POKPHAND FOODS PUBLIC COMPANY LIMITED	798,900	632,027	658,118
	CHARTER COMMUNICATIONS, INC.	12,366	3,302,000	3,560,419
	CHECK POINT SOFTWARE TECHNOLOGIES LTD.	125,897	9,765,188	10,633,261
	CHEMED CORPORATION	31,050	2,230,639	4,980,731
	CHEMICAL FINANCIAL CORPORATION	102,725	3,483,184	5,564,613
	CHEVRONTEXACO CORP.	97,000	9,711,530	11,416,900
*	CHICAGO BRIDGE & IRON COMPANY N.V.	105,400	3,556,199	3,346,450
	CHINA CITIC BANK CORPORATION LIMITED	1,484,000	939,303	943,632
	CHINA CONSTRUCTION BANK CORPORATION	2,825,000	2,195,403	2,175,277

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	CHINA EVERBRIGHT BANK COMPANY LIMITED	922,000	\$ 430,928	\$ 419,786
	CHINA FOODS LIMITED	358,551	198,357	152,149
	CHINA HIGH PRECISION AUTOMATION GROUP LIMITED	768,000	226,454	-
	CHINA LIFE INSURANCE COMPANY LIMITED - CLASS A	5,112,057	3,079,578	5,083,665
	CHINA MENGNIU DAIRY COMPANY LIMITED	613,000	1,000,477	1,181,226
	CHINA MERCHANTS HOLDINGS INTERNATIONAL	964,895	3,033,545	2,394,456
	CHINA MOBILE LIMITED	1,186,607	12,010,024	12,580,576
	CHINA OVERSEAS LAND & INVESTMENT LIMITED	2,260,800	6,807,850	5,992,331
	CHINA PACIFIC INSURANCE (GROUP) CO., LTD.	306,600	1,544,016	1,069,698
	CHINA RAILWAY GROUP LIMITED	787,000	659,232	647,615
	CHINA RESOURCES CEMENT HOLDINGS LIMITED	1,497,000	1,058,178	581,179
	CHINA RESOURCES ENTERPRISE, LIMITED	223,483	640,597	443,902
	CHINA RESOURCES GAS GROUP LIMITED	186,000	624,562	522,987
	CHINA RESOURCES LAND LIMITED	276,000	659,610	620,837
	CHINA RESOURCES POWER HOLDINGS COMPANY LIMITED	238,000	528,779	378,190
	CHINA TAIPING INSURANCE HOLDINGS COMPANY LIMITED	537,630	1,554,406	1,109,495
	CHINA VANKE CO., LTD.	1,109,900	2,643,598	2,533,839
	CHR HANSEN HOLDING A/S	135,002	6,274,484	7,489,738
	CHRISTIAN DIOR SE	8,470	1,721,735	1,780,046
	CHUBB LIMITED	181,112	20,934,482	23,928,517
	CHUNGHWA TELECOM CO., LTD.	255,000	806,633	803,081
	CIGNA CORPORATION	75,150	6,410,212	10,024,259
	CINEWORLD GROUP PLC	63,260	481,913	441,645
	CINTAS CORPORATION	42,653	3,513,614	4,928,981
	CISCO SYSTEMS, INC.	315,300	5,762,468	9,528,366
	CITIC LIMITED	543,000	934,259	777,400
	CITIC TELECOM INTERNATIONAL HOLDINGS LIMITED	2,819,000	1,071,130	847,174
	CITIGROUP INC.	174,186	6,072,658	10,351,874
	CITIZENS FINANCIAL GROUP, INC.	104,500	3,374,217	3,723,335
	CITY MAIN STREET TECHNOLOGIES, INC.	100	1	1
	CJ CHEILJEDANG CORPORATION	2,413	798,972	714,231
	CLEAN HARBORS INC.	21,610	1,126,083	1,202,597
	CLOSE BROTHERS GROUP PLC	22,619	401,493	403,865
	CLUBCORP HOLDINGS, INC.	130,626	2,157,855	1,874,483
	CME GROUP INC.	32,504	3,766,852	3,749,336
	CNO FINANCIAL GROUP, INC.	204,670	3,244,681	3,919,431
	CNOOC LIMITED	5,145,000	7,612,845	6,436,932
	COBALT INTERNATIONAL ENERGY, INC.	239,800	1,289,618	292,556
	COBHAM PLC	1,087,432	2,162,891	2,199,613
	COCA COLA HBC AG	44,468	1,111,507	972,560
	COCA-COLA ICECEK AS	28,020	275,619	263,663
	COGENT COMMUNICATIONS HOLDINGS, INC.	44,481	1,554,015	1,839,289
	COGNEX CORPORATION	37,145	1,112,559	2,363,165
	COGNIZANT TECHNOLOGY SOLUTIONS CORPORATION	159,556	8,190,640	8,939,923
	COHERENT, INC.	7,592	802,754	1,043,027
	COHERUS BIOSCIENCES, INC.	12,734	372,968	358,462
	COLONY STARWOOD HOMES	43,810	1,170,189	1,262,166
	COLOPLAST - CLASS B	133,880	9,354,724	9,045,548
	COLRUYT S.A.	14,130	835,253	700,545
	COLUMBIA BANKING SYSTEM, INC.	71,240	1,835,679	3,183,003
	COMMERCEHUB, INC. - CLASS A	25,920	366,595	389,059
	COMMERCEHUB, INC. - CLASS C	43,650	640,769	656,060
	COMMSCOPE HOLDING COMPANY, INC.	68,975	2,135,411	2,565,870
	COMMVault SYSTEMS, INC.	14,745	708,726	757,893
	COMPAGNIE FINANCIERE RICHEMONT S.A.	127,211	9,208,472	8,442,350
	COMPAGNIE GENERALE DES ETABLISSEMENTS MICHELIN SCA	23,994	2,660,122	2,675,021
	COMPAGNIE PLASTIC OMNIUM S.A.	25,980	831,443	831,115
	COMPAL ELECTRONICS, INC.	867,000	678,153	496,328
	COMPANHIA BRASILEIRA DE DISTRIBUICAO A.D.R.	12,482	380,838	206,577
	COMPASS GROUP PLC	781,212	13,293,459	14,489,222
	COMPASS MINERALS INTERNATIONAL, INC.	26,849	2,050,881	2,103,619
	COMPUTER SCIENCES CORPORATION	22,419	1,364,310	1,332,137
	CONCHO RESOURCES INC.	48,892	5,564,504	6,483,079
	CONOCOPHILLIPS	224,400	11,952,105	11,251,416
	CONSTELLATION BRANDS, INC.	10,867	1,649,755	1,666,020
	CONSTELLATION SOFTWARE INC.	22,736	7,979,150	10,343,901
	CONSTELLIUM N.V.	592,925	4,420,609	3,498,258
	CONTINENTAL RESOURCES, INC.	103,250	4,594,732	5,321,505
	CONVERGYS CORPORATION	144,540	1,342,385	3,549,902
	COOPER TIRE & RUBBER COMPANY	67,432	1,862,989	2,619,733
	COOPER-STANDARD HOLDINGS INC.	10,100	990,635	1,044,138
	COPART, INC.	98,400	5,103,722	5,452,344
	CORBION N.V.	44,800	1,093,126	1,201,639
	CORE LABORATORIES N.V.	90,683	10,190,161	10,885,587
	CORESITE REALTY CORPORATION	18,625	1,570,423	1,478,266
	CORNING, INC.	277,820	3,991,032	6,742,691
	CORPORATE OFFICE PROPERTIES TRUST	68,590	1,874,922	2,141,380
	COSTAR GROUP, INC.	57,633	7,715,952	10,863,244
	COSTCO WHOLESALE CORP.	30,255	2,129,180	4,844,128
	COTY INC.	160,000	4,406,681	2,929,600

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	COUNTRY GARDEN HOLDINGS COMPANY LIMITED	1,153,000	\$ 613,446	\$ 645,418
	COUSINS PROPERTIES INCORPORATED	193,300	1,650,507	1,644,983
	CP ALL PUBLIC COMPANY LIMITED	741,200	985,521	1,293,615
	CRANE CO.	35,000	1,920,303	2,524,200
	CREDICORP LTD.	20,005	2,648,387	3,157,989
	CREDIT AGRICOLE S.A.	139,100	1,695,819	1,728,311
	CREDIT SUISSE GROUP	79,600	2,434,910	1,144,248
*	CRH PUBLIC LIMITED COMPANY	102,119	2,978,789	3,549,584
	CROWN HOLDINGS, INC.	95,850	4,728,290	5,038,835
	CSL LIMITED	171,987	12,874,459	12,504,638
	CSPC PHARMACEUTICAL GROUP LIMITED	472,000	521,859	504,074
	CSR LIMITED	340,700	942,712	1,139,758
	CSRA INC.	171,600	4,902,526	5,463,744
	CSX CORPORATION	104,400	3,689,988	3,751,092
	CTBC FINANCIAL HOLDING COMPANY LTD.	2,062,800	1,061,478	1,129,679
	CTRIIP.COM INTERNATIONAL, LTD.	258,158	12,181,195	10,326,320
	CTS CORPORATION	70,304	1,296,325	1,574,810
	CUBIC CORPORATION	40,552	1,919,319	1,944,468
	CULLEN/FROST BANKERS, INC.	52,000	2,626,050	4,587,960
	CUMMINS INC.	26,200	3,185,210	3,580,754
	CVC BRASIL OPERADORA E AGENCIA DE VIAGENS S.A.	24,500	160,271	178,404
*	CVS CAREMARK CORPORATION	114,800	5,749,108	9,058,868
	CYRUSONE INC.	63,000	2,523,928	2,817,990
	DABUR INDIA LIMITED	127,386	202,932	522,063
	DAIFUKU CO., LTD.	33,100	545,316	707,492
	DAIKIN INDUSTRIES, LTD.	53,300	3,555,683	4,905,693
	DAIMLER AG	64,100	2,863,583	4,781,342
	DAITO TRUST CONSTRUCTION CO., LTD.	5,800	837,570	874,214
	DAIWA HOUSE INDUSTRY CO., LTD.	58,200	1,647,834	1,594,780
	DANAHER CORPORATION	93,000	7,159,341	7,239,120
	DANSKE BANK A/S	67,500	1,924,811	2,050,982
	DBS GROUP HOLDINGS LTD.	215,300	2,345,575	2,584,137
	DCM HOLDINGS CO., LTD.	150,300	1,233,588	1,337,604
*	DEAN FOODS COMPANY	189,668	3,048,195	4,130,969
	DEERE & COMPANY	88,000	8,561,518	9,067,520
	DEL FRISCO'S RESTAURANT GROUP, INC.	75,880	1,448,234	1,289,960
	DELTA AIR LINES, INC.	116,736	2,072,569	5,742,244
	DELTA ELECTRONICS, INC. - CLASS A	226,000	868,925	1,118,465
	DENTSPLY SIRONA INC.	40,137	1,805,705	2,317,109
	DEUTSCHE BANK AG	52,500	3,767,856	955,208
	DEUTSCHE POST AG	76,400	2,386,455	2,517,007
	DEUTSCHE TELEKOM AG	164,838	2,756,368	2,843,527
	DEXCOM, INC.	75,402	5,600,346	4,501,499
	DFDS A/S	38,688	1,404,366	1,770,432
	DIAGEO PLC	136,123	3,785,294	3,549,028
	DIAMOND OFFSHORE DRILLING, INC.	85,100	2,062,719	1,506,270
	DIAMONDBACK ENERGY, INC.	50,550	5,166,508	5,108,583
	DICK'S SPORTING GOODS, INC.	17,524	681,033	930,524
	D'IETTEREN S.A.	23,700	1,176,858	1,049,773
	DIGI INTERNATIONAL INC.	104,785	962,121	1,440,794
	DILLARD'S, INC.	25,400	530,183	1,592,326
	DIODES INCORPORATED	48,800	1,142,445	1,252,696
	DIPLOMAT PHARMACY, INC.	51,659	1,691,797	650,903
	DIRECT LINE INSURANCE GROUP PLC	238,400	1,050,897	1,088,175
	DISCOVER FINANCIAL SERVICES	69,200	3,029,504	4,988,628
	DISCOVERY HOLDINGS LIMITED	64,283	479,958	538,238
	DISTELL GROUP LIMITED	22,819	235,616	241,956
	DISTRIBUIDORA INTERNACIONAL DE ALIMENTACION S.A.	259,800	1,508,026	1,278,322
	DNB NOR ASA	87,100	1,360,035	1,299,260
	DOLLAR GENERAL CORPORATION	92,131	6,332,538	6,824,143
	DOLLAR TREE, INC.	70,157	6,199,235	5,414,717
	DOLLARAMA INC.	26,553	1,416,812	1,947,939
	DOMINO'S PIZZA ENTERPRISES LIMITED	10,046	514,965	472,757
	DOMINO'S PIZZA GROUP PLC	111,015	523,470	494,930
	DOMTAR INC.	66,800	2,589,218	2,607,204
	DOMTY	10,530	25,240	22,113
	DONGBU INSURANCE CO., LTD	32,208	1,704,829	1,666,667
	DONNELLEY FINANCIAL SOLUTIONS, INC.	15,350	691,594	352,743
	DOOSAN BOBCAT, INC.	41,265	1,236,543	1,224,831
	DOOSAN INFRACORE CO., LTD.	81,259	577,540	593,397
	DORMAKABA HOLDING AG	700	473,021	521,376
	DORMAN PRODUCTS, INC.	32,671	1,778,068	2,386,943
	DOVER CORPORATION	98,875	6,008,681	7,408,704
	DOWNER EDI LIMITED	611,761	2,376,410	2,697,725
	DSV AIR & SEA	29,200	1,262,555	1,301,450
	DU PONT (E.I.) DE NEMOURS AND COMPANY	145,100	7,394,787	10,650,340
	DUBAI ISLAMIC BANK PAKISTAN LTD.	774,659	1,255,298	1,174,780
	E*TRADE FINANCIAL CORPORATION	50,282	1,198,397	1,742,271
	E.ON AG	87,600	3,259,534	619,054
	EAGLE MATERIALS, INC.	32,512	2,355,337	3,203,407

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	EAST JAPAN RAILWAY COMPANY	115,000	\$ 9,518,128	\$ 9,958,418
	EAST WEST BANCORP, INC.	42,200	2,138,490	2,145,026
	EASTMAN CHEMICAL COMPANY	46,700	2,536,404	3,512,307
	EASYJET PLC	80,800	2,086,473	1,003,397
	EBAY, INC.	95,300	2,951,984	2,829,457
	ECLAT TEXTILE CO., LTD.	66,000	758,266	691,148
	EDISON INTERNATIONAL	164,300	7,611,315	11,827,957
	EDITA FOOD INDUSTRIES SAE	251,280	397,153	201,107
	EDUCATION MANAGEMENT CORPORATION	2,462,258	-	-
	EDUCATION MANAGEMENT CORPORATION - NEW	7,126,794	159,353	-
	EDWARDS LIFESCIENCES CORPORATION	88,386	6,908,562	8,281,768
	EICHER MOTORS LIMITED	1,701	499,096	546,442
	ELECTRICITE DE FRANCE S.A.	192,600	5,578,013	1,966,442
	ELECTRONIC ARTS INC.	73,809	3,035,373	5,813,197
	ELLIE MAE, INC.	35,792	2,427,978	2,995,075
	ELSEWEDY CABLES HOLDING CO.	57,328	568,758	234,466
	E-MART CO., LTD.	2,596	550,784	393,334
	EMBOTELLADORA ANDINA S.A.	4,478	69,041	100,621
	EMBOTELLADORA ANDINA S.A. A.D.R.	8,050	56,109	165,267
	EMBRAER S.A. A.D.R.	71,691	1,899,536	1,380,052
	EMLAK KONUT GAYRIMENKUL YATIRIM ORTAKLIGI AS	665,277	650,870	565,493
	ENCANA CORPORATION	324,434	3,042,913	3,812,744
	ENDO INTERNATIONAL PLC	134,750	4,876,462	2,219,333
	ENDURANCE SPECIALTY HOLDINGS LTD.	1,700	87,719	157,080
	ENEL	1,105,200	7,441,821	4,881,992
	ENERPLUS CORPORATION	120,400	1,143,038	1,141,392
	ENGIE BRASIL ENERGIA S.A.	91,715	1,109,371	986,274
	ENGIE S.A.	783,217	14,041,203	10,012,309
	ENPLAS CORPORATION	30,800	1,280,898	911,047
	ENPRO INDUSTRIES, INC.	45,700	2,558,536	3,078,352
	ENSCO PLC	61,323	686,113	596,060
	ENSTAR GROUP LIMITED	15,300	2,402,928	3,024,810
	ENTEGRIS, INC.	44,058	636,483	788,638
	ENTERGY CORPORATION	80,200	5,589,759	5,892,294
	ENVESTNET, INC.	24,723	836,126	871,486
	ENVISION HEALTHCARE CORPORATION	97,200	7,600,948	6,151,788
	EOG RESOURCES, INC.	28,359	2,255,069	2,867,095
	EPAM SYSTEMS, INC.	8,437	594,097	542,583
	EPR PROPERTIES	7,390	297,788	530,380
	EQT CORPORATION	110,000	7,780,623	7,194,000
	EQUIFAX INC.	59,962	5,467,600	7,089,307
	EQUITY RESIDENTIAL	155,579	9,728,361	10,013,064
	ESSILOR INTERNATIONAL COMPAGNIE GENERALE D'OPTIQUE S.A.	72,522	9,369,445	8,211,478
	ETHAN ALLEN INTERIORS INC.	40,600	1,318,764	1,496,110
	EUROFINS SCIENTIFIC	1,586	334,868	677,498
	EURONET WORLDWIDE, INC.	61,607	4,118,934	4,462,195
	EVEREST REINSURANCE HOLDINGS, INC.	22,600	2,955,389	4,890,640
	EVERTEC, INC.	8,193	138,789	145,426
	EVONIK INDUSTRIES AG	95,288	3,232,715	2,852,332
	EXLSERVICE HOLDINGS, INC.	41,920	2,002,724	2,114,445
	EXPEDIA, INC.	34,788	4,171,403	3,940,785
	EXPERIAN PLC	536,462	9,760,525	10,433,720
	EXPONENT, INC.	32,151	1,761,008	1,938,705
	EXPRESS SCRIPTS HOLDING COMPANY	141,640	11,906,949	9,743,416
	EXTREME NETWORKS, INC.	221,000	736,944	1,111,630
	EXXON MOBIL CORP.	65,953	4,712,603	5,952,918
	F.N.B. CORPORATION	96,695	1,235,453	1,550,021
	FABEGE AB	30,137	499,146	493,957
	FACEBOOK, INC.	165,919	8,984,906	19,088,981
	FAIR ISAAC CORPORATION	15,616	1,441,081	1,861,740
	FANUC CORPORATION	23,600	4,280,032	4,009,380
	FAR EASTONE TELECOMMUNICATIONS CO., LTD.	260,000	584,980	584,877
	FEDEX CORPORATION	34,483	5,829,170	6,420,735
	FIDELITY NATIONAL INFORMATION SERVICES, INC.	144,761	9,906,345	10,949,722
	FIFTH THIRD BANCORP	185,700	2,743,057	5,008,329
	FIH MOBILE LIMITED	1,854,000	880,783	585,865
	FINANCIAL ENGINES, INC.	67,562	1,851,309	2,482,904
	FINNING INTERNATIONAL INC.	24,434	496,265	479,005
	FIRST AMERICAN FINANCIAL CORPORATION	117,525	4,681,000	4,304,941
	FIRST BANCORP	180,300	833,641	1,191,783
	FIRST DATA CORPORATION	263,100	4,213,467	3,733,389
	FIRST HAWAIIAN, INC.	28,100	673,684	978,442
	FIRST HORIZON NATIONAL CORPORATION	230,500	2,885,586	4,612,305
	FIRST MIDWEST BANCORP, INC.	52,207	896,226	1,317,183
	FIRST QUANTUM MINERALS LTD.	83,887	1,234,633	835,086
	FIRST REPUBLIC BANK	74,164	4,762,987	6,833,471
	FIRSTCASH, INC.	47,290	1,694,418	2,222,630
	FIRSTENERGY CORP.	158,500	5,549,461	4,908,745
	FIRSTGROUP	457,100	2,056,698	585,149
	FISCHER AG	3,200	755,888	2,625,867

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	FISERV, INC.	26,150	\$ 2,261,159	\$ 2,779,222
	FIVE BELOW, INC.	86,156	3,300,104	3,442,794
	FIVE PRIME THERAPEUTICS, INC.	20,390	574,424	1,021,743
	FIVE9 INC.	44,732	632,444	634,747
	FLEETCOR TECHNOLOGIES, INC.	39,414	5,227,954	5,577,869
	FLETCHER BUILDING LIMITED	330,200	1,575,423	2,440,634
	FLEX LTD.	218,153	2,799,374	3,134,859
	FLUOR CORPORATION	36,200	1,742,712	1,901,224
	FMC CORPORATION	23,929	1,288,839	1,353,424
*	FORD MOTOR COMPANY	464,600	7,347,176	5,635,598
	FORMOSA CHEMICALS & FIBRE CORPORATION	241,000	632,648	720,106
	FORMOSA PETROCHEMICAL CORPORATION	175,000	597,136	608,148
	FORMOSA PLASTICS CORPORATION	259,000	614,407	716,833
	FORTINET, INC.	39,032	1,121,062	1,175,644
	FOSCHINI GROUP LIMITED	53,595	687,462	623,662
	FOX FACTORY HOLDING CORP.	43,031	813,342	1,194,110
	FOXCONN TECHNOLOGY CO., LTD.	212,910	498,015	563,506
	FRANKLIN RESOURCES INC.	198,869	7,604,454	7,871,235
	FRANKLIN STREET PROPERTIES CORP.	267,300	3,032,708	3,464,208
	FRANK'S INTERNATIONAL N.V.	29,400	368,453	361,914
	FRESHPET, INC.	151,089	973,029	1,533,553
	FUBON FINANCIAL HOLDING CO., LTD.	1,118,000	1,503,145	1,769,152
	FUJI ELECTRIC CO., LTD.	115,000	509,297	597,505
	FUJI HEAVY INDUSTRIES LTD.	133,900	4,525,972	5,478,380
	FUJI OIL COMPANY LIMITED	96,900	1,404,627	1,907,510
	FUJIKURA LTD.	311,000	1,625,173	1,693,188
	FUJITSU GENERAL LIMITED	23,000	507,211	487,864
	FUYAO GLASS INDUSTRY GROUP CO., LTD.	135,600	296,701	420,626
	G4S PLC	344,500	1,053,239	1,000,351
	GALAPAGOS N.V.	13,275	678,860	852,122
	GALLIFORD TRY PLC	73,800	1,567,140	1,177,275
	GAMESTOP CORP.	67,000	1,577,684	1,692,420
	GANNETT CO., INC.	39,400	419,402	382,574
	GARTNER, INC.	18,672	1,474,182	1,887,179
	GAS NATURAL SDG S.A.	81,100	1,814,798	1,532,025
	GAZPROM OAO-SPON A.D.R.	275,926	1,768,526	1,393,426
	GEELY AUTOMOBILE HOLDINGS LIMITED	2,000,000	1,002,679	1,911,481
	GENER8 MARITIME INC.	904	9	4,050
*	GENERAL DYNAMICS CORPORATION	54,000	7,823,131	9,323,640
	GENESEE & WYOMING INC.	33,620	2,142,590	2,333,564
	GENPACT LTD.	223,661	4,669,302	5,443,909
	GENTEX CORP.	164,718	1,433,278	3,243,297
	GIGAMON INC.	30,082	1,151,176	1,370,235
	GILDAN ACTIVEWEAR INC.	31,200	826,875	793,116
	GJENSIDIGE FORSIKRING A.S.A.	51,867	922,967	825,514
	GKN PLC	322,600	1,381,555	1,322,225
	GLAXOSMITHKLINE PLC	605,368	12,717,961	11,684,119
	GLOBAL BLOOD THERAPEUTICS, INC.	23,053	418,415	333,116
	GLOBAL BRASS & COPPER HOLDINGS, INC.	41,040	1,133,857	1,407,672
	GLOBAL INDEMNITY LIMITED	30,500	812,768	1,165,405
	GLOBAL PAYMENTS, INC.	140,982	7,419,751	9,785,561
	GLOBAL PORTS INVESTMENTS PLC - CLASS A	15,897	238,455	63,588
	GLOBAL PORTS INVESTMENTS PLC - CLASS S	16,026	236,803	64,104
	GODADDY INC.	46,740	1,468,322	1,633,563
	GOLD FIELDS LIMITED	107,077	652,363	341,315
	GOLDEN ENTERTAINMENT, INC.	8,400	82,157	101,724
	GOLUB CAPITAL BDC, INC.	43,680	822,748	803,275
	GOVERNMENT PROPERTIES INCOME TRUST	63,200	1,484,389	1,204,908
	GRAMERCY PROPERTY TRUST	251,600	2,129,501	2,309,688
	GRAND CANYON EDUCATION, INC.	192,734	6,190,650	11,265,302
	GRANITE REAL ESTATE INVESTMENT TRUST	31,700	1,158,514	1,060,048
	GREAT PLAINS ENERGY INCORPORATED	55,400	1,421,955	1,515,190
	GREAT WESTERN BANCORP, INC.	32,220	878,415	1,404,470
	GREEN PLAINS INC.	17,850	315,146	497,123
	GREENCORE GROUP PLC	269,219	1,026,543	820,008
	GROUP 1 AUTOMOTIVE, INC.	26,800	2,220,005	2,088,792
	GRUPO AEROPORTUARIO DEL PACIFICO, S.A.B. DE C.V.	61,831	405,961	511,659
	GRUPO FIN IMBURSA S.A.B. DE C.V.	244,346	357,026	372,067
	GRUPO FINANCIERO BANORTE S.A.B. DE C.V.	569,894	2,859,909	2,829,899
	GS ENGINEERING & CONSTRUCTION CORP.	22,022	515,451	483,179
	GUANGZHOU AUTOMOBILE GROUP COMPANY LIMITED	636,000	605,985	769,452
	GUANGZHOU R&F PROPERTIES CO., LTD.	423,600	531,109	512,484
	GUARANTY TRUST BANK PLC	982,103	73,675	77,014
	GUARANTY TRUST BANK PLC G.D.R.	225,143	1,288,177	805,726
	GUIDEWIRE SOFTWARE, INC.	79,132	3,529,987	3,903,582
	GUOCO GROUP LIMITED	129,000	1,339,757	1,422,583
	H.J. HEINZ COMPANY	170,833	10,362,257	14,917,138
	HAIER ELECTRONICS GROUP CO., LTD.	800,800	1,896,254	1,260,102
	HALLIBURTON COMPANY	509,719	19,127,825	27,570,701
	HALLMA	43,111	353,860	478,099

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	HANA FINANCIAL GROUP INC.	25,226	\$ 630,668	\$ 652,685
	HANCOCK HOLDING COMPANY	58,640	1,901,812	2,527,384
	HANESBRANDS INC.	215,700	6,155,797	4,652,649
	HANGER, INC.	163,300	3,630,633	1,877,787
	HANNON ARMSTRONG SUSTAINABLE INFRASTRUCTURE CAPITAL, INC.	67,963	1,303,254	1,290,617
	HARRIS CORPORATION	34,000	1,298,677	3,483,980
	HARTFORD FINANCIAL SERVICES GROUP, INC.	181,400	5,756,584	8,643,710
	HARVEY NORMAN HOLDINGS LIMITED	312,300	1,104,237	1,162,341
	HASEKO CORPORATION	65,700	721,803	669,759
	HAWAIIAN ELECTRIC INDUSTRIES, INC.	46,600	1,430,318	1,541,062
	HCL TECHNOLOGIES LIMITED	74,507	895,003	908,915
*	HD SUPPLY HOLDINGS, INC.	190,295	6,225,611	8,089,440
	HDFC BANK LIMITED	130,600	1,980,964	2,321,051
	HDFC BANK LIMITED - A.D.R.	149,162	8,574,001	9,051,150
*	HEALTHCARE SERVICES GROUP, INC.	92,964	2,777,241	3,641,400
	HEALTHSOUTH CORP.	53,300	2,175,371	2,198,092
	HEALTHSTREAM, INC.	98,616	2,539,925	2,470,331
	HEICO CORPORATION	50,901	2,988,826	3,820,674
	HEINEKEN HOLDING N.V.	19,360	1,523,264	1,350,576
	HEINEKEN N.V.	12,404	1,020,028	932,303
	HEIWADO CO., LTD.	45,000	905,581	1,065,632
	HELVETIA HOLDING AG	3,500	1,462,809	1,888,867
	HERBALIFE LTD.	27,800	1,684,156	1,338,292
	HERCULES CAPITAL, INC.	30,623	304,363	432,091
	HERCULES OFFSHORE, INC.	62,617	3,497,748	62,617
	HERMAN MILLER, INC.	38,200	1,248,381	1,306,440
	HERMES INTERNATIONAL S.C.A.	20,923	7,442,403	8,606,728
	HERO HONDA	8,642	283,691	387,553
	HERSHA HOSPITALITY TRUST	40,740	1,001,841	875,910
*	HERTZ GLOBAL HOLDINGS, INC.	41,470	2,838,208	894,093
	HESKA CORPORATION	5,854	409,941	419,146
	HEWLETT PACKARD ENTERPRISE COMPANY	269,853	4,007,255	6,244,398
	HEXPOL AB	54,350	273,311	504,637
	HIKMA PHARMACEUTICALS PLC	29,586	875,421	692,042
	HILTON WORLDWIDE HOLDINGS INC.	256,750	5,905,226	6,983,600
	HISCOX LIMITED	69,366	823,202	871,692
	HITACHI CHEMICAL COMPANY, LTD.	16,600	408,638	416,014
	HITACHI, LTD.	1,946,100	11,271,470	10,545,164
*	HOLLYFRONTIER CORPORATION	28,100	1,409,328	920,556
	HOME DEPOT, INC.	117,884	14,014,963	15,805,887
	HON HAI PRECISION INDUSTRIES	2,197,191	4,822,647	5,740,280
	HONG LEONG ASIA LIMITED	955,900	2,481,617	446,620
	HORACE MANN EDUCATORS CORP.	71,900	1,565,843	3,077,320
	HOSPITALITY PROPERTIES TRUST	116,800	2,989,665	3,707,232
	HOUSING DEVELOPMENT FINANCIAL CORP.	233,710	4,110,994	4,347,757
	HP INC.	229,244	3,096,987	3,401,981
	HSBC HOLDINGS PLC	451,546	4,671,291	3,864,509
	HUABAO INTERNATIONAL HOLDINGS	2,787,000	1,578,056	1,182,646
	HUBSPOT, INC.	25,256	988,272	1,187,032
	HUDSON GLOBAL, INC.	46,300	176,802	62,968
	HUFVUDSTADEN AB	31,462	541,701	498,358
	HUHTAMAKI OYJ	13,438	538,602	500,049
	HUNTINGTON INGALLS INDUSTRIES, INC.	21,900	2,428,306	4,033,761
	HUNTSMAN CORPORATION	161,200	1,851,878	3,075,696
	HUSQVARNA AB	61,911	536,773	482,838
	HYATT HOTELS CORPORATION	21,955	1,254,449	1,213,233
	HYNIX SEMICONDUCTOR INC.	103,145	3,742,577	3,817,340
	HYOSUNG CORPORATION	6,174	675,961	743,763
	HYPERMARCAS S.A.	85,000	631,035	682,413
	HYSTER-YALE MATERIALS HANDLING, INC.	32,200	982,488	2,053,394
	HYUNDAI FIRE & MARINE INSURANCE COMPANY	50,611	1,470,624	1,319,960
	HYUNDAI HEAVY INDUSTRIES CO., LTD.	6,446	636,576	776,530
	HYUNDAI MOBIS CO.	3,483	783,401	761,312
	IAC/INTERACTIVECORP	38,950	1,752,932	2,523,571
	IBERDROLA S.A.	243,400	1,683,264	1,600,431
	IBERIABANK CORPORATION	27,786	1,709,087	2,327,078
	ICICI BANK LIMITED	591,148	3,029,005	2,223,664
	ICON PLC	105,801	7,078,532	7,956,235
	ILLUMINA, INC.	27,672	3,913,382	3,543,123
	IMAX CORPORATION	46,793	1,389,159	1,469,300
	IMPERIAL HOLDINGS LIMITED	44,667	543,813	595,908
	IMPINJ, INC.	28,000	756,000	989,520
	INCYTE CORPORATION	43,957	3,546,301	4,407,568
	INDITEX S.A.	380,233	4,522,029	6,503,125
	INDIVIOR PLC	280,600	652,381	1,026,995
	INDUSIND BANK LIMITED	52,535	867,804	857,574
	INDUSTRIA DE DISENO TEXTIL, S.A.	220,460	7,154,414	7,540,954
	INDUSTRIAL & COMMERCIAL BANK OF CHINA LIMITED	8,093,000	5,188,744	4,853,827
	INFORMA PLC	237,329	2,073,060	1,994,138
	INFOSYS LIMITED	309,670	4,749,051	4,611,058

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	INFOSYS LIMITED - A.D.R.	99,276	\$ 1,600,203	\$ 1,472,263
	ING GROEP N.V.	330,986	4,734,942	4,667,567
	INGEVITY CORPORATION	20,581	1,059,644	1,129,074
	INNERWORKINGS, INC.	108,950	881,019	1,073,158
	INNOLUX CORPORATION	1,817,000	653,596	653,982
	INOGEN, INC.	10,512	518,446	706,091
	INOVALON HOLDINGS, INC.	86,725	1,570,200	893,268
	INSULET CORPORATION	58,984	1,814,531	2,222,517
	INTACT FINANCIAL CORPORATION	15,317	1,119,841	1,097,620
	INTEGRATED DEVICE TECHNOLOGY, INC.	71,981	1,766,155	1,695,872
	INTEL CORPORATION	416,645	10,967,261	15,111,714
	INTERCONTINENTALEXCHANGE GROUP, INC.	42,000	1,970,296	2,369,640
	INTERDIGITAL, INC.	8,837	455,650	807,260
	INTERMEDIATE CAPITAL GROUP PLC	254,587	1,975,401	2,202,063
	INTERPARK CORPORATION	61,043	671,045	253,714
	INTERPUMP GROUP SPA	46,874	760,639	768,797
	INTERTEK GROUP PLC	19,241	769,880	827,613
	INTESA SANPAOLO	1,006,105	2,450,144	2,574,445
	INTRUM JUSTITIA AB	23,309	656,907	788,718
	INTUITIVE SURGICAL, INC.	8,653	4,849,337	5,487,473
	INVACARE CORPORATION	43,600	676,021	568,980
	INVESTORS BANCORP, INC.	404,150	4,855,207	5,637,893
	IONIS PHARMACEUTICALS, INC.	16,316	529,338	780,394
	IPAYMENT HOLDINGS, INC.	237,112	760,077	118,556
	IPAYMENT HOLDINGS, INC. - WARRANTS	888,172	310,860	8,882
	IPG PHOTONICS CORPORATION	19,100	1,656,817	1,885,361
	IPSEN S.A.	8,256	527,734	598,241
	IRONWOOD PHARMACEUTICALS, INC.	38,765	594,241	592,717
	ISHARES MSCI EMERGING MARKETS FINANCIALS	60,898	2,548,314	2,132,039
	ISHARES MSCI INDIA ETF	86,317	2,364,977	2,314,159
	IT HOLDINGS CORPORATION	22,400	512,758	480,130
	ITAU UNIBANCO HOLDING S.A. - A.D.R.	73,025	736,079	750,697
	ITOCHU CORP.	263,900	2,507,404	3,511,577
	ITT INC.	19,600	754,932	755,972
	J.B. HUNT TRANSPORT SERVICES, INC.	20,900	1,548,167	2,028,763
	J2 GLOBAL COMMUNICATIONS, INC.	22,670	658,540	1,854,406
	JACK HENRY & ASSOCIATES, INC.	20,110	1,221,075	1,785,366
	JAPAN AIRLINES CO., LTD.	311,900	10,779,809	9,132,238
	JB HI-FI LIMITED	33,099	585,985	672,034
	JD.COM, INC.	110,660	2,775,942	2,815,190
	JERONIMO MARTINS SGPS, S.A.	116,763	1,657,020	1,815,316
	JIANGNAN GROUP LIMITED	3,173,900	1,018,616	446,212
	JOHN WOOD GROUP PLC	49,897	518,154	540,100
	JOHNSON & JOHNSON	83,200	5,441,687	9,585,472
	JOHNSON MATTHEY PLC	44,236	1,757,598	1,739,288
	JP MORGAN CHASE & CO.	217,717	12,920,566	18,786,800
	JUPITER FUND MANAGEMENT PLC	80,267	487,152	439,971
	KAMAN CORP.	43,865	1,017,332	2,146,314
	KANEKA CORPORATION	291,000	2,387,384	2,375,205
	KAPSTONE PAPER AND PACKAGING CORPORATION	29,400	661,687	648,270
	KAR AUCTION SERVICES, INC.	224,761	6,733,719	9,579,314
	KATE SPADE & COMPANY	70,060	1,598,815	1,308,020
	KBC GROUPE	63,997	3,937,234	3,971,074
	KBR, INC.	163,200	2,616,107	2,723,808
	KDDI CORP.	470,700	6,552,929	11,943,556
	KELLOGG COMPANY	41,149	3,100,251	3,033,093
	KENNEDY-WILSON HOLDINGS, INC.	80,816	1,855,247	1,656,728
	KEYCORP	295,160	3,709,554	5,392,573
	KEYENCE CORPORATION	20,000	9,921,002	13,752,305
	KIMBERLY-CLARK DE MEXICO S.A.B. DE C.V.	209,856	507,494	380,362
	KINGBOARD CHEMICAL HOLDINGS LIMITED	568,700	2,286,180	1,723,745
	KINGFISHER PLC	422,300	1,963,319	1,827,918
	KINGSOFT CORPORATION LIMITED	438,000	1,539,259	898,241
	KINGSPAN GROUP PLC	28,262	566,350	769,081
	KION GROUP AG	9,990	550,441	556,983
	KIRBY CORPORATION	16,389	1,066,123	1,089,869
	KIWOOOM SECURITIES CO., LIMITED	4,609	218,985	274,754
	KNIGHT TRANSPORTATION, INC.	57,784	1,512,106	1,909,761
	KOHL'S CORPORATION	66,900	3,162,689	3,303,522
	KOMATSU LTD.	224,100	4,076,851	5,086,850
	KONE CORPORATION	59,853	2,600,313	2,687,442
	KONINKLIJKE AHOLD DELHAIZE N.V.	130,500	1,993,958	2,757,027
	KONOIKE TRANSPORT CO., LTD.	85,200	1,083,869	1,122,754
	KOREA ELECTRIC POWER CORPORATION	17,899	782,713	652,800
	KORN/FERRY INTERNATIONAL	27,800	662,884	818,154
	KOSMOS ENERGY LTD.	180,316	1,503,309	1,264,015
	KOTAK MAHINDRA BANK LTD.	253,678	1,715,994	2,690,026
	KT&G CORPORATION	25,119	1,984,778	2,100,530
	KULICKE AND SOFFA INDUSTRIES, INC.	89,900	1,078,071	1,433,905
	KYB CORPORATION	274,000	1,076,296	1,332,002

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	KYORIN CO., LTD.	96,700	\$ 1,525,984	\$ 2,078,509
	KYOWA EXECO CORPORATION	139,300	1,241,644	2,008,853
	L-3 COMMUNICATIONS HOLDINGS, INC.	15,000	2,256,939	2,281,650
	LAM RESEARCH CORPORATION	94,001	6,249,763	9,938,726
	LANNETT COMPANY, INC.	23,700	1,159,671	522,585
	LARGAN PRECISION CO., LTD.	23,000	1,315,003	2,704,707
	LASALLE HOTEL PROPERTIES	39,607	1,176,983	1,206,825
	LEE & MAN PAPER MANUFACTURING LIMITED	1,597,900	919,540	1,240,703
	LEGRAND S.A.	25,034	963,205	1,424,529
	LENDLEASE GROUP	177,100	1,647,571	1,874,841
	LENNAR CORPORATION	187,400	9,968,481	8,045,082
	LENTA LIMITED	41,454	298,498	339,923
	LENZING AG	1,842	232,611	223,428
	LEONARDO S.P.A.	49,100	670,038	690,855
	LEROY SEAFOOD GROUP ASA	24,600	824,005	1,374,939
	LEXINGTON CORPORATE PROPERTIES TRUST	300,600	1,980,517	3,246,480
	LG CHEMICAL, LTD.	7,484	2,010,338	1,617,259
	LG DISPLAY CO., LTD.	29,656	669,395	772,215
	LG UPLUS CORP.	52,624	474,143	498,878
	LIBERTY GLOBAL PLC - CLASS A	36,743	1,179,480	806,876
	LIBERTY GLOBAL PLC - CLASS C	42,055	1,344,146	890,304
	LIFEPOINT HOSPITALS, INC.	29,500	1,738,920	1,675,600
	LIGAND PHARMACEUTICALS INCORPORATED	26,956	1,760,854	2,738,999
	LINCOLN NATIONAL CORP.	68,400	2,446,705	4,532,868
	LINDE AG	26,739	4,584,589	4,402,482
	LINE CORPORATION	12,916	513,485	439,273
	LINX S.A.	71,448	459,880	380,872
	LION CORPORATION	33,000	548,442	543,233
	LITHIA MOTORS, INC.	12,940	1,186,691	1,252,980
	LKQ CORPORATION	100,117	2,637,545	3,068,586
	LLOYDS BANKING GROUP PLC	8,080,057	7,729,802	6,241,075
	LOGITECH INTERNATIONAL S.A.	20,921	325,292	522,845
	LONGFOR PROPERTIES CO. LIMITED	379,500	589,036	481,647
	LONZA GROUP AG	11,073	1,520,481	1,920,765
	LOWE'S COMPANIES, INC.	139,100	4,747,599	9,892,792
	LSC COMMUNICATIONS, INC.	15,350	899,243	455,588
	LUKOIL PJSC	20,278	1,153,117	1,141,674
	LUPIN LIMITED	82,224	897,714	1,801,429
	LUXOFT HOLDING, INC.	7,381	468,859	414,812
	LUXOTTICA GROUP SPA	123,765	6,370,567	6,670,652
	LVMH MOET HENNESSY LOUIS VUITTON SE	49,621	7,980,093	9,494,068
	LYONDELLBASELL INDUSTRIES N.V.	316	27,264	27,106
	M&T BANK CORPORATION	49,000	6,515,226	7,665,070
	M/I HOMES, INC.	34,300	742,375	863,674
	MACK-CALI REALTY CORPORATION	93,300	1,711,474	2,707,566
	MACOM TECHNOLOGY SOLUTIONS HOLDINGS, INC.	25,785	1,054,790	1,193,330
	MACQUARIE GROUP LIMITED	85,477	4,868,342	5,392,196
	MACY'S, INC.	53,600	3,086,332	1,919,416
	MAGNIT G.D.R.	30,340	1,205,123	1,339,511
	MAGNIT PJSC	13,038	1,808,388	2,349,430
	MAHINDRA & MAHINDRA LIMITED	129,625	2,309,058	2,262,660
	MALLINCKRODT PUBLIC LIMITED COMPANY	24,200	1,341,694	1,205,644
	MAN GROUP PLC	780,200	2,121,158	1,140,476
	MANTECH INTERNATIONAL CORPORATION	25,630	833,582	1,082,868
	MANULIFE FINANCIAL CORPORATION	64,500	870,117	1,149,991
	MARATHON OIL CORPORATION	292,900	8,692,510	5,070,099
	MARATHON PETROLEUM CORPORATION	81,300	1,970,839	4,093,455
	MARRIOTT INTERNATIONAL, INC.	78,006	4,815,780	6,449,536
	MARRIOTT VACATIONS WORLDWIDE CORPORATION	14,019	1,237,858	1,189,512
	MARSH & MCLENNAN COMPANIES, INC.	148,900	4,811,600	10,064,151
	MARSTON'S PLC	402,800	1,193,956	676,899
	MARTIN MARIETTA MATERIALS, INC.	64,964	10,870,742	14,391,475
	MARUBENI CORP.	356,000	1,492,937	2,023,036
	MARUTI SUZUKI INDIA LTD.	14,333	564,960	1,123,399
	MASCO CORPORATION	159,900	4,404,699	5,056,038
	MASONITE INTERNATIONAL CORPORATION	54,200	3,030,009	3,566,360
	MASTERCARD INCORPORATED	163,234	6,609,302	16,853,911
	MATCH GROUP, INC.	24,480	419,873	418,608
	MATERION CORPORATION	33,700	982,375	1,334,520
	MATSON, INC.	46,200	1,464,438	1,635,018
	MATSUMOTOKIYOSHI HOLDINGS CO., LTD.	29,400	1,485,890	1,451,914
	MAXIMUS, INC.	120,550	4,290,899	6,725,485
	MAXLINEAR, INC.	29,900	635,614	651,820
	MB FINANCIAL, INC.	108,758	4,009,828	5,136,640
	MBF CAPITAL	2,000	25,483	-
	MCDERMOTT INTERNATIONAL, INC.	302,100	1,741,395	2,232,519
	MDC PARTNERS INCORPORATED	149,300	581,888	977,915
	MEAD JOHNSON NUTRITION COMPANY	60,000	5,120,679	4,245,600
	MEDIA TEK INC.	122,715	1,155,326	824,344
	MEDICAL PROPERTIES TRUST, INC.	303,120	4,014,179	3,728,376

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	MEDICLINIC INTERNATIONAL PLC	13,884	\$ 128,845	\$ 132,271
	MEDIOBANCA BANCA DI CREDITO FINANZIARIO SPA	155,500	1,572,631	1,271,926
	MEDNAX, INC.	160,875	10,672,022	10,723,928
	MEDTRONIC PLC	130,500	9,819,356	9,295,515
	MEGACABLE HOLDINGS S.A.B. DE C.V.	157,923	391,379	532,070
	MEGGITT PLC	215,900	1,161,979	1,223,439
	MENTOR GRAPHICS CORPORATION	48,570	1,117,711	1,791,747
	MERCADOLIBRE, INC.	12,480	916,667	1,948,627
	MERCK & CO., INC.	158,100	6,088,968	9,307,347
	MERITOR, INC.	71,800	986,832	891,756
	METCASH LIMITED	534,300	2,002,998	882,102
	METLIFE, INC. - CLASS A	126,052	3,956,991	6,792,942
	METRO AG	48,700	1,463,208	1,622,405
	METTLER-TOLEDO INTERNATIONAL INC.	7,500	2,239,680	3,139,200
	MFA MORTGAGE INVESTMENTS, INC.	320,400	2,175,361	2,444,652
	MGIC INVESTMENT CORPORATION	144,600	1,378,875	1,473,474
	MGM RESORTS INTERNATIONAL	97,691	2,540,417	2,816,432
	MGP INGREDIENTS, INC.	62,758	2,449,126	3,136,645
	MICEX-RTS	193,890	185,688	398,905
	MICHAEL KORS HOLDINGS LIMITED	22,200	1,109,891	954,156
	MICRO FOCUS INTERNATIONAL PLC	41,950	762,950	1,129,496
	MICROCHIP TECHNOLOGY, INC.	145,000	6,923,688	9,301,750
	MICRON TECHNOLOGY, INC.	357,100	5,293,518	7,827,632
	MICROSOFT CORPORATION	523,781	27,429,741	32,547,751
	MILACRON HOLDINGS CORP.	224,775	3,970,796	4,187,558
	MILLER INDUSTRIES, INC.	48,800	956,808	1,290,760
	MIMECAST LIMITED	43,280	767,303	774,712
	MINERAL RESOURCES LTD.	156,400	1,448,552	1,372,581
	MINERALS TECHNOLOGIES INC.	26,199	1,148,569	2,023,873
	MIRABELA NICKEL LIMITED	3,511,198	359,987	211,024
	MIRACA HOLDING INC.	19,900	594,670	895,743
	MISUMI GROUP INC.	25,300	476,154	417,346
	MITCHELLS & BUTLERS PLC	264,800	1,128,027	820,945
	MITIE GROUP PLC	223,200	880,567	618,889
	mitsubishi electric corporation	190,000	2,727,550	2,654,478
	MITSUBISHI GAS CHEMICAL COMPANY, INC.	202,700	2,053,611	3,467,111
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	2,146,700	13,909,896	13,242,443
	MITSUI MINING & SMELTING COMPANY, LIMITED	109,215	301,220	277,169
	MIZUHO FINANCIAL GROUP	2,016,300	4,394,185	3,626,868
	MKS INSTRUMENTS, INC.	27,760	1,364,773	1,648,944
	MMC NORILSK NICKEL PJSC	26,257	417,038	440,855
	MOBILE MINI, INC.	59,245	1,170,106	1,792,161
	MOBILE WORLD INVESTMENT CORPORATION	32,700	251,670	224,024
	MOBILEYE N.V.	80,415	3,166,322	3,065,420
	MOHAWK INDUSTRIES, INC.	26,225	5,114,232	5,236,608
	MOL GROUP	8,013	526,105	564,651
	MONDELEZ INTERNATIONAL, INC.	412,400	13,819,485	18,281,692
	MONDI LIMITED	26,364	531,482	539,792
	MONDI PLC	51,900	944,419	1,068,410
	MONEYSUPERMARKET.COM GROUP PLC	103,864	483,290	377,447
	MONRO MUFFLER BRAKE, INC.	20,296	1,223,996	1,160,931
	MONSTER BEVERAGE CORPORATION	88,176	3,919,892	3,909,724
	MOODY'S CORPORATION	15,880	1,540,688	1,497,008
	MORGAN STANLEY	304,003	7,534,424	12,844,127
	MORRISON SUPERMARKET	45,400	196,575	129,419
	MOTHERSON SUMI SYSTEMS LIMITED	105,199	537,765	506,000
	MTS SYSTEMS CORPORATION	4,939	280,163	280,041
	MTU AERO ENGINES AG	11,654	1,200,134	1,349,668
	MUNCHENER RUCKVERSICHERUNGS	17,200	3,000,769	3,259,156
	MURPHY OIL CORP.	241,900	8,960,861	7,530,347
	MURPHY USA INC.	18,500	1,103,361	1,137,195
	MYER HOLDINGS LIMITED	649,400	1,281,299	648,918
	MYLAN N.V.	34,200	1,745,079	1,304,730
	NASDAQ, INC.	140,990	8,306,523	9,463,249
	NASPERS	53,520	5,800,028	7,882,567
	NATIONAL AUSTRALIA BANK LIMITED	108,000	2,508,015	2,398,480
	NATIONAL CINEMEDIA, INC.	70,805	1,041,734	1,042,958
	NATIONAL FUEL GAS COMPANY	100,000	5,401,490	5,664,000
	NATIONAL INSTRUMENTS CORPORATION	211,384	5,329,714	6,514,855
	NATIONAL OILWELL VARCO, INC.	24,200	947,957	906,048
	NATIONAL WESTERN LIFE GROUP, INC.	1,000	235,812	310,800
	NAVIENT CORPORATION	153,400	1,125,117	2,520,362
	NAVISTAR INTERNATIONAL CORPORATION	10,700	242,816	335,659
	NCR CORPORATION	82,450	2,147,322	3,344,172
	NCISOFT CORPORATION	7,728	1,625,360	1,583,607
	NEOGEN CORPORATION	29,723	437,171	1,961,718
	NEOPOST USA	18,800	1,460,692	589,327
	NESTLE S.A.	178,157	13,897,454	12,805,007
	NETFLIX, INC.	86,527	6,826,388	10,712,043
	NEVRO CORP.	16,843	1,274,416	1,223,812

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	NEW RESIDENTIAL INVESTMENT CORP.	420,625	\$ 5,069,925	\$ 6,612,225
	NEW YORK REIT, INC.	75,500	759,015	764,060
	NEWELL RUBBERMAID, INC.	352,890	15,770,218	15,756,539
	NEWS CORPORATION	337,500	5,840,806	3,867,750
	NEXITY S.A.	9,562	516,297	448,402
	NHN CORP.	6,197	3,001,916	3,976,384
	NICE LTD. - A.D.R.	25,450	1,190,627	1,749,942
	NICHIAS CORPORATION	41,000	390,993	396,519
	NIHON M&A CENTER INC.	15,700	490,482	437,476
	NII HOLDINGS, INC.	198,803	3,229,044	427,426
	NIKE, INC. - CLASS B	71,018	1,369,633	3,609,845
	NIKON CORP.	204,500	3,631,778	3,185,806
	NIPPON PROLOGIS REIT INC.	245	528,695	501,826
	NIPPON TELEPHONE & TELEGRAPH CORP.	126,300	3,088,025	5,319,035
	NISSAN CHEMICAL INDUSTRIES, LTD.	26,100	543,849	873,842
	NISSAN MOTOR CO., LTD.	322,500	2,979,337	3,250,300
	NITORI COMPANY, LIMITED	14,600	1,218,563	1,672,363
	NOBLE CORPORATION PLC	73,800	1,253,260	436,896
	NORDSTROM, INC.	50,800	2,881,078	2,434,844
	NORTHGATE PLC	166,600	904,619	1,014,886
	NORTHROP GRUMMAN CORP.	46,100	2,774,363	10,721,938
	NORTHWEST BANCSHARES, INC.	72,760	890,962	1,311,863
	NOVADAQ TECHNOLOGIES INC.	140,856	1,690,253	998,669
	NOVARTIS AG	135,662	8,788,993	9,890,839
	NOVARTIS AG - A.D.R.	106,500	10,352,105	7,757,460
	NOVOZYMES A/S	207,295	9,887,297	7,160,221
	NRG ENERGY, INC.	60,200	1,552,249	738,052
	NTT DOCOMO INC.	61,900	948,818	1,413,295
	NV BEKAERT S.A.	12,007	510,318	487,389
	NVIDIA CORPORATION	76,508	3,776,632	8,166,464
	NWS HOLDINGS LIMITED	663,846	1,203,534	1,082,272
	NXP SEMICONDUCTORS N.V.	88,385	6,931,665	8,662,614
	OAQ NOVATEK	23,230	1,939,663	3,015,254
	OCCIDENTAL PETROLEUM CORP.	134,900	10,765,750	9,608,927
	OCEANEERING INTERNATIONAL, INC.	52,400	2,074,595	1,478,204
	OCLARO, INC.	95,961	851,972	858,851
	ODONTOPREV S.A.	141,900	457,636	549,341
	OFFICE DEPOT, INC.	579,700	2,920,934	2,620,244
	OLD DOMINION FREIGHT LINE, INC.	54,300	3,435,682	4,658,397
	OLD MUTUAL PLC	542,500	1,545,005	1,389,615
	OMEGA HEALTHCARE INVESTORS, INC.	104,600	3,145,357	3,269,796
	OMNICOM GROUP, INC.	72,371	2,775,685	6,159,496
	OMV AG	60,300	2,179,959	2,134,464
	ON SEMICONDUCTOR CORPORATION	126,200	1,157,337	1,610,312
	OPAP S.A.	51,888	450,028	459,722
	OPPENHEIMER HOLDINGS INC.	39,100	815,216	727,260
	ORACLE CORP.	208,400	6,051,241	8,012,980
	ORACLE CORPORATION JAPAN	8,200	471,132	414,095
	ORACLE FINANCIAL SERVICES SOFTWARE LIMITED	10,826	503,817	498,599
	ORBCOMM INC.	25,573	259,207	211,489
	O'REILLY AUTOMOTIVE, INC.	54,827	9,842,426	15,264,385
	ORIGIN ENTERPRISES PLC	123,200	910,127	803,191
	ORION CORP.	820	646,129	444,693
	ORIX CORPORATION	309,100	4,366,743	4,833,870
	OSHKOSH CORPORATION	140,000	5,062,951	9,045,400
	OTONOMY, INC.	32,687	887,973	519,723
	OTP BANK PLC	51,565	997,562	1,479,159
	OWENS & MINOR, INC. HOLDING CO.	29,100	977,850	1,026,939
	OWENS-ILLINOIS, INC.	70,200	1,087,771	1,222,182
	OXFORD INDUSTRIES, INC.	22,500	1,516,312	1,352,925
	PACIFIC EXPLORATION AND PRODUCTION CORP.	14,809	633,381	602,652
	PACKAGING CORP OF AMERICA	53,100	3,346,011	4,503,942
	PACWEST BANCORP	160,619	5,740,896	8,744,098
	PALO ALTO NETWORKS, INC.	18,718	3,012,030	2,340,686
	PALTAC CORPORATION	86,300	1,188,509	2,043,646
	PANDORA AS	15,605	1,740,440	2,045,382
	PANERA BREAD COMPANY	39,021	7,989,190	8,002,817
	PARAMOUNT BED HOLDINGS CO., LTD.	30,100	998,460	1,205,187
	PAREXEL INTERNATIONAL CORPORATION	24,864	1,663,374	1,634,062
	PARK24 CO., LTD.	28,200	901,494	766,442
	PARKER-HANNIFIN CORPORATION	68,593	7,687,424	9,603,020
	PARKWAY, INC.	24,162	549,686	537,605
	PARTNERS GROUP HOLDING AG	5,054	1,176,344	2,373,219
	PAYLOCITY HOLDING CORPORATION	59,945	2,178,071	1,798,949
	PAYPAL HOLDINGS, INC.	134,500	5,228,983	5,308,715
	PBF ENERGY INC.	28,100	755,830	783,428
	PCCW LIMITED	1,728,000	1,112,639	936,084
	PDF SOLUTIONS, INC.	113,800	1,829,559	2,566,190
	PEBBLEBROOK HOTEL TRUST	15,500	400,886	461,125
	PEGASYSTEMS INC.	86,122	1,588,416	3,100,392

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	PEGATRON CORPORATION	733,000	\$ 1,967,307	\$ 1,751,249
	PENNYMAC MORTGAGE INVESTMENT TRUST	92,900	1,939,060	1,520,773
*	PENSKE AUTOMOTIVE GROUP, INC.	36,700	1,724,976	1,902,528
	PENTAIR PLC	85,350	5,056,417	4,785,575
	PERRIGO COMPANY	22,800	3,332,982	1,897,644
	PETRA DIAMONDS LIMITED	313,600	539,826	607,212
	PETROLEO BRASILEIRO S.A. - A.D.R.	276,180	2,960,476	2,792,180
	PFIZER INC.	295,600	5,922,342	9,601,088
	PHH CORPORATION	47,100	1,007,322	714,036
	PHIBRO ANIMAL HEALTH CORPORATION	75,371	1,807,086	2,208,370
	PHILLIPS 66	109,500	8,991,921	9,461,895
	PHYSICIANS REALTY TRUST	33,240	696,136	630,230
	PICC PROPERTY AND CASUALTY COMPANY LIMITED	1,098,000	2,035,420	1,710,768
	PICK'N PAY STORES LTD.	219,473	1,069,936	1,022,656
	PIEDMONT OFFICE REALTY TRUST, INC.	127,300	2,308,040	2,661,843
	PILGRIM'S PRIDE CORPORATION	52,500	825,677	996,975
	PING AN INSURANCE GROUP COMPANY	1,606,000	9,854,543	8,037,095
	PINNACLE FOODS INC.	29,700	1,499,411	1,587,465
	PIONEER NATURAL RESOURCES COMPANY	65,756	9,531,721	11,840,683
	PLANET FITNESS, INC.	84,407	1,520,767	1,696,581
	PLANTRONICS, INC.	24,001	946,546	1,314,295
	PLATFORM SPECIALTY PRODUCTS CORPORATION	175,047	2,586,729	1,717,211
	PLATINUM GROUP METALS LTD.	28,115	135,111	40,672
	PLAYTECH PLC	59,880	636,873	611,163
	POLA ORBIS HOLDINGS INC.	9,900	688,693	819,094
	POLSKI KONCERN NAFTOWY ORLEN S.A.	43,377	624,127	886,390
	POPULAR, INC.	62,833	1,957,437	2,753,342
	PORTLAND GENERAL ELECTRIC COMPANY	71,020	2,393,758	3,077,297
	PORTOLA PHARMACEUTICALS, INC.	17,376	478,573	389,917
	POSCO	4,531	838,599	965,999
	POU CHEN CORPORATION	434,000	592,113	541,339
	POWER INTEGRATIONS, INC.	37,235	1,097,989	2,526,395
	POWERTECH TECHNOLOGY INC.	208,000	451,412	561,482
	POWSZECHNY ZAKLAD UBEZPIECZEN S.A.	121,330	1,304,839	965,280
	PPG INDUSTRIES, INC.	75,400	7,931,572	7,144,904
	PRA GROUP, INC.	100,047	2,586,556	3,911,838
	PREMIER FOODS PLC	92,956	1,912,771	53,698
	PREMIER, INC.	148,050	4,807,237	4,494,798
	PRESIDENT CHAIN STORE CORPORATION	161,000	1,282,903	1,153,961
	PRICELINE.COM INCORPORATED	6,717	7,215,874	9,847,525
	PRICESMART, INC.	800	63,860	66,800
	PRIMA MEAT PACKERS, LTD.	443,000	1,166,441	1,580,040
	PRIMARY HEALTH CARE LIMITED	266,400	1,149,555	787,033
	PRINCIPAL FINANCIAL GROUP, INC.	36,100	987,611	2,088,746
	PROOFPOINT, INC.	12,312	761,249	869,843
	PROS HOLDINGS, INC.	87,627	2,019,287	1,885,733
	PROSEGUR COMPANIA DE SEGURIDAD S.A.	73,340	524,661	459,491
	PROTO LABS, INC.	66,818	3,679,168	3,431,104
	PROVIDENT FINANCIAL PLC	18,751	655,336	660,104
	PRUDENTIAL PLC	466,330	8,053,144	9,377,991
	PT BANK CENTRAL ASIA, TBK	3,234,400	3,504,630	3,721,137
	PT BANK RAKYAT INDONESIA PERSERO TBK	767,600	695,891	665,184
	PTC THERAPEUTICS, INC.	22,350	756,726	243,839
	PTT EXPLORATION AND PRODUCTION PUBLIC COMPANY LIMITED	246,700	580,717	663,070
	PTT GLOBAL CHEMICAL PUBLIC COMPANY LIMITED	71,900	710,707	746,898
	PUBLIC BANK BERHAD	159,900	737,809	702,904
	PUBLIC SERVICE ENTERPRISE GROUP, INC.	143,600	4,555,827	6,301,168
	PVH CORP.	29,050	3,151,079	2,621,472
	QANTAS AIRWAYS LIMITED	584,084	1,749,825	1,408,374
	QEP RESOURCES, INC.	307,286	5,314,171	5,657,135
	QIAGEN N.V.	46,888	1,299,406	1,313,802
	QINETIQ GROUP PLC	480,100	1,401,491	1,559,023
	QINHUANGDAO PORT CO., LTD.	199,500	100,005	45,802
	QORVO, INC.	72,848	4,659,603	3,841,275
	QUAD/GRAPHICS, INC.	64	1,753	1,720
	QUALCOMM, INC.	90,018	5,371,546	5,869,174
	QUANTA COMPUTER INC.	306,000	578,675	572,522
	QUEST DIAGNOSTICS INCORPORATED	171,000	10,589,279	15,714,900
	QUINTILES TRANSNATIONAL HOLDINGS INC.	42,971	2,919,599	3,267,945
	R.R. DONNELLEY & SONS COMPANY	40,933	1,771,239	668,027
	RADIAN GROUP INC.	135,071	1,694,574	2,428,577
	RANDSTAD HOLDING N.V.	19,028	1,036,030	1,034,196
	RANK GROUP PLC	50,230	125,259	121,030
	RAYMOND JAMES FINANCIAL, INC.	61,482	3,421,135	4,258,858
*	RAYTHEON COMPANY	72,500	4,057,815	10,295,000
	REAL INDUSTRY, INC.	164,054	1,001,691	1,000,729
	REALOGY HOLDINGS CORP.	62,800	1,550,571	1,615,844
	RECKITT BENCKISER, PLC	165,740	14,444,982	14,102,296
	RECORDATI SPA	19,014	521,345	539,881
	RED HAT, INC.	195,385	12,025,428	13,618,335

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<u>NOTES</u>	<u>IDENTITY OF ISSUE</u>	<u>NUMBER OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
	REDROW PLC	124,400	\$ 862,050	\$ 659,437
	REGAL-BELOIT CORPORATION	32,510	2,332,030	2,251,318
	REGENERON PHARMACEUTICALS, INC.	8,377	4,067,071	3,075,113
	REGIONS FINANCIAL CORPORATION	735,125	8,665,410	10,556,395
	REINSURANCE GROUP OF AMERICA, INCORPORATED	44,625	4,019,436	5,615,164
	RELIANCE INDUSTRIES LIMITED	329,598	4,828,227	5,256,474
	RELIANCE STEEL & ALUMINUM CO.	86,300	5,409,768	6,864,302
	RELX PLC	105,814	938,158	1,784,601
	RENAULT REGIE NATIONALE DES USINES S.A.	44,100	2,070,771	3,930,938
	RENISHAW PLC	14,800	503,616	462,311
	RENTECH, INC. - WARRANTS	18,800	-	18,800
	REPSOL S.A.	129,500	47,846	48,080
	REPSOL YPF S.A.	129,500	3,034,040	1,833,039
	RESOLUTE ENERGY CORPORATION	2,100	79,800	86,499
	RESONA HOLDINGS, INC.	713,000	3,651,463	3,664,796
	RHEINMETALL AG	41,200	2,033,754	2,776,819
	RICHTER GEDEON	24,269	457,243	514,664
	RIETER HOLDING AG	7,125	1,157,512	1,241,538
	RINGCENTRAL, INC.	118,950	2,323,629	2,450,370
	RIO TINTO LIMITED	142,471	5,493,888	6,179,479
	RITCHIE BROS. AUCTIONEERS, INC.	75,311	1,532,301	2,560,574
	RMB HOLDINGS LIMITED	111,499	528,793	541,392
	ROBINSON DEPARTMENT STORE PUBLIC COMPANY LIMITED	258,100	461,087	457,669
	ROCHE HOLDINGS AG	50,096	10,589,211	11,464,879
	ROSS STORES, INC.	183,711	8,215,086	12,051,442
	ROYAL CARIBBEAN CRUISES LTD.	73,744	4,521,468	6,049,958
	ROYAL DUTCH SHELL PLC	231,461	6,294,599	6,343,809
	ROYAL DUTCH SHELL PLC - CLASS A	182,191	11,249,121	9,907,547
	ROYAL DUTCH SHELL PLC - CLASS B	521,340	12,984,121	15,164,321
	ROYAL MAIL PLC	191,700	1,222,633	1,094,595
	RUBIS SCA	6,604	497,516	545,613
	RUBY TUESDAY, INC.	85,100	621,835	274,873
	RUMO LOGISTICA OPERADORA MULTIMODAL S.A.	289,915	1,122,727	546,925
	RUSH ENTERPRISES, INC.	106,900	2,927,944	3,410,110
*	RYDER SYSTEM, INC.	28,500	1,866,587	2,121,540
	S&P GLOBAL INC.	60,866	5,870,008	6,545,530
	SAFARICOM, LTD.	2,061,346	319,566	385,233
	SAINSBURY LTD.	843,700	3,638,293	2,598,997
	SALESFORCE.COM, INC.	80,526	2,673,750	5,512,810
	SAMSUNG ELECTRONICS	19,059	18,846,005	28,435,447
	SAMSUNG FIRE & MARINE INSURANCE CO., LTD.	20,893	3,848,310	4,644,621
	SAMSUNG SDI	18,112	2,033,471	1,634,549
	SANKYU, INC.	340,000	1,607,919	2,060,959
	SANLAM LIFE INSURANCE LIMITED	172,476	822,779	793,327
	SANOFI-AVENTIS	156,045	13,237,376	12,656,853
	SAP SE	66,862	4,116,177	5,839,984
	SAWAI PHARMACEUTICAL CO., LTD.	19,100	1,124,349	1,028,405
	SBA COMMUNICATIONS CORP.	64,632	6,655,693	6,673,900
	SBERBANK OF RUSSIA - A.D.R.	263,381	2,816,382	2,990,033
	SBERBANK OF RUSSIA PJSC	952,972	1,569,804	2,704,657
	SCHLUMBERGER LIMITED	16,880	1,482,065	1,417,076
	SCHNEIDER ELECTRIC SE	211,713	16,027,926	14,762,646
	SCOR SE	67,400	1,705,107	2,333,890
	SCSK CORPORATION	18,500	508,451	648,733
	SEAGATE TECHNOLOGY PLC	209,850	5,076,041	8,009,975
	SEAWORLD ENTERTAINMENT, INC.	24,160	455,183	457,349
	SEB S.A.	3,560	344,281	483,445
	SECURITAS AB	44,400	507,188	700,852
	SEI INVESTMENTS COMPANY	91,467	4,442,329	4,514,811
	SELECT INCOME REIT	70,348	1,907,600	1,772,770
	SELECT MEDICAL HOLDINGS CORPORATION	142,139	1,671,451	1,883,342
	SEMBCORP INDUSTRIES LIMITED	282,900	1,098,244	558,085
	SEMEN INDONESIA	142,788	158,526	97,241
	SENIOR HOUSING PROPERTIES TRUST	194,755	3,217,075	3,686,712
	SERITAGE GROWTH PROPERTIES	7,000	304,172	298,970
*	SERVICEMASTER GLOBAL HOLDINGS, INC.	101,700	3,685,680	3,831,039
	SEVEN GROUP HOLDINGS LIMITED	77,800	737,624	441,666
	SGS S.A.	4,396	8,951,276	8,961,984
	SHANGHAI PHARMACEUTICALS HOLDING CO., LTD.	250,500	728,217	574,462
	SHENZHOU INTERNATIONAL GROUP HOLDINGS LIMITED	117,000	742,459	740,196
	SHIMAMURA CO., LTD.	4,100	490,148	512,874
	SHINDENGEN ELECTRIC MANUFACTURING CO., LTD.	189,000	980,708	704,891
	SHINHAN FINANCIAL GROUP CO., LTD. - A.D.R.	81,043	2,899,654	3,036,262
	SHIONOGI & CO., LTD.	55,300	2,210,747	2,654,647
	SHIP FINANCE INTERNATIONAL LIMITED	25,900	433,990	384,615
	SHIRE PLC	54,803	2,997,226	3,171,880
	SHIRE PLC - DEPOSITARY RECEIPTS	30,051	6,516,209	5,120,089
	SHOPRITE HOLDINGS LIMITED	615,096	8,656,748	7,712,202
	SIEMENS AG	17,300	1,912,693	2,131,270
	SIGNATURE BANK	64,397	6,971,456	9,672,429

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*	SIGNET JEWELERS LIMITED	34,375	\$ 3,885,933	\$ 3,240,188
	SILGAN HOLDINGS, INC.	39,400	877,393	2,016,492
	SILICON MOTION TECHNOLOGY CORPORATION	28,630	1,243,982	1,216,202
	SIME DARBY BERHAD	309,700	612,642	559,200
	SINA CORPORATION	13,540	615,624	823,097
	SINCLAIR BROADCAST GROUP, INC.	62,800	1,783,560	2,094,380
	SINOPEC SHANGHAI PETROCHEMICAL COMPANY LIMITED	986,000	508,585	534,131
	SINOPHARM GROUP COMPANY LIMITED	129,600	569,088	534,069
	SIX FLAGS ENTERTAINMENT CORPORATION	120,020	4,615,276	7,196,399
	SK INNOVATION CO., LTD.	7,287	831,602	883,876
	SK TELECOM	39,928	7,971,856	7,405,097
	SKANDINAVISKA ENSKILDA BANKEN	298,100	1,749,332	3,135,356
	SKF AB	111,572	2,097,673	2,058,370
	SKY NETWORK TELEVISION LIMITED	277,600	1,395,378	880,746
	SKY PERFECT JSAT HOLDINGS INC.	313,600	1,757,368	1,446,537
	SKYWORTH DIGITAL HOLDINGS LIMITED	2,324,000	1,035,083	1,324,891
	SLM CORPORATION	195,370	1,263,088	2,152,977
	SM ENERGY COMPANY	46,900	1,793,479	1,617,112
	SM PRIME	1,392,300	746,915	794,000
	SMARTONE TELECOMMUNICATIONS HOLDINGS LIMITED	634,000	914,722	852,077
	SMURFIT KAPPA GROUP PLC	92,000	1,120,732	2,114,921
	SNAP-ON INCORPORATED	26,250	4,155,668	4,495,838
	SOCIETE GENERALE	37,800	3,271,812	1,863,702
*	SODEXO S.A.	15,047	1,588,835	1,733,094
	SOFTBANK GROUP CORP.	41,600	2,686,939	2,769,529
	SOHU.COM INC.	12,150	571,560	411,764
	SO-NET M3, INC.	19,800	327,175	499,944
	SONIC AUTOMOTIVE, INC.	97,200	2,292,453	2,225,880
	SOUTH STATE CORPORATION	15,076	1,144,176	1,317,642
	SPARK NEW ZEALAND LTD.	236,260	621,319	561,777
	SPICERS LIMITED	284,400	748,653	5,560
	SPIRAX-SARCO ENGINEERING PLC	16,807	846,599	868,915
	SPIRIT AIRLINES, INC.	20,386	999,525	1,179,534
	SPLUNK, INC.	48,012	2,081,129	2,455,814
	SPS COMMERCE, INC.	55,953	1,543,400	3,910,555
	SS&C TECHNOLOGIES HOLDINGS, INC.	17,645	536,542	504,647
	SSE PLC	240,362	5,645,911	4,612,461
	ST. SHINE OPTICAL CO., LTD.	17,000	429,409	324,397
	STADA ARZNEIMITTEL AG	15,800	802,327	819,670
	STAMPS.COM INC.	10,468	1,022,225	1,200,156
	STANDARD BANK GROUP, LTD.	61,643	683,248	684,046
	STANLEY BLACK & DECKER, INC.	38,950	3,721,584	4,467,176
	STAPLES, INC.	527,731	6,845,790	4,775,966
	STAR TRIBUNE HOLDINGS CORPORATION	9,966	1	1
	STARBUCKS CORPORATION	102,756	4,495,007	5,705,013
	STARWOOD PROPERTY TRUST, INC.	42,770	901,802	938,802
*	STATE STREET BANK & TRUST CO.	85,667	4,748,714	6,658,039
	STATOIL	71,100	1,942,815	1,308,391
	STEINHOFF INTERNATIONAL HOLDINGS N.V.	154,363	824,060	804,607
	STERIS PLC	46,089	3,362,671	3,105,938
	STERLING BANCORP	83,194	1,478,723	1,946,740
	STEVEN MADDEN, LTD.	44,566	1,701,195	1,593,235
	STRATASYS LTD.	73,437	3,286,303	1,214,648
	SUBSEA 7 S.A.	45,428	525,220	576,842
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	372,800	13,548,846	14,255,481
	SUMITOMO OSAKA CEMENT CO., LTD.	378,300	1,534,744	1,430,362
	SUMMIT HOTEL PROPERTIES, INC.	80,270	1,135,596	1,286,728
	SUN PHARMACEUTICAL INDUSTRIES LIMITED	241,057	762,914	2,237,600
	SUNCOR ENERGY INC.	83,836	2,729,447	2,744,417
	SUNNY OPTICAL TECHNOLOGY GROUP COMPANY LIMITED	302,000	649,134	1,322,417
	SUNSTONE HOTEL INVESTORS, INC.	128,966	1,157,424	1,966,732
	SUNTRUST BANK	41,100	2,010,000	2,254,335
*	SUPERVALU INC.	167,500	1,478,848	782,225
	SWEDBANK AB	287,182	6,037,091	6,964,115
	SWIFT TRANSPORTATION COMPANY	65,375	1,061,530	1,592,535
	SWISS LIFE HOLDING	14,700	2,319,103	4,168,387
	SWISS RE LTD.	51,000	3,495,247	4,842,328
	SYMANTEC CORPORATION	61,200	1,279,916	1,462,068
	SYNCHRONY FINANCIAL	170,775	5,415,473	6,194,009
	SYSMEX CORPORATION	114,800	6,315,975	6,663,489
	TAILORED BRANDS, INC.	69,375	3,099,326	1,772,531
	TAISEI CORPORATION	183,000	1,159,206	1,283,440
	TAIWAN SEMICONDUCTOR MANUFACTURING COMPANY LTD.	3,060,299	8,684,604	17,234,300
	TAIWAN SEMICONDUCTOR MANUFACTURING COMPANY LTD. - DEPOSITARY RECEIPTS	599,877	13,403,336	17,246,464
	TALANX AG	52,600	1,884,783	1,762,595
	TATA CONSULTANCY SERVICES	136,897	4,865,674	4,771,426
	TATA MOTORS LIMITED	24,523	927,039	843,346
	TATNEFT PAO	25,985	944,765	1,071,102
	TE CONNECTIVITY LTD.	53,000	3,346,849	3,671,840
	TECH DATA CORPORATION	32,900	1,496,729	2,785,972

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	TECHNICOLOR S.A.	64,306	\$ 495,269	\$ 348,630
	TECHNIP S.A.	19,061	1,370,424	1,363,292
	TECNICAS REUNIDAS	19,800	884,137	813,747
	TEGNA INC.	78,800	1,797,439	1,685,532
	TELEDYNE TECHNOLOGIES INCORPORATED	14,955	637,925	1,839,465
	TELEFLEX INCORPORATED	12,602	2,000,893	2,030,812
	TELESITES S.A.B. DE C.V.	270,728	166,682	147,707
	TELIA COMPANY AB	243,900	1,848,751	985,577
	TEMP HOLDINGS CO., LTD.	34,900	405,178	542,493
	TENAGA NASIONAL BERHAD	351,100	1,199,901	1,087,893
	TENCENT HOLDINGS LIMITED	909,600	12,644,630	22,255,615
	TENCENT HOLDINGS LIMITED - A.D.R.	322,374	5,537,985	7,887,847
	TERADATA CORPORATION	63,400	1,583,649	1,722,578
	TERNIUM S.A.	23,349	503,210	563,878
	TESARO, INC.	9,638	382,539	1,296,118
	TESLA MOTORS, INC.	13,380	2,306,789	2,859,172
	TESORO CORPORATION	36,400	3,013,359	3,183,180
	TETRA TECH, INC.	48,830	1,343,288	2,107,015
	TEVA PHARMACEUTICAL INDUSTRIES LIMITED	35,500	2,090,189	1,275,681
	TEXAS INSTRUMENTS, INC.	68,223	2,382,603	4,978,232
	TEXAS ROADHOUSE, INC.	30,943	1,447,035	1,492,690
	TEXTRON INC.	49,400	1,600,620	2,398,864
	T-GAIA CORPORATION	37,500	525,018	611,845
	THAI BEVERAGE PUBLIC COMPANY	2,798,458	564,346	1,646,494
	THAI OIL PUBLIC COMPANY LIMITED	264,400	551,259	533,444
	THALES S.A.	43,212	3,753,079	4,199,088
	THE ADVISORY BOARD COMPANY	65,320	3,366,212	2,171,890
	THE AES CORPORATION	497,300	6,552,631	5,778,626
	THE ALLSTATE CORPORATION	182,500	7,330,387	13,526,900
*	THE BANK OF NEW YORK MELLON CORPORATION	244,500	6,169,721	11,584,410
	THE BANK OF N.T. BUTTERFIELD & SON LIMITED	19,100	452,139	600,504
	THE BIDVEST GROUP LIMITED	134,332	2,525,383	1,780,452
	THE BOEING COMPANY	39,081	3,124,117	6,084,130
	THE CATO CORPORATION	9,200	277,158	276,736
*	THE CHARLES SCHWAB CORPORATION	71,800	2,848,173	2,833,946
	THE CHEESECAKE FACTORY INCORPORATED	35,665	517,968	2,135,620
	THE CHILDREN'S PLACE, INC.	7,900	593,669	797,505
	THE COCA-COLA COMPANY	159,000	6,728,098	6,592,140
	THE COOPER COMPANIES, INC.	30,106	5,002,481	5,266,443
	THE DOW CHEMICAL COMPANY	140,000	7,005,628	8,010,800
	THE DUN & BRADSTREET CORPORATION	21,600	2,693,496	2,620,512
	THE EQUITY BANK KENYA LIMITED	1,771,530	763,927	518,648
	THE GEO GROUP, INC.	128,394	4,068,135	4,613,196
	THE GEO GROUP, INC. - WARRANTS	56,900	662,398	664,447
	THE GOLDMAN SACHS GROUP, INC.	69,424	10,410,795	16,623,577
*	THE GOODYEAR TIRE & RUBBER COMPANY	105,926	3,444,435	3,269,936
	THE GREENBRIER COMPANIES, INC.	46,630	1,379,618	1,937,477
	THE HOWARD HUGHES CORPORATION	23,360	2,067,400	2,665,376
	THE INTERPUBLIC GROUP OF COMPANIES, INC.	166,100	3,214,491	3,888,401
*	THE KROGER CO.	52,200	599,320	1,801,422
	THE MIDDLEBY CORPORATION	45,172	4,515,602	5,818,605
	THE PEOPLE'S INSURANCE COMPANY (GROUP) OF CHINA LIMITED	1,141,000	562,466	450,328
	THE PROCTER & GAMBLE COMPANY	84,305	7,115,244	7,088,364
	THE SAGE GROUP PLC	169,946	1,443,899	1,375,459
	THE SHERWIN-WILLIAMS COMPANY	12,530	3,020,404	3,367,312
	THE SIAM CEMENT PUBLIC COMPANY LIMITED	43,900	629,536	610,497
	THE SPAR GROUP LTD.	94,355	1,327,483	1,370,166
	THE TIMKEN COMPANY	54,280	1,324,815	2,154,916
	THE TJX COMPANIES, INC.	138,276	9,276,324	10,388,676
	THE TRADE DESK, INC.	1,200	29,600	33,204
	THE ULTIMATE SOFTWARE GROUP, INC.	23,922	1,498,856	4,362,177
	THE UNITED LABORATORIES INTERNATIONAL HOLDINGS LIMITED	1,212,000	526,910	825,388
	THE WALT DISNEY COMPANY	16,459	745,767	1,715,357
	THERMO FISHER SCIENTIFIC INC.	40,712	6,123,839	5,744,463
	TIANHE CHEMICALS GROUP LIMITED	6,470,000	1,392,856	976,364
	TIETO OYJ	28,800	667,413	787,367
	TIGER BRANDS LIMITED	22,025	504,979	640,746
	TILE SHOP HOLDINGS, INC.	110,595	1,868,701	2,162,132
	TIME WARNER INC.	153,337	13,506,832	14,801,621
	TINGYI (CAYMAN ISLANDS) HOLDING CORP.	1,118,000	2,297,086	1,359,801
	TITANIUM ASSET MANAGEMENT CORP. - CLASS S	142,300	-	34,152
	TNT EXPRESS N.V.	600,502	3,074,078	2,591,789
	TOHO HOLDINGS CO., LTD.	72,100	1,311,018	1,441,567
	TOKAI RIKA CO., LTD.	105,900	2,236,576	2,129,168
	TOKIO MARINE HOLDINGS, INC.	81,100	3,423,083	3,334,810
	TORONTO-DOMINION BANK	119,592	5,158,762	5,905,359
	TOTAL S.A.	430,021	21,740,566	22,097,670
	TOTVS S.A.	42,429	327,779	313,391
	TOWA PHARMACEUTICAL CO., LTD.	21,000	912,064	824,624
	TOWER SEMICONDUCTOR LTD.	79,465	1,306,944	1,512,219

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
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<u>NOTES</u>	<u>IDENTITY OF ISSUE</u>	<u>NUMBER OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
	TOYO TIRE & RUBBER CO., LIMITED	73,300	\$ 345,247	\$ 914,404
	TRACTOR SUPPLY COMPANY	76,700	5,891,276	5,814,627
	TRANSDIGM GROUP, INC.	14,460	1,585,232	3,599,962
	TRI POINTE GROUP, INC.	176,900	2,195,711	2,030,812
	TRIMAS CORPORATION	25,250	437,027	593,375
	TRITON INTERNATIONAL LIMITED	39,000	1,386,987	616,200
	TRIUMPH GROUP, INC.	20,900	1,354,188	553,850
	TSINGTAO BREWERY COMPANY LIMITED	36,000	228,362	136,048
	TSUBAKIMOTO CHAIN CO.	132,000	972,572	1,075,149
	TSUMURA & CO.	29,000	817,124	800,617
	TSURUHA HOLDINGS INC.	9,900	532,568	942,170
	TUI AG	97,827	1,813,350	1,373,882
	TULLOW OIL PLC	337,809	4,750,252	1,305,253
	TURKIYE GARANTI BANKASI AS	1,408,188	4,240,620	3,050,487
	TUTOR PERINI CORPORATION	160,500	3,057,089	4,494,000
	TWO HARBORS INVESTMENT CORP.	182,100	1,756,816	1,587,912
	TYSON FOODS, INC.	121,900	5,693,766	7,518,792
	U.S. PHYSICAL THERAPY, INC.	28,173	1,876,900	1,977,745
	UBM PLC	103,757	991,573	937,837
	UBS GROUP AG	620,249	10,340,916	9,724,809
	ULKER BISKUVI SANAYI AS	65,414	424,349	300,515
	ULTA SALON, COSMETICS & FRAGRANCE, INC.	36,733	4,665,444	9,364,711
	ULTRAGENYX PHARMACEUTICAL INC.	11,228	849,719	789,441
	ULTRAPAR HOLDINGS INC.	4,744	91,832	98,391
	ULTRAPAR PARTICIPACOES S.A.	24,476	340,702	514,758
	ULTRATECH CEMENT LIMITED	18,270	899,129	874,925
	UMPQUA HOLDINGS CORPORATION	124,910	1,896,998	2,345,810
*	UNILEVER N.V.	173,600	7,700,358	7,128,016
*	UNILEVER PLC	12,847	518,400	522,664
	UNIPER SE	8,760	98,435	121,177
	UNITED COMMUNITY BANKS, INC.	135,913	2,592,759	4,025,743
	UNITED CONTINENTAL HOLDINGS, INC.	82,490	4,071,085	6,011,871
	UNITED NATURAL FOODS, INC.	80,020	2,421,758	3,818,554
	UNITED RENTALS, INC.	30,075	2,697,094	3,175,319
	UNITED THERAPEUTICS CORPORATION	8,500	814,922	1,219,155
	UNIVERSAL DISPLAY CORPORATION	41,628	2,357,932	2,343,656
	UNIVERSAL HEALTH SERVICES, INC.	9,520	1,103,900	1,012,738
	UNIVERSAL ROBINA CORPORATION	467,690	1,912,832	1,538,191
	UPL LIMITED	59,418	549,520	566,428
	UPM-KYMMENE CORPORATION	111,500	2,099,121	2,744,892
*	USG CORPORATION	35,800	1,002,378	1,033,904
	VAIL RESORTS, INC.	8,447	1,369,870	1,362,586
	VALEO S.A.	75,084	2,483,473	4,324,831
	VALERO ENERGY CORPORATION	67,700	1,381,258	4,625,264
	VALIDUS HOLDINGS, LTD.	66,500	1,827,559	3,658,165
	VALLEY NATIONAL BANCORP	212,010	2,106,668	2,467,796
*	VALVOLINE INC.	51,440	1,030,658	1,105,960
	VANTIV, INC.	215,486	8,890,063	12,847,275
	VECTRUS, INC.	3,555	46,659	84,787
	VEEVA SYSTEMS INC.	150,932	4,597,710	6,142,932
	VERINT SYSTEMS, INC.	50,245	1,416,094	1,771,136
	VERISK ANALYTICS, INC.	72,700	5,300,772	5,901,059
	VERIZON COMMUNICATIONS	198,700	8,128,187	10,606,606
	VERTEX PHARMACEUTICALS INCORPORATED	14,950	1,110,317	1,101,367
	VESUVIUS PLC	182,500	791,557	891,426
	VIACOM, INC.	35,600	1,604,455	1,249,560
	VICINITY CENTRES RE LTD.	215,195	497,363	465,910
	VICTREX PLC	23,820	517,969	568,355
	VIETNAM DAIRY PRODUCTS JOINT STOCK COMPANY	332,450	2,052,108	1,833,744
	VINCI S.A.	67,348	4,701,736	4,595,984
	VISA, INC.	225,149	12,677,287	17,566,125
	VISHAY INTERTECHNOLOGY, INC.	135,600	1,723,418	2,196,720
	VODACOM GROUP LIMITED	61,365	678,991	683,878
	VODAFONE GROUP PLC	1,896,514	8,260,836	4,683,340
	VOESTALPINE AG	76,200	2,173,374	2,997,070
	VOLKSWAGEN AG	110,892	20,555,050	15,994,736
	VOLTAS LIMITED	89,875	508,546	434,676
	VOYA FINANCIAL, INC.	264,225	6,414,745	10,362,905
*	VULCAN MATERIALS COMPANY	56,518	5,745,249	7,073,228
	VWR CORPORATION	208,125	5,388,950	5,209,369
*	WAGeworks, INC.	45,452	2,437,522	3,295,270
	WALGREENS BOOTS ALLIANCE, INC.	108,200	10,458,807	8,954,632
	WAL-MART DE MEXICO S.A.B. DE C.V.	3,278,140	7,755,299	5,895,449
	WAL-MART STORES, INC.	93,575	7,223,771	6,467,904
	WASHINGTON FEDERAL, INC.	5,700	135,385	195,795
	WASTE CONNECTIONS, INC.	50,579	3,348,752	3,975,004
	WASTE MANAGEMENT, INC.	159,300	6,195,332	11,295,963
	WATTS WATER TECHNOLOGIES, INC.	27,610	1,597,784	1,800,172
	WEBSTER FINANCIAL CORPORATION	53,587	1,907,194	2,908,702
	WEIBO CORPORATION	1,529	74,478	62,077

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<u>NOTES</u>	<u>IDENTITY OF ISSUE</u>	<u>NUMBER OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
*	WEICHAJ POWER CO., LTD.	461,000	\$ 519,736	\$ 709,949
	WESCO INTERNATIONAL, INC.	15,048	900,044	1,001,444
	WEST CHINA CEMENT LIMITED	855,276	304,032	95,973
	WESTAMERICA BANCORPORATION	21,650	1,055,634	1,362,435
	WESTERN ALLIANCE BANCORPORATION	19,631	962,056	956,226
	WESTERN DIGITAL CORP.	54,200	1,558,608	3,682,890
	WESTFIELD CORPORATION	478,882	3,407,250	3,252,594
	WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORPORATION	56,096	4,238,005	4,657,090
	WESTPORTS HOLDINGS BERHAD	448,102	421,516	429,523
	WESTROCK COMPANY	60,701	3,068,134	3,081,790
	WEX INC.	10,572	753,368	1,179,835
	WGL HOLDINGS, INC.	14,103	774,662	1,075,777
	WH GROUP LIMITED	4,712,000	3,565,010	3,810,611
	WH SMITH PLC	32,503	778,196	625,729
	WHIRLPOOL CORP.	21,500	1,483,837	3,908,055
	WHITING PETROLEUM CORPORATION	104,000	925,499	1,250,080
	WILLIS TOWERS WATSON PUBLIC LIMITED COMPANY	42,923	5,327,721	5,248,624
	WILMAR INTERNATIONAL LIMITED	452,600	1,122,454	1,124,686
	WINGSTOP INC.	37,296	1,085,989	1,103,589
	WINTRUST FINANCIAL CORP.	23,919	857,067	1,735,802
	WIRECARD AG	14,039	712,511	605,484
	WISDOMTREE INVESTMENTS, INC.	178,929	2,453,812	1,993,269
	WISTRON CORPORATION	810,088	524,537	627,128
	WIX.COM LTD.	27,831	1,177,539	1,239,871
*	WOLSELEY PLC	48,551	2,797,300	2,976,805
	WOODWARD, INC.	31,601	1,920,767	2,182,049
	WOORI BANK	66,409	507,352	701,039
	WORKDAY, INC.	40,570	2,666,490	2,681,271
	WORLD FUEL SERVICES CORP.	17,900	639,883	821,789
	WPP PLC	125,350	2,788,633	2,812,779
	WPX ENERGY, INC.	425,541	4,905,451	6,200,132
	WYNDHAM WORLDWIDE CORPORATION	20,800	1,475,449	1,588,496
	WYNN RESORTS LTD.	42,716	4,095,972	3,695,361
	X5 RETAIL GROUP N.V.	36,510	1,123,427	1,184,750
	XEROX CORP.	338,300	3,770,792	2,953,359
	XINAO GAS HOLDINGS LIMITED	178,000	1,037,601	732,373
	XINYI SOLAR HOLDINGS LIMITED	1,154,000	487,098	375,084
	XL GROUP LTD.	81,800	2,815,355	3,047,868
	YAMAHA MOTOR CO., LTD.	75,700	1,244,269	1,670,612
	YANDEX N.V.	347,324	5,729,422	6,991,632
	YAPI VE KREDI BANKASI AS	395,171	654,317	385,330
	YARA INTERNATIONAL	67,200	3,347,270	2,654,368
	YES BANK LIMITED	57,800	716,577	984,865
	YOKOHAMA RUBBER COMPANY, LIMITED	115,700	2,075,739	2,079,198
	YUHAN CORPORATION	1,783	468,899	294,510
	ZEBRA TECHNOLOGIES CORPORATION	9,418	805,189	807,688
	ZELTIQ AESTHETICS, INC.	57,374	1,904,402	2,496,916
	ZENKOKU HOSHO CO., LTD.	14,200	501,894	457,161
	ZILLOW GROUP, INC. - CLASS C	25,989	731,723	947,819
	ZOETIS INC.	179,843	8,595,324	9,626,996
	ZTE CORPORATION	1,113,920	2,044,724	1,936,715
	ZURICH INSURANCE GROUP AG	41,594	8,895,293	11,475,336
	TOTAL COMMON STOCK		<u>4,091,992,975</u>	<u>4,643,842,114</u>
	TOTAL EQUITY SECURITIES		\$ <u>4,130,087,154</u>	\$ <u>4,683,176,671</u>

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
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 SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
 COLLECTIVE INVESTMENT FUNDS
 DECEMBER 31, 2016

<u>NOTES</u>	<u>IDENTITY OF ISSUE</u>	<u>NUMBER OF UNITS</u>	<u>COST</u>	<u>CURRENT VALUE</u>
<u>COLLECTIVE INVESTMENT EQUITY FUNDS</u>				
*	MELLON CAPITAL MANAGEMENT EB DAILY VALUED INTERNATIONAL STOCK INDEX FUND	2,033,326	\$ 593,648,987	\$ 768,612,542
*	MELLON CAPITAL MANAGEMENT EB DAILY VALUED STOCK INDEX FUND	1,294,286	<u>2,034,449,286</u>	<u>4,022,607,209</u>
	TOTAL COMMINGLED EQUITY FUNDS		<u>2,628,098,273</u>	<u>4,791,219,751</u>
<u>COLLECTIVE INVESTMENT CASH EQUIVALENT FUND</u>				
*	MELLON CAPITAL MANAGEMENT EB TEMPORARY INVESTMENT FUND	186,145,643	<u>186,145,643</u>	<u>186,145,643</u>
	TOTAL COLLECTIVE INVESTMENT FUNDS		\$ <u>2,814,243,916</u>	\$ <u>4,977,365,394</u>

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
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 SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
 OTHER INVESTMENTS
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NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
NON-U.S. GOVERNMENT SECURITIES							
	ABU DHABI	05/03/2026	3.120 %	USD	280,000	\$ 293,440	\$ 274,761
	AFRICAN DEVELOPMENT BANK	11/02/2018	1.000	USD	1,000,000	996,900	991,500
	ANGOLA	11/12/2025	9.500	USD	883,000	796,832	852,342
	ARGENTINA	03/06/2017	0.150	USD	675,000	669,279	669,279
	ARGENTINA	03/05/2018	22.750	ARS	11,716,139	786,469	804,397
	ARGENTINA	09/19/2018	21.200	ARS	1,042,000	69,010	70,915
	ARGENTINA	04/22/2021	6.870	USD	1,640,000	1,678,343	1,746,600
	ARGENTINA	06/10/2021	7.130	USD	223,000	223,000	229,133
	ARGENTINA	10/03/2021	18.200	ARS	100,704,000	6,831,009	6,774,653
	ARGENTINA	10/17/2023	16.000	ARS	2,585,935	170,664	162,264
	ARGENTINA	05/19/2024	8.380	USD	267,000	263,556	275,010
	ARGENTINA	04/22/2026	7.500	USD	1,642,000	1,685,419	1,724,100
	ARGENTINA	10/17/2026	15.500	ARS	1,285,743	84,890	81,004
	ARGENTINA	12/31/2033	8.280	USD	1,647,685	1,700,485	1,756,624
	ARGENTINA	12/31/2038	2.500	USD	1,934,000	1,112,687	1,189,410
	AUSTRIA	03/12/2019	1.620	USD	1,000,000	1,014,280	999,860
	AZERBAIJAN	03/13/2023	4.750	USD	358,000	322,870	347,529
	AZERBAIJAN	03/18/2024	4.750	USD	309,000	307,710	306,683
	AZERBAIJAN	03/18/2030	6.950	USD	574,000	587,991	599,285
	BAHRAIN	10/12/2028	7.000	USD	402,000	405,290	410,683
	BELARUS	01/26/2018	8.950	USD	954,000	933,516	983,765
	BRAZIL	01/01/2019	1.620	BRL	27,469,000	5,524,153	6,852,548
	BRAZIL	01/01/2020	1.570	BRL	9,167,000	1,981,259	2,050,440
	BRAZIL	07/01/2020	1.660	BRL	1,631,000	327,855	344,987
	BRAZIL	01/01/2021	10.000	BRL	17,802,000	4,952,243	5,265,384
	BRAZIL	01/22/2021	4.870	USD	707,000	735,485	728,210
	BRAZIL	06/09/2021	9.950	USD	398,000	393,081	448,745
	BRAZIL	01/01/2023	10.000	BRL	22,614,000	6,182,146	6,541,874
	BRAZIL	01/05/2023	2.620	USD	1,195,000	942,419	1,063,550
	BRAZIL	03/16/2024	9.120	USD	278,000	274,500	302,464
	BRAZIL	04/15/2024	8.870	USD	118,000	156,570	141,718
	BRAZIL	01/01/2025	10.000	BRL	8,628,000	1,905,802	2,465,912
	BRAZIL	01/07/2025	4.250	USD	989,000	876,206	924,715
	BRAZIL	04/07/2026	6.000	USD	267,000	280,350	276,345
	BRAZIL	01/01/2027	10.000	BRL	42,571,000	11,936,902	11,614,248
	BRAZIL	01/20/2034	8.250	USD	107,000	157,673	123,606
	BRAZIL	01/20/2037	7.120	USD	187,000	261,086	194,948
	BRAZIL	01/07/2041	5.620	USD	155,000	151,507	137,904
	BRAZIL	01/27/2045	5.000	USD	1,634,000	1,323,157	1,325,501
	BRAZIL	02/21/2047	5.620	USD	217,000	209,327	190,418
	BRAZIL	08/15/2050	6.000	BRL	74,200	655,294	701,889
	BULGARIA	03/26/2035	3.120	EUR	245,000	247,530	257,122
	CAMEROON	11/19/2025	9.500	USD	524,000	498,015	563,331
	CANADA	09/27/2018	2.000	USD	450,000	453,024	453,528
	CANADA	10/03/2018	1.500	USD	1,000,000	996,520	1,002,460
	CANADA	05/30/2019	1.750	USD	1,000,000	985,360	1,000,590
	CANADA	10/07/2019	4.000	USD	1,450,000	1,551,103	1,532,012
	CANADA	05/21/2020	1.870	USD	1,000,000	996,320	996,730
	CANADA	07/29/2020	3.500	USD	1,000,000	1,073,600	1,054,000
	CANADA	04/01/2022	8.750	USD	500,000	685,900	643,160
	CANADA	09/15/2029	7.500	USD	500,000	678,775	700,600
	CANADA	09/01/2036	7.250	USD	500,000	631,985	746,550
	CHILE	08/05/2020	3.870	USD	150,000	157,725	157,853
	CHILE	03/01/2021	4.500	CLP	55,000,000	85,069	85,606
	CHILE	03/27/2025	3.120	USD	750,000	746,250	742,800
	CHILE	03/01/2026	4.500	CLP	95,000,000	146,938	146,858
	COLOMBIA	11/21/2018	5.000	COP	409,000,000	133,975	133,431
	COLOMBIA	02/25/2020	11.750	USD	1,286,000	1,718,240	1,635,792
	COLOMBIA	07/24/2020	11.000	COP	3,653,800,000	1,380,309	1,383,850
	COLOMBIA	05/04/2022	7.000	COP	13,626,300,000	4,443,767	4,604,279
	COLOMBIA	02/26/2024	4.000	USD	298,000	297,847	300,980
	COLOMBIA	05/21/2024	8.120	USD	314,000	474,831	392,500
	COLOMBIA	07/24/2024	10.000	COP	4,585,800,000	1,765,679	1,803,240
	COLOMBIA	01/28/2026	4.500	USD	1,000,000	1,026,990	1,030,000
	COLOMBIA	08/26/2026	7.500	COP	2,014,500,000	710,389	689,440
	COLOMBIA	04/28/2028	6.000	COP	680,900,000	155,681	204,823
	COLOMBIA	09/18/2030	7.750	COP	4,176,700,000	1,448,854	1,442,467
	COLOMBIA	09/18/2037	7.370	USD	255,000	318,973	309,825
	COLOMBIA	01/18/2041	6.120	USD	543,000	596,836	586,440
	COLOMBIA	02/26/2044	5.620	USD	896,000	904,259	922,880
	COLOMBIA	06/15/2045	5.000	USD	3,069,000	3,116,615	2,911,714
	COSTA RICA	01/26/2023	4.250	USD	203,000	190,564	185,238
	COSTA RICA	04/30/2025	4.370	USD	200,000	180,600	177,484
	COSTA RICA	05/15/2043	6.370	USD	200,000	167,180	156,000
	COSTA RICA	04/04/2044	7.000	USD	621,000	616,883	567,513
	COSTA RICA	03/12/2045	7.150	USD	536,000	533,407	496,658
	CROATIA	11/05/2019	6.750	USD	190,000	211,542	206,150
	CROATIA	07/14/2020	6.620	USD	546,000	606,969	593,862
	CROATIA	03/24/2021	6.370	USD	1,797,000	1,960,389	1,954,238
	CROATIA	04/04/2023	5.500	USD	384,000	395,520	405,166
	CROATIA	01/26/2024	6.000	USD	540,000	568,569	585,225
	DOMINICAN REPUBLIC	05/06/2021	7.500	USD	500,000	568,833	542,670
	DOMINICAN REPUBLIC	01/28/2024	6.800	USD	208,000	225,888	216,840
	DOMINICAN REPUBLIC	04/18/2024	5.870	USD	433,000	431,199	434,108
	DOMINICAN REPUBLIC	01/27/2025	5.500	USD	1,061,000	1,064,971	1,023,080
	DOMINICAN REPUBLIC	01/29/2026	6.870	USD	797,000	884,523	828,537
	DOMINICAN REPUBLIC	04/20/2027	8.625	USD	220,000	273,108	247,203
	DOMINICAN REPUBLIC	04/30/2044	7.450	USD	835,000	856,220	843,350
	DOMINICAN REPUBLIC	01/27/2045	6.850	USD	1,216,000	1,226,792	1,148,779
	DUBAI	01/30/2043	5.250	USD	654,000	607,506	591,955
	ECUADOR	03/24/2020	10.500	USD	6,231,000	5,857,666	6,698,325
	ECUADOR	03/28/2022	10.750	USD	1,077,000	1,089,908	1,168,545
	ECUADOR	06/20/2024	7.950	USD	1,876,000	1,542,609	1,791,580
	ECUADOR	12/13/2026	9.650	USD	643,000	643,000	657,468
	EGYPT	06/11/2025	5.875	USD	340,000	336,838	308,428
	EGYPT	04/30/2040	6.870	USD	142,000	140,395	123,310
	EL SALVADOR	12/01/2019	7.370	USD	137,000	152,550	141,453
	EL SALVADOR	01/24/2023	7.750	USD	148,000	170,385	153,485
	EL SALVADOR	01/30/2025	5.870	USD	271,000	274,719	247,984
	EL SALVADOR	01/18/2027	6.370	USD	160,000	161,025	147,200
	EL SALVADOR	04/10/2032	8.250	USD	103,000	112,438	104,030
	EL SALVADOR	06/15/2035	7.650	USD	81,000	80,393	75,128
	EL SALVADOR	02/01/2041	7.620	USD	150,000	150,240	136,125
	ETHIOPIA	12/11/2024	6.820	USD	1,261,000	1,219,454	1,157,119
	GABON	12/12/2024	6.370	USD	1,824,000	1,787,042	1,694,350
	GEORGIA	04/12/2021	6.870	USD	277,000	301,902	301,570

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NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	GERMANY	09/17/2018	1.870 %	USD	1,500,000	\$ 1,524,720	\$ 1,512,480
	GHANA	03/23/2020	21.000	GHS	190,000	45,732	45,216
	GHANA	11/23/2020	24.000	GHS	190,000	49,165	48,870
	GHANA	07/19/2021	24.750	GHS	1,350,000	360,367	371,157
	GHANA	09/15/2022	9.250	USD	660,000	668,100	705,547
	GUATEMALA	05/03/2026	4.500	USD	266,000	263,888	256,025
	GUATEMALA	02/13/2028	4.870	USD	457,000	456,450	441,032
	HUNGARY	10/30/2019	2.000	HUF	333,200,000	1,205,601	1,176,149
	HUNGARY	01/29/2020	6.250	USD	378,000	427,780	413,438
	HUNGARY	01/30/2020	ZERO	USD	200,000	198,588	205,102
	HUNGARY	06/24/2020	3.500	HUF	21,080,000	78,925	77,673
	HUNGARY	11/12/2020	7.500	HUF	36,990,000	163,802	155,750
	HUNGARY	10/27/2021	2.500	HUF	54,700,000	205,769	193,876
	HUNGARY	06/24/2022	7.000	HUF	94,530,000	418,796	408,035
	HUNGARY	02/21/2023	5.370	USD	2,060,000	2,255,970	2,232,731
	HUNGARY	11/22/2023	5.750	USD	648,000	729,044	718,470
	HUNGARY	03/25/2024	5.370	USD	800,000	827,444	872,000
	HUNGARY	06/26/2024	3.000	HUF	285,210,000	997,971	992,572
	HUNGARY	06/24/2025	5.500	HUF	428,970,000	1,798,039	1,752,429
	HUNGARY	03/29/2041	7.620	USD	836,000	1,229,475	1,168,101
	INDONESIA	01/17/2018	6.870	USD	349,000	392,690	367,091
	INDONESIA	03/04/2019	11.620	USD	267,000	351,471	319,304
	INDONESIA	03/13/2020	5.870	USD	231,000	265,650	252,112
	INDONESIA	05/05/2021	4.870	USD	279,000	297,553	295,352
	INDONESIA	07/15/2021	8.250	IDR	11,579,000,000	902,116	880,508
	INDONESIA	05/15/2022	7.000	IDR	1,423,000,000	104,802	102,420
	INDONESIA	05/15/2023	5.520	IDR	4,232,000,000	412,433	279,502
	INDONESIA	03/15/2024	8.370	IDR	24,142,000,000	1,926,543	1,832,259
	INDONESIA	01/15/2025	4.120	USD	206,000	205,257	204,113
	INDONESIA	09/15/2025	11.000	IDR	800,000,000	70,172	70,329
	INDONESIA	09/15/2026	8.370	IDR	41,374,000,000	3,279,960	3,153,902
	INDONESIA	05/15/2027	7.000	IDR	5,428,000,000	363,767	380,734
	INDONESIA	06/14/2028	3.750	EUR	200,000	247,089	214,469
	INDONESIA	03/15/2029	9.000	IDR	37,701,000,000	2,946,317	2,949,468
	INDONESIA	08/15/2030	10.500	IDR	6,364,000,000	550,953	556,853
	INDONESIA	05/15/2031	8.750	IDR	32,756,000,000	2,551,541	2,533,429
	INDONESIA	06/15/2032	8.250	IDR	11,664,000,000	1,377,977	860,304
	INDONESIA	05/15/2033	6.620	IDR	13,955,000,000	1,467,128	880,217
	INDONESIA	03/15/2034	8.370	IDR	24,225,000,000	1,833,417	1,807,091
	INDONESIA	05/15/2036	8.250	IDR	11,894,000,000	912,642	887,246
	INDONESIA	02/17/2037	6.625	USD	978,000	1,212,048	1,130,901
	INDONESIA	01/17/2038	7.750	USD	123,000	178,904	157,843
	INDONESIA	01/15/2045	5.120	USD	305,000	289,709	304,316
	INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT	10/05/2018	1.000	USD	1,500,000	1,500,886	1,492,575
	INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT	08/15/2019	0.870	USD	1,500,000	1,490,080	1,468,155
	INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT	08/10/2020	1.120	USD	500,000	498,310	487,870
	INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT	11/01/2020	2.120	USD	1,000,000	1,039,410	1,010,710
	INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT	06/24/2021	2.250	USD	2,500,000	2,576,665	2,516,750
	INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT	09/20/2021	1.370	USD	470,000	471,354	455,153
	INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT	02/10/2022	1.620	USD	1,750,000	1,728,590	1,701,543
	INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT	10/07/2022	1.870	USD	410,000	409,656	400,976
	INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT	07/29/2025	2.500	USD	800,000	810,138	793,432
	INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT	01/15/2028	5.800	USD	852,000	707,121	707,121
	IRAQ	03/26/2019	5.120	USD	500,000	565,500	537,050
	ISRAEL	01/30/2043	4.500	USD	500,000	507,500	498,500
	ITALY	09/27/2023	6.870	USD	900,000	1,075,998	1,047,897
	IVORY COAST	07/23/2024	5.370	USD	392,000	367,200	377,273
	IVORY COAST	03/03/2028	6.370	USD	970,000	1,009,555	945,032
	IVORY COAST	12/31/2032	5.750	USD	2,726,360	2,532,865	2,519,784
	JAMAICA	03/15/2039	8.000	USD	165,000	188,235	182,386
	JAMAICA	07/28/2045	7.870	USD	600,000	599,600	651,522
	JAPAN	02/10/2025	2.120	USD	800,000	790,307	758,272
	JORDAN	01/31/2027	5.750	USD	415,000	402,740	393,213
	KAZAKHSTAN	07/21/2025	5.120	USD	460,000	460,230	491,468
	KAZAKHSTAN	10/14/2044	4.870	USD	543,000	487,883	518,142
	KAZAKHSTAN	07/21/2045	6.500	USD	400,000	396,200	458,000
	KENYA	06/24/2019	5.875	USD	224,000	224,000	228,899
	KENYA	06/24/2024	6.870	USD	1,281,000	1,270,527	1,207,840
	LEBANON	11/12/2018	5.150	USD	85,000	86,404	84,108
	LEBANON	11/28/2019	5.450	USD	865,000	849,478	842,510
	LEBANON	03/09/2020	6.370	USD	339,000	356,382	339,495
	LEBANON	04/12/2021	8.250	USD	393,000	446,606	416,108
	LEBANON	10/04/2022	6.100	USD	392,000	402,182	379,252
	LEBANON	01/27/2023	6.000	USD	1,124,000	1,138,345	1,080,591
	LEBANON	04/22/2024	6.650	USD	411,000	413,055	402,681
	LEBANON	02/26/2025	6.200	USD	180,000	174,825	170,330
	LEBANON	11/27/2026	6.600	USD	758,000	771,722	727,892
	LEBANON	11/29/2027	6.750	USD	180,000	180,355	173,621
	LEBANON	02/26/2030	6.650	USD	431,000	421,303	412,646
	MALAYSIA	02/07/2018	4.240	MYR	1,517,000	336,942	341,157
	MALAYSIA	09/28/2018	3.580	MYR	5,660,000	1,254,680	1,260,271
	MALAYSIA	11/29/2019	4.370	MYR	2,000,000	497,317	454,873
	MALAYSIA	03/31/2020	3.490	MYR	695,000	155,727	154,110
	MALAYSIA	07/31/2020	3.880	MYR	715,000	187,357	160,418
	MALAYSIA	10/15/2020	3.650	MYR	365,000	94,069	81,306
	MALAYSIA	07/06/2021	4.640	USD	400,000	443,144	427,844
	MALAYSIA	07/15/2021	4.160	MYR	1,565,000	405,539	354,755
	MALAYSIA	09/30/2021	4.040	MYR	2,230,000	568,579	499,019
	MALAYSIA	08/15/2022	3.410	MYR	1,966,000	469,049	423,680
	MALAYSIA	09/30/2022	3.790	MYR	1,770,000	445,992	388,354
	MALAYSIA	03/15/2023	3.480	MYR	95,000	20,771	20,317
	MALAYSIA	07/07/2023	4.390	MYR	2,270,000	545,710	514,064
	MALAYSIA	08/17/2023	3.800	MYR	3,405,000	827,614	745,267
	MALAYSIA	07/15/2024	4.180	MYR	1,115,000	259,423	246,236
	MALAYSIA	09/15/2025	3.950	MYR	655,000	159,519	141,590
	MALAYSIA	04/15/2026	4.390	MYR	1,096,000	278,671	243,484
	MALAYSIA	09/30/2026	4.070	MYR	673,000	177,716	146,351
	MALAYSIA	11/30/2026	3.900	MYR	114,000	28,024	24,719
	MALAYSIA	04/15/2030	4.490	MYR	5,992,000	1,686,182	1,302,476
	MALAYSIA	04/15/2033	3.840	MYR	13,000	2,935	2,573
	MALAYSIA	05/31/2035	4.250	MYR	812,000	196,392	171,128
	MEXICO	06/13/2019	4.000	MXN	65,264,764	2,116,057	3,299,537
	MEXICO	12/11/2019	5.000	MXN	11,400,504	534,282	525,064
	MEXICO	12/30/2019	8.120	USD	1,250,000	1,633,675	1,462,500
	MEXICO	06/11/2020	8.000	MXN	16,226,400	947,176	810,584
	MEXICO	06/10/2021	6.500	MXN	136,068,300	7,054,455	6,440,483
	MEXICO	03/15/2022	3.620	USD	750,000	790,725	751,500
	MEXICO	10/02/2023	4.000	USD	1,090,000	1,094,055	1,092,616

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	MEXICO	12/07/2023	8.000 %	MXN	42,046,900	\$ 2,610,204	\$ 2,117,071
	MEXICO	12/05/2024	10.000	MXN	28,310,400	1,756,635	1,590,240
	MEXICO	01/30/2025	3.600	USD	1,500,000	1,449,225	1,446,000
	MEXICO	01/21/2026	4.120	USD	647,000	649,659	641,824
	MEXICO	03/05/2026	5.750	MXN	4,663,700	198,391	200,861
	MEXICO	06/03/2027	7.500	MXN	5,185,600	298,717	250,509
	MEXICO	05/31/2029	8.500	MXN	2,109,400	138,952	108,905
	MEXICO	05/29/2031	7.750	MXN	11,132,000	605,930	539,353
	MEXICO	11/23/2034	7.750	MXN	3,757,300	219,478	180,781
	MEXICO	10/12/2039	5.750	USD	700,000	746,822	645,750
	MEXICO	01/11/2040	6.050	USD	147,000	175,491	158,981
	MEXICO	03/08/2044	4.750	USD	1,154,000	1,161,136	1,049,332
	MEXICO	01/21/2045	5.550	USD	184,000	201,369	188,140
	MEXICO	01/23/2046	4.600	USD	1,242,000	1,160,447	1,114,695
	MEXICO	01/15/2047	4.350	USD	593,000	591,429	508,498
	MEXICO	03/15/2115	4.000	EUR	130,000	125,742	114,824
	MONGOLIA	12/05/2022	5.120	USD	675,000	600,211	575,453
	MOROCCO	12/11/2022	4.250	USD	606,000	626,573	617,659
	MOROCCO	12/11/2042	5.500	USD	350,000	361,882	355,481
	NAMIBIA	10/29/2025	5.250	USD	200,000	177,350	195,820
	NIGERIA	07/20/2017	12.000	NGN	58,014,000	152,327	155,359
	OMAN	06/15/2026	4.750	USD	521,000	527,045	503,484
	PAKISTAN	06/01/2017	6.870	USD	317,000	330,461	321,280
	PAKISTAN	04/15/2019	7.250	USD	554,000	587,933	586,355
	PAKISTAN	12/03/2019	6.750	USD	432,000	447,120	456,689
	PAKISTAN	10/13/2021	5.500	USD	318,000	324,917	322,742
	PAKISTAN	04/15/2024	8.250	USD	368,000	409,152	399,175
	PAKISTAN	09/30/2025	8.250	USD	340,000	346,545	371,367
	PANAMA	09/22/2024	4.000	USD	1,209,000	1,305,440	1,230,158
	PANAMA	09/30/2027	8.870	USD	675,000	1,077,806	926,438
	PANAMA	04/01/2029	9.370	USD	496,000	841,630	699,360
	PANAMA	01/26/2036	6.700	USD	934,000	1,209,887	1,133,409
	PANAMA	04/29/2053	4.300	USD	355,000	317,313	317,725
	PARAGUAY	01/25/2023	4.620	USD	473,000	477,161	477,276
	PERU	03/15/2019	6.120	USD	262,000	294,484	281,991
	PERU	08/12/2024	1.730	PEN	1,006,000	304,833	296,024
	PERU	08/12/2024	5.700	PEN	360,000	112,022	105,933
	PERU	09/10/2024	4.350	USD	341,000	341,000	342,296
	PERU	05/28/2025	4.320	USD	200,000	197,100	199,240
	PERU	07/21/2025	7.350	USD	524,000	689,726	672,816
	PERU	03/29/2026	4.550	USD	340,000	346,970	341,326
	PERU	08/12/2026	2.490	PEN	1,557,000	535,744	522,938
	PERU	08/12/2026	8.200	PEN	100,000	36,978	33,586
	PERU	08/25/2027	4.120	USD	1,000,000	968,900	1,038,750
	PERU	08/12/2028	1.930	PEN	787,000	229,438	231,116
	PERU	08/12/2028	6.350	PEN	761,000	228,234	223,481
	PERU	08/12/2031	2.110	PEN	1,455,000	464,014	442,304
	PERU	08/12/2031	6.950	PEN	595,000	188,570	180,873
	PERU	11/21/2033	8.750	USD	1,107,000	1,808,499	1,616,220
	PERU	03/14/2037	6.550	USD	625,000	802,644	784,688
	PERU	08/12/2037	2.100	PEN	907,000	293,322	269,312
	PERU	08/12/2037	6.900	PEN	280,000	142,023	86,108
	PERU	02/12/2042	6.850	PEN	1,250,000	608,531	359,816
	PERU	11/18/2050	5.620	USD	961,000	1,093,720	1,088,333
	PHILIPPINES	01/15/2021	0.090	PHP	7,000,000	164,241	140,810
	PHILIPPINES	01/15/2021	4.000	USD	767,000	841,198	815,773
	PHILIPPINES	11/26/2022	0.070	PHP	20,000,000	443,140	370,128
	PHILIPPINES	01/21/2024	4.200	USD	1,667,000	1,797,556	1,792,025
	PHILIPPINES	03/16/2025	10.620	USD	157,000	252,725	241,059
	PHILIPPINES	02/02/2030	9.500	USD	812,000	1,332,626	1,279,469
	PHILIPPINES	01/14/2031	7.750	USD	326,000	475,792	458,269
	PHILIPPINES	10/23/2034	6.370	USD	289,000	388,854	375,908
	PHILIPPINES	01/14/2036	0.120	PHP	14,000,000	356,864	302,330
	PHILIPPINES	01/13/2037	5.000	USD	1,000,000	1,153,000	1,128,420
	PHILIPPINES	01/20/2040	3.950	USD	350,000	358,480	344,579
	PHILIPPINES	03/01/2041	3.700	USD	500,000	543,100	478,785
	POLAND	07/15/2019	6.370	USD	1,000,000	1,128,382	1,111,000
	POLAND	04/25/2020	1.500	PLN	750,000	185,456	173,724
	POLAND	10/25/2020	5.250	PLN	1,240,000	347,993	324,474
	POLAND	04/25/2021	2.000	PLN	95,000	24,153	22,005
	POLAND	07/25/2021	1.750	PLN	2,040,000	502,658	465,589
	POLAND	10/25/2021	5.750	PLN	1,250,000	387,782	337,332
	POLAND	03/23/2022	5.000	USD	171,000	188,227	186,279
	POLAND	04/25/2022	2.250	PLN	1,645,000	380,456	378,512
	POLAND	03/17/2023	3.000	USD	103,000	101,551	100,940
	POLAND	10/25/2023	4.000	PLN	2,025,000	520,810	504,516
	POLAND	01/22/2024	4.000	USD	1,876,000	1,981,556	1,918,698
	POLAND	07/25/2025	3.250	PLN	8,737,000	2,392,581	2,053,989
	POLAND	07/25/2026	2.500	PLN	2,840,000	718,497	618,101
	POLAND	07/25/2027	2.500	PLN	910,000	220,993	195,438
	ROMANIA	02/07/2022	6.750	USD	1,012,000	1,197,831	1,152,213
	ROMANIA	08/22/2023	4.370	USD	876,000	918,920	901,404
	ROMANIA	01/22/2024	4.870	USD	148,000	159,691	156,537
	ROMANIA	01/22/2044	6.120	USD	60,000	70,726	70,035
	RUSSIA	02/27/2019	7.500	RUB	11,448,000	195,511	185,394
	RUSSIA	05/15/2019	6.700	RUB	18,870,000	280,534	299,540
	RUSSIA	12/11/2019	6.800	RUB	21,919,000	475,062	346,144
	RUSSIA	05/27/2020	6.400	RUB	12,556,000	218,846	194,853
	RUSSIA	04/14/2021	7.600	RUB	31,906,000	694,820	512,723
	RUSSIA	08/18/2021	7.500	RUB	76,875,000	1,157,460	1,230,630
	RUSSIA	07/20/2022	7.600	RUB	4,434,000	116,436	70,956
	RUSSIA	01/25/2023	7.000	RUB	36,426,000	809,820	562,408
	RUSSIA	08/16/2023	7.000	RUB	23,185,000	340,003	356,468
	RUSSIA	09/16/2023	4.870	USD	1,200,000	1,248,229	1,264,104
	RUSSIA	09/16/2026	7.750	RUB	99,695,000	1,517,880	1,574,003
	RUSSIA	02/03/2027	8.150	RUB	17,118,000	286,195	279,301
	RUSSIA	01/19/2028	7.050	RUB	88,776,000	1,242,849	1,329,531
	RUSSIA	03/13/2030	7.500	USD	93,625	110,076	112,725
	RUSSIA	09/17/2031	8.500	RUB	78,620,000	1,166,511	1,296,403
	RUSSIA	04/04/2042	5.620	USD	2,000,000	1,958,395	2,150,744
	SAUDI ARABIA	10/26/2046	4.500	USD	200,000	190,540	191,566
	SENEGAL	05/13/2021	8.750	USD	184,000	206,990	205,320
	SENEGAL	07/30/2024	6.250	USD	331,000	330,835	329,702
	SERBIA	12/03/2018	5.870	USD	224,000	237,630	234,249
	SERBIA	02/25/2020	4.870	USD	324,000	331,880	329,190
	SERBIA	09/28/2021	7.250	USD	831,000	936,927	926,565
	SOUTH AFRICA	05/27/2019	6.870	USD	243,000	278,803	262,051
	SOUTH AFRICA	01/15/2020	7.250	ZAR	15,715,000	1,070,521	1,121,769

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NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	SOUTH AFRICA	03/09/2020	5.500 %	USD	422,000	\$ 487,810	\$ 446,814
	SOUTH AFRICA	03/31/2021	6.750	ZAR	10,180,000	695,534	703,823
	SOUTH AFRICA	05/30/2022	5.870	USD	427,000	485,499	464,909
	SOUTH AFRICA	02/28/2023	7.750	ZAR	27,675,000	2,215,386	1,939,982
	SOUTH AFRICA	09/16/2025	5.870	USD	1,412,000	1,577,710	1,506,533
	SOUTH AFRICA	04/14/2026	4.870	USD	674,000	683,133	670,630
	SOUTH AFRICA	12/21/2026	10.500	ZAR	40,015,721	3,115,508	3,226,364
	SOUTH AFRICA	10/12/2028	4.300	USD	634,000	634,000	588,035
	SOUTH AFRICA	01/31/2030	8.000	ZAR	18,500,000	1,269,952	1,217,311
	SOUTH AFRICA	02/28/2031	7.000	ZAR	45,775,000	3,221,133	2,738,185
	SOUTH AFRICA	03/31/2032	8.250	ZAR	19,430,000	1,563,027	1,278,225
	SOUTH AFRICA	02/28/2035	8.870	ZAR	3,080,000	207,340	211,368
	SOUTH AFRICA	03/31/2036	6.250	ZAR	6,086,741	440,966	317,212
	SOUTH AFRICA	01/31/2037	8.500	ZAR	21,540,000	1,444,739	1,415,084
	SOUTH AFRICA	01/31/2040	9.000	ZAR	18,820,000	1,258,975	1,291,330
	SOUTH AFRICA	02/28/2041	6.500	ZAR	7,052,171	358,400	366,909
	SOUTH AFRICA	01/31/2044	8.750	ZAR	15,320,000	971,176	1,024,508
	SOUTH AFRICA	07/24/2044	5.370	USD	759,000	807,954	746,856
	SOUTH AFRICA	10/12/2046	5.000	USD	352,000	339,680	325,776
	SOUTH AFRICA	02/28/2048	8.750	ZAR	29,095,000	2,199,948	1,942,950
	SOUTH KOREA	08/22/2018	2.870	USD	500,000	506,953	509,200
	SOUTH KOREA	04/16/2019	7.120	USD	500,000	579,625	559,700
	SOUTH KOREA	01/21/2020	2.250	USD	1,000,000	1,011,860	994,100
	SOUTH KOREA	05/10/2021	2.500	USD	1,000,000	1,025,820	987,190
	SRI LANKA	10/04/2020	6.250	USD	976,000	1,063,610	1,000,410
	SRI LANKA	06/03/2025	6.125	USD	327,000	327,000	307,642
	SRI LANKA	07/18/2026	6.920	USD	490,000	505,350	481,959
	SURINAME	10/26/2026	9.250	USD	200,000	196,100	195,772
	THAILAND	06/13/2019	3.870	THB	11,250,000	334,995	329,577
	THAILAND	07/14/2021	1.200	THB	28,617,866	940,495	778,737
	THAILAND	06/16/2023	3.620	THB	39,080,000	1,271,518	1,163,885
	THAILAND	12/12/2025	3.850	THB	15,287,000	471,196	466,575
	THAILAND	12/17/2026	2.120	THB	9,080,000	262,155	241,307
	THAILAND	03/12/2028	1.250	THB	32,835,866	854,946	843,937
	THAILAND	06/22/2029	4.870	THB	7,705,000	277,698	254,157
	THAILAND	06/17/2036	3.400	THB	30,400,000	986,451	855,090
	THAILAND	06/29/2044	4.670	THB	4,588,000	156,232	155,861
	TRINIDAD AND TOBAGO	01/16/2024	4.370	USD	276,000	302,220	273,088
	TRINIDAD AND TOBAGO	08/04/2026	4.500	USD	368,000	368,000	361,240
	TURKEY	07/14/2017	7.500	USD	252,000	279,430	259,074
	TURKEY	04/03/2018	6.750	USD	331,000	400,356	345,415
	TURKEY	11/14/2018	8.800	TRY	1,555,000	509,409	430,459
	TURKEY	03/11/2019	7.000	USD	154,000	173,758	163,625
	TURKEY	07/10/2019	8.500	TRY	1,410,000	454,128	384,006
	TURKEY	11/07/2019	7.500	USD	133,000	168,744	144,638
	TURKEY	06/05/2020	7.000	USD	63,000	80,010	67,644
	TURKEY	07/08/2020	9.400	TRY	11,967,000	3,989,790	3,272,758
	TURKEY	02/17/2021	10.700	TRY	11,679,000	4,168,351	3,303,561
	TURKEY	03/30/2021	5.620	USD	108,000	117,045	110,743
	TURKEY	07/21/2021	3.000	TRY	1,309,262	461,543	375,925
	TURKEY	01/12/2022	9.500	TRY	1,091,000	586,633	292,476
	TURKEY	02/23/2022	3.000	TRY	3,087,939	1,161,322	890,846
	TURKEY	09/14/2022	8.500	TRY	2,396,600	1,090,021	607,056
	TURKEY	03/08/2023	7.100	TRY	1,779,602	896,764	416,620
	TURKEY	03/23/2023	3.250	USD	200,000	192,016	177,250
	TURKEY	09/27/2023	8.800	TRY	3,259,000	1,137,573	826,424
	TURKEY	03/20/2024	10.400	TRY	1,693,676	755,310	464,875
	TURKEY	03/22/2024	5.750	USD	255,000	277,831	255,737
	TURKEY	07/24/2024	9.000	TRY	1,190,000	446,148	302,947
	TURKEY	02/05/2025	7.370	USD	227,000	287,575	248,849
	TURKEY	03/12/2025	8.000	TRY	2,600,000	800,171	617,182
	TURKEY	02/11/2026	10.600	TRY	910,000	319,623	251,458
	TURKEY	10/09/2026	4.870	USD	535,000	541,715	494,982
	TURKEY	02/14/2034	8.000	USD	361,000	517,089	411,973
	TURKEY	03/17/2036	6.870	USD	327,000	412,681	336,359
	TURKEY	05/30/2040	6.750	USD	200,000	233,550	201,300
	TURKEY	01/14/2041	6.000	USD	213,000	238,603	197,076
	TURKEY	04/16/2043	4.870	USD	1,753,000	1,647,683	1,412,042
	TURKEY	02/17/2045	6.620	USD	400,000	459,062	397,740
	UKRAINE	09/01/2020	7.750	USD	629,000	613,628	620,232
	UKRAINE	09/01/2021	7.750	USD	260,000	245,050	253,880
	UKRAINE	09/01/2022	7.750	USD	488,000	453,467	472,350
	UKRAINE	09/01/2023	7.750	USD	488,000	340,886	468,480
	UKRAINE	09/01/2024	7.750	USD	368,000	269,396	349,600
	UKRAINE	09/01/2025	7.750	USD	142,000	131,092	133,352
	UKRAINE	09/01/2026	7.750	USD	142,000	130,737	132,841
	UKRAINE	05/31/2040	FLOATING	USD	686,000	306,838	206,404
	URUGUAY	08/14/2024	4.500	USD	383,000	405,438	399,278
	URUGUAY	10/27/2027	4.370	USD	400,000	386,900	401,020
	URUGUAY	01/15/2033	7.870	USD	276,000	375,757	347,443
	URUGUAY	03/21/2036	7.620	USD	243,000	327,690	302,863
	URUGUAY	11/20/2045	4.120	USD	214,000	186,416	176,229
	URUGUAY	06/18/2050	5.100	USD	1,959,289	1,930,057	1,763,360
	VENEZUELA	10/13/2019	7.750	USD	985,000	550,899	546,675
	VENEZUELA	12/09/2020	6.000	USD	272,000	106,947	131,240
	VENEZUELA	08/23/2022	12.750	USD	341,000	164,502	211,420
	VENEZUELA	05/07/2023	9.000	USD	468,600	205,103	221,414
	VENEZUELA	10/13/2024	8.250	USD	823,000	346,055	382,695
	VENEZUELA	04/21/2025	7.650	USD	147,000	57,328	66,885
	VENEZUELA	10/21/2026	11.750	USD	2,752,500	1,354,258	1,555,163
	VENEZUELA	09/15/2027	9.250	USD	358,000	160,374	181,685
	VENEZUELA	05/07/2028	9.250	USD	512,000	198,429	235,520
	VENEZUELA	08/05/2031	11.950	USD	3,459,400	1,679,484	1,928,616
	VENEZUELA	01/13/2034	9.370	USD	156,000	57,351	72,150
	VENEZUELA	03/31/2038	7.000	USD	1,186,000	420,663	498,120
	VIETNAM	01/29/2020	6.750	USD	395,000	439,220	427,880
	VIETNAM	11/19/2024	4.800	USD	395,000	396,975	389,018
	ZAMBIA	04/14/2024	8.500	USD	759,000	748,841	740,458
	ZAMBIA	07/30/2027	8.970	USD	510,000	435,719	503,604
	TOTAL NON-U.S. GOVERNMENT SECURITIES					<u>339,268,292</u>	<u>329,367,980</u>
	<u>SECURITIES PURCHASED UNDER AGREEMENT TO RESELL</u>						
	BANK OF AMERICA CORPORATION	01/03/2017	0.500		10,359,831	10,359,831	10,359,831
	CITIGROUP INC.	01/03/2017	0.510		6,279,968	6,279,968	6,279,968
	DEUTSCHE BANK AG	01/03/2017	0.450		27,730,859	27,730,859	27,730,859
	PROVINCE OF QUEBEC	01/19/2017	0.002		17,000,000	16,991,642	16,991,642

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	THE GOLDMAN SACHS GROUP, INC.	01/03/2017	0.440 %		53,823,314 \$	53,823,314 \$	53,823,314
	TOTAL SECURITIES PURCHASED UNDER AGREEMENT TO RESELL					115,185,614	115,185,614
	<u>GLOBAL LISTED INFRASTRUCTURE</u>						
	ABERTIS INFRAESTRUCTURAS S.A.			618,546		10,280,988	8,673,809
	AENA S.A.			19,312		2,159,367	2,504,136
	AEROPORTS DE PARIS S.A.			21,645		2,135,393	2,324,100
	ALLIANT ENERGY CORPORATION			55,886		1,944,447	2,117,521
	AMERICAN ELECTRIC POWER COMPANY, INC.			72,764		4,562,771	4,581,221
	AMERICAN TOWER CORPORATION			19,033		1,969,194	2,011,407
	ATLANTIA SPA			186,076		4,131,422	4,368,829
	CCR S.A.			1,056,700		4,594,035	5,181,716
	CHINA MERCHANTS HOLDINGS (INTERNATIONAL) COMPANY LIMITED			2,144,000		6,656,714	5,320,490
	COSCO PACIFIC LIMITED			3,446,000		4,612,964	3,462,379
	COSCO PACIFIC LIMITED - DEPOSITARY RECEIPTS			24,000		24,618	24,114
	CROWN CASTLE INTERNATIONAL CORP.			111,619		10,143,789	9,685,181
	DOMINION RESOURCES, INC.			96,603		7,308,411	7,398,824
	EAST JAPAN RAILWAY COMPANY			127,800		11,308,925	11,066,833
	EL PASO ELECTRIC COMPANY			39,987		1,789,693	1,859,396
	ENBRIDGE INC.			171,533		7,124,207	7,226,885
	EVERSOURCE ENERGY			173,812		9,367,380	9,599,637
	FRAPORT FRANKFURT AIRPORT SERVICES WORLDWIDE AG			18,938		1,214,563	1,121,988
	GROUPE EUROTUNNEL S.A.			583,045		6,058,104	5,555,609
	GRUPO AEROPORTUARIO DEL PACIFICO, S.A.B. DE C.V.			251,021		1,992,972	2,077,230
	IBERDROLA, S.A.			329,473		2,202,879	2,166,388
	INFRASTRUTTURE WIRELESS ITALIANE SPA			388,405		1,803,991	1,803,368
	JIANGSU EXPRESSWAY COMPANY LIMITED			2,640,000		3,200,859	3,336,966
	KAMIGUMI CO., LTD.			136,000		1,174,918	1,298,958
	KANSAS CITY SOUTHERN			46,100		4,130,181	3,911,585
	KINDER MORGAN, INC.			368,403		9,595,364	7,629,626
	NATIONAL GRID PLC A.D.R.			718,676		8,554,879	8,450,513
	NEXTERA ENERGY, INC.			74,069		7,873,421	8,848,283
	NISOURCE INC.			33,172		740,237	734,428
	PG&E CORPORATION			213,443		11,517,160	12,970,931
	POWER ASSETS HOLDINGS LIMITED			254,500		2,372,405	2,243,614
	RUBIS S.C.A.			25,463		1,785,129	2,103,717
	SBA COMMUNICATIONS CORPORATION			70,304		7,297,181	7,259,591
	SPECTRA ENERGY CORP.			117,765		4,009,959	4,838,964
	SSE PLC			280,030		6,133,788	5,373,676
	TOKYO GAS CO., LTD.			680,000		3,091,815	3,083,568
	TRANSURBAN GROUP			1,795,440		12,309,233	13,416,806
	UGI CORPORATION			45,511		1,624,543	2,097,147
	UNION PACIFIC CORPORATION			39,703		3,503,026	4,116,407
	UNITED UTILITIES GROUP PLC			290,387		3,868,957	3,232,938
	XCEL ENERGY INC.			167,719		6,382,543	6,826,164
	TOTAL GLOBAL LISTED INFRASTRUCTURE					202,552,405	201,904,943
	<u>REAL ESTATE RELATED INVESTMENTS</u>						
	ALEXANDRIA REAL ESTATE EQUITIES, INC.			13,578		1,322,472	1,508,923
	ALSTRIA OFFICE REIT AG			397,664		5,410,128	4,995,484
	AMERICAN CAMPUS COMMUNITIES, INC.			76,725		3,508,045	3,818,603
	APARTMENT INVESTMENT AND MANAGEMENT COMPANY			133,041		5,369,043	6,046,713
	AVALONBAY COMMUNITIES, INC.			31,041		5,315,132	5,498,913
	BRANDYWINE REALTY TRUST			172,796		2,660,954	2,852,862
	BRIXMOR PROPERTY GROUP INC.			156,367		4,039,346	3,818,482
	BROOKDALE SENIOR LIVING INC.			203,237		2,580,959	2,524,204
	CHARTER HALL GROUP			875,325		3,273,229	3,004,320
	CHEUNG KONG PROPERTY HOLDINGS LIMITED			320,500		2,148,155	1,965,624
	CITY DEVELOPMENTS LIMITED			489,200		2,966,421	2,803,749
	CROWN CASTLE INTERNATIONAL CORP.			49,055		4,431,863	4,256,502
	CUBESMART			86,338		2,406,374	2,311,268
	DCT INDUSTRIAL TRUST INC.			69,275		2,840,931	3,316,887
	DDR CORP.			157,504		2,759,358	2,405,086
	DEUTSCHE WOHNEN AG			160,155		5,036,949	5,040,677
	DEXUS PROPERTY GROUP			539,075		3,623,242	3,755,111
	DIGITAL REALTY TRUST, INC.			41,656		3,823,757	4,093,119
	DUKE REALTY CORPORATION			112,088		2,465,418	2,977,057
	EMPIRE STATE REALTY TRUST, INC.			103,912		1,903,719	2,097,983
	EPR PROPERTIES			19,544		1,399,781	1,402,673
	EQUINIX, INC.			11,070		3,854,648	3,956,529
	EQUITY COMMONWEALTH			94,262		2,627,482	2,850,483
	EQUITY LIFESTYLE PROPERTIES, INC.			33,751		2,479,877	2,433,447
	EQUITY ONE, INC.			99,596		2,810,487	3,056,601
	EQUITY RESIDENTIAL			107,969		6,990,252	6,948,885
	ESSEX PROPERTY TRUST, INC.			8,863		1,979,557	2,060,648
	FIRST INDUSTRIAL REALTY TRUST, INC.			135,848		3,104,193	3,810,536
	GECINA S.A.			25,527		3,577,495	3,539,239
	GENERAL GROWTH PROPERTIES, INC.			143,065		3,829,640	3,573,764
	GOODMAN GROUP			899,857		4,697,628	4,645,811
	GRAINGER PLC			1,705,172		5,496,859	5,010,436
	GRAMERCY PROPERTY TRUST, INC.			225,269		2,024,090	2,067,969
	GREAT PORTLAND ESTATES PLC			393,472		3,148,516	3,250,205
	GREEN REIT PLC			1,515,842		2,487,432	2,193,601
	HCP, INC.			94,589		2,804,268	2,811,185
	HONGKONG LAND HOLDINGS LIMITED			681,739		4,606,395	4,315,408
	HOTEL & RESORTS, INC.			222,547		3,840,344	4,192,785
	KILROY REALTY CORPORATION			31,439		2,205,976	2,301,964
	KIMCO REALTY CORPORATION			53,235		1,454,820	1,339,393
	KLEPIERRE S.A.			49,099		2,257,243	1,933,992
	MACK-CALI REALTY CORPORATION			123,426		2,867,096	3,581,823
	MAPLE TREE COMMERCIAL TRUST			1,988,763		2,111,537	1,920,346
	MERLIN PROPERTIES SOCIMI S.A.			286,102		3,316,915	3,117,244
	MGM GROWTH PROPERTIES LLC			163,948		3,831,797	4,149,524
	NETSCOUT SYSTEMS INC.			345,691		6,933,818	6,898,408
	NETSCOUT SYSTEMS INC.			267,000		6,746,536	6,192,267
	NATIONAL HEALTH INVESTORS, INC.			31,290		2,393,608	2,320,779
	NATIONAL RETAIL PROPERTIES, INC.			77,696		3,710,922	3,434,163
	OLYMPUS REAL ESTATE FUND, L.P.			1		1	1
	ORIX JREIT INC.			806		1,244,719	1,274,978
	PROLOGIS, INC.			84,641		4,036,750	4,468,198
	PUBLIC STORAGE			24,922		5,347,932	5,570,067
	REGENCY CENTERS CORPORATION			45,008		3,178,647	3,103,302
	RETAIL PROPERTIES OF AMERICA, INC.			257,266		4,040,864	3,943,888

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	RIOCAN REAL ESTATE INVESTMENT TRUST		165,700	\$ 3,353,538	\$ 3,290,400
	SCENTRE GROUP LIMITED		1,229,612	4,025,427	4,131,280
	SHAFTESBURY PLC		250,328	3,167,161	2,811,699
	SIMON PROPERTY GROUP, INC.		44,944	7,459,467	7,985,200
	SPIRIT REALTY CAPITAL, INC.		189,743	2,260,125	2,060,609
	STARWOOD OPPORTUNITY FUND IV, L.P.		64,579	64,579	64,579
	STORE CAPITAL CORPORATION		104,504	2,903,711	2,582,294
	SUN HUNG KAI PROPERTIES LIMITED		323,000	4,385,796	4,082,728
	SUNSTONE HOTEL INVESTORS, INC.		229,953	3,008,888	3,506,783
	TAUBMAN CENTERS, INC.		16,453	1,224,240	1,216,370
	THE LINK REAL ESTATE INVESTMENT TRUST		385,500	2,438,482	2,505,975
	THE UNITE GROUP PLC		403,206	3,179,373	3,019,222
	UDR, INC.		89,205	3,119,331	3,254,198
	UNIBAIL-RODAMCO SE		28,277	6,703,338	6,762,856
	UNIBAIL-RODAMCO SE DEPOSITARY RECEIPTS		3,800	996,511	908,825
	UNITED URBAN INVESTMENT CORP.		1,066	1,820,616	1,625,939
	URBAN EDGE PROPERTIES		143,796	3,580,499	3,955,828
	VEREIT, INC.		844,000	794,892	844,000
	VONOVIA SE		102,165	3,454,577	3,330,277
	VORNADO REALTY TRUST		57,003	5,598,364	5,949,403
	WASHINGTON REAL ESTATE INVESTMENT TRUST		109,288	3,333,651	3,572,625
	WELLTOWER INC.		53,949	3,530,187	3,610,807
	WESTFIELD CORPORATION		604,002	4,480,314	4,102,417
	TOTAL REAL ESTATE RELATED INVESTMENTS			260,206,687	261,936,423
	<u>FUTURES CONTRACTS - LONG</u>				
	90 DAY EURODOLLAR		78	-	(63,863)
	90 DAY EURODOLLAR		78	-	(65,613)
	90 DAY EURODOLLAR		78	-	(65,250)
	90 DAY EURODOLLAR		78	-	(5,850)
	90 DAY EURODOLLAR		78	-	(64,988)
	90 DAY EURODOLLAR		78	-	(63,513)
	90 DAY EURODOLLAR		78	-	(62,388)
	90 DAY EURODOLLAR		78	-	(60,438)
	90 DAY EURODOLLAR		108	-	(6,413)
	90 DAY EURODOLLAR		108	-	(62,935)
	90 DAY EURODOLLAR		108	-	(20,047)
	90 DAY EURODOLLAR		108	-	(68,812)
	90 DAY EURODOLLAR		108	-	(38,463)
	90 DAY EURODOLLAR		108	-	248,625
	90 DAY EURODOLLAR		108	-	(52,225)
	90 DAY EURODOLLAR		108	-	(38,888)
	5 YEAR U.S. TREASURY NOTE		413	-	(141,742)
	10 YEAR U.S. TREASURY NOTE		851	-	(111,546)
	FTSE 100 INDEX		12	-	25,689
	HANG SENG INDEX		1	-	2,704
	MSCI SINGAPORE INDEX		6	-	(43)
	SPI 200 INDEX		4	-	7,820
	TOPIX INDEX		11	-	43,886
	U.S. TREASURY BOND		121	-	(87,836)
	U.S. ULTRA TREASURY BOND		202	-	(91,828)
	TOTAL FUTURES CONTRACTS - LONG			-	(843,957)
	<u>FUTURES CONTRACTS - SHORT</u>				
	2 YEAR U.S. TREASURY NOTE		168	-	58,179
	AMSTERDAM INDEX		2	-	(298)
	CAC40 EURO INDEX		9	-	(1,376)
	DAX INDEX		2	-	(316)
	EURO-BUND		1	-	(2,647)
	EURO-BUXL		1	-	(2,658)
	IBEX 35 INDEX		1	-	2,923
	OMX STOCKHOLM 30 INDEX		9	-	(347)
	S & P 500 E-MINI INDEX		2,093	-	456,373
	TOTAL FUTURES CONTRACTS - SHORT			-	509,836
	<u>TOTAL FUTURES CONTRACTS</u>				
				-	(334,121)
	<u>SWAPS-LONG</u>				
	CREDIT DEFAULT SWAP	12/20/2021	1	50,466	46,093
	CREDIT DEFAULT SWAP	12/20/2021	1	2,335,664	2,363,957
	CREDIT DEFAULT SWAP	05/11/2063	1	159,718	180,082
	CROSS-CURRENCY SWAP	03/15/2019	1	-	2,431
	INTEREST RATE SWAP	03/12/2017	1	-	408,258
	INTEREST RATE SWAP	03/20/2017	1	24,841	24,841
	INTEREST RATE SWAP	12/16/2017	1	-	3,386,297
	INTEREST RATE SWAP	03/18/2018	1	-	2,332,678
	INTEREST RATE SWAP	03/22/2018	1	-	1,987,244
	INTEREST RATE SWAP	11/14/2018	1	-	3,337,042
	INTEREST RATE SWAP	11/16/2018	1	-	4,586,054
	INTEREST RATE SWAP	12/11/2018	1	-	538,000
	INTEREST RATE SWAP	12/12/2018	1	-	679,762
	INTEREST RATE SWAP	12/13/2018	1	-	453,220
	INTEREST RATE SWAP	12/17/2018	1	-	165,927
	INTEREST RATE SWAP	01/02/2019	1	-	1,252,587
	INTEREST RATE SWAP	01/02/2019	1	-	2,667,620
	INTEREST RATE SWAP	01/02/2019	1	-	4,628,173
	INTEREST RATE SWAP	01/02/2019	1	-	10,979,038
	INTEREST RATE SWAP	07/10/2020	1	-	2,591,952
	INTEREST RATE SWAP	12/17/2020	1	-	3,821,728
	INTEREST RATE SWAP	01/04/2021	1	-	637,658
	INTEREST RATE SWAP	01/04/2021	1	-	3,652,701
	INTEREST RATE SWAP	06/27/2021	1	-	40,926
	INTEREST RATE SWAP	06/29/2021	1	-	523,859
	INTEREST RATE SWAP	09/16/2021	1	-	205,591
	INTEREST RATE SWAP	09/20/2021	1	-	165,370
	INTEREST RATE SWAP	09/20/2021	1	-	685,309
	INTEREST RATE SWAP	11/23/2021	1	-	2,061,479
	INTEREST RATE SWAP	12/21/2021	1	-	422,356
	INTEREST RATE SWAP	12/21/2021	1	-	754,101
	INTEREST RATE SWAP	12/21/2021	1	-	964,142
	INTEREST RATE SWAP	12/16/2025	1	-	872,475
	INTEREST RATE SWAP	06/27/2026	1	-	285,846
	INTEREST RATE SWAP	06/29/2026	1	-	158,088

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
 EIN: 36-6044243 AND PN: 001
 SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
 OTHER INVESTMENTS
 DECEMBER 31, 2016

NOTES	IDENTITY OF ISSUE	MATURITY	NUMBER OF SHARES	COST	CURRENT VALUE
	INTEREST RATE SWAP	07/07/2026	1	\$ -	\$ 360,435
	INTEREST RATE SWAP	07/08/2026	1	-	190,712
	INTEREST RATE SWAP	11/16/2026	1	-	1,000,000
	INTEREST RATE SWAP	11/28/2026	1	-	985,000
	INTEREST RATE SWAP	12/01/2026	1	-	136,835
	INTEREST RATE SWAP	12/02/2026	1	-	173,774
	INTEREST RATE SWAP	12/03/2026	1	-	116,011
	INTEREST RATE SWAP	12/07/2026	1	-	41,461
	INTEREST RATE SWAP	12/21/2026	1	-	1,391,791
	INTEREST RATE SWAP	03/15/2027	1	-	128,877
	INTEREST RATE SWAP	01/29/2028	1	9,039	9,646
	INTEREST RATE SWAP	01/29/2028	1	9,039	7,945
	INTEREST RATE SWAP	01/29/2028	1	17,881	19,103
	INTEREST RATE SWAP	01/29/2028	1	17,881	16,055
	INTEREST RATE SWAP	01/29/2028	1	-	920,242
	INTEREST RATE SWAP	11/22/2046	1	-	460,000
	TOTAL SWAPS - LONG			2,624,529	63,820,772
	<u>SWAPS-SHORT</u>				
	CREDIT DEFAULT SWAP	12/20/2021	1	(184,219)	(48,147)
	CREDIT DEFAULT SWAP	12/20/2021	1	(148,500)	(38,518)
	CREDIT DEFAULT SWAP	05/11/2063	1	(91,320)	(180,082)
	CROSS-CURRENCY SWAP	03/15/2022	1	-	1,244
	INTEREST RATE SWAP	03/12/2017	1	-	(408,394)
	INTEREST RATE SWAP	03/20/2017	1	(25,019)	(25,019)
	INTEREST RATE SWAP	12/16/2017	1	-	(3,385,086)
	INTEREST RATE SWAP	03/19/2018	1	-	(2,332,813)
	INTEREST RATE SWAP	03/22/2018	1	-	(1,987,249)
	INTEREST RATE SWAP	11/14/2018	1	-	(3,358,979)
	INTEREST RATE SWAP	11/16/2018	1	-	(4,611,315)
	INTEREST RATE SWAP	12/11/2018	1	-	(542,339)
	INTEREST RATE SWAP	12/12/2018	1	-	(684,416)
	INTEREST RATE SWAP	12/13/2018	1	-	(456,277)
	INTEREST RATE SWAP	12/17/2018	1	-	(166,493)
	INTEREST RATE SWAP	01/02/2019	1	-	(10,921,711)
	INTEREST RATE SWAP	01/02/2019	1	-	(4,539,994)
	INTEREST RATE SWAP	01/02/2019	1	-	(2,615,962)
	INTEREST RATE SWAP	01/02/2019	1	-	(1,225,185)
	INTEREST RATE SWAP	07/10/2020	1	-	(2,563,531)
	INTEREST RATE SWAP	12/17/2020	1	-	(3,832,978)
	INTEREST RATE SWAP	01/04/2021	1	-	(3,007,447)
	INTEREST RATE SWAP	01/04/2021	1	-	(607,494)
	INTEREST RATE SWAP	06/27/2021	1	-	(42,751)
	INTEREST RATE SWAP	06/29/2021	1	-	(544,932)
	INTEREST RATE SWAP	09/16/2021	1	-	(207,836)
	INTEREST RATE SWAP	09/20/2021	1	-	(692,845)
	INTEREST RATE SWAP	09/20/2021	1	-	(167,396)
	INTEREST RATE SWAP	11/23/2021	1	-	(2,087,227)
	INTEREST RATE SWAP	12/21/2021	1	-	(984,356)
	INTEREST RATE SWAP	12/21/2021	1	-	(770,062)
	INTEREST RATE SWAP	12/21/2021	1	-	(431,148)
	INTEREST RATE SWAP	12/16/2025	1	-	(885,226)
	INTEREST RATE SWAP	06/27/2026	1	-	(268,587)
	INTEREST RATE SWAP	06/29/2026	1	-	(149,675)
	INTEREST RATE SWAP	07/07/2026	1	-	(383,298)
	INTEREST RATE SWAP	07/08/2026	1	-	(184,843)
	INTEREST RATE SWAP	11/16/2026	1	-	(982,259)
	INTEREST RATE SWAP	11/28/2026	1	-	(975,146)
	INTEREST RATE SWAP	12/01/2026	1	-	(134,673)
	INTEREST RATE SWAP	12/02/2026	1	-	(171,775)
	INTEREST RATE SWAP	12/03/2026	1	-	(114,665)
	INTEREST RATE SWAP	12/07/2026	1	-	(41,745)
	INTEREST RATE SWAP	12/21/2026	1	-	(1,325,330)
	INTEREST RATE SWAP	03/15/2027	1	-	(128,208)
	INTEREST RATE SWAP	01/29/2028	1	-	(928,341)
	INTEREST RATE SWAP	11/22/2046	1	-	(448,546)
	TOTAL SWAPS - SHORT			(449,058)	(60,589,055)
	TOTAL SWAPS			2,175,471	3,231,717
	<u>FOREIGN CURRENCY OPTIONS - PURCHASED</u>				
	CALL BRL VERSUS USD	05/18/2017	887	18,077	6,395
	CALL HUF VERSUS USD	06/19/2017	806	13,170	9,751
	PUT IDR VERSUS USD	03/06/2017	1,644	5,968	73
	PUT INR VERSUS USD	05/08/2017	1,622	3,941	107
	CALL KRW VERSUS USD	05/08/2017	1,416	29,991	53,520
	PUT MXN VERSUS USD	03/08/2017	1,590	43,010	4
	PUT MXN VERSUS USD	03/23/2017	4,947	77,381	5,013
	PUT MYR VERSUS USD	04/21/2017	1,436	35,440	6,164
	PUT MYR VERSUS USD	07/04/2017	824	4,227	363
	PUT PLN VERSUS USD	04/27/2017	1,425	15,091	4,790
	PUT RUB VERSUS USD	03/08/2017	1,644	9,034	18,931
	PUT RUB VERSUS USD	03/20/2017	1,206	21,684	7,227
	PUT RUB VERSUS USD	05/19/2017	863	13,428	29,710
	PUT RUB VERSUS USD	05/19/2017	1,792	28,780	64,041
	PUT RUB VERSUS USD	06/06/2017	861	4,249	7,743
	CALL TRY VERSUS USD	06/01/2017	452	14,432	11,585
	CALL TRY VERSUS USD	02/19/2018	802	59,027	49,602
	PUT ZAR VERSUS USD	02/23/2017	1,730	30,863	11,954
	TOTAL FOREIGN CURRENCY OPTIONS - PURCHASED			427,793	286,973
	<u>FOREIGN CURRENCY OPTIONS - WRITTEN</u>				
	PUT BRL VERSUS USD	05/16/2017	887	(13,908)	(29,679)
	PUT HUF VERSUS USD	01/13/2017	806	(10,438)	(9)
	PUT HUF VERSUS USD	06/19/2017	806	(9,535)	(13,972)
	CALL KRW VERSUS USD	05/08/2017	2,832	(36,285)	(44,386)
	PUT MXN VERSUS USD	03/23/2017	1,649	(77,381)	(16,672)
	CALL PLN VERSUS USD	04/28/2017	1,425	(18,582)	(41,646)
	PUT RUB VERSUS USD	01/31/2017	1,644	(9,785)	(11,156)
	CALL RUB VERSUS USD	05/19/2017	2,655	(56,303)	(18,287)
	CALL RUB VERSUS USD	06/06/2017	861	(32,486)	(2,824)
	PUT TRY VERSUS USD	01/12/2017	905	(9,955)	(1)

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
OTHER INVESTMENTS
DECEMBER 31, 2016

<u>NOTES</u>	<u>IDENTITY OF ISSUE</u>	<u>MATURITY</u>	<u>NUMBER OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
	PUT TRY VERSUS USD	02/21/2017	1,425	\$ (13,017)	\$ (2,779)
	CALL TRY VERSUS USD	06/01/2017	452	(5,600)	(3,880)
	CALL TRY VERSUS USD	02/19/2018	802	(15,719)	(6,138)
	PUT ZAR VERSUS USD	01/03/2017	1,730	(2,682)	(56)
	CALL ZAR VERSUS USD	02/23/2017	1,730	<u>(21,625)</u>	<u>(12,712)</u>
	TOTAL FOREIGN CURRENCY OPTIONS - WRITTEN			<u>(333,301)</u>	<u>(204,197)</u>
	TOTAL OPTIONS			<u>94,492</u>	<u>82,776</u>
	TOTAL FUTURES CONTRACTS, FOREIGN CURRENCY OPTIONS, AND SWAPS			<u>2,269,963</u>	<u>2,980,372</u>
	JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY GROUP ANNUITY CONTRACT			<u>343,744</u>	<u>48,663</u>
	TRUST IN DISSOLUTION			<u>10</u>	<u>31,322</u>
	TOTAL OTHER INVESTMENTS			\$ <u>919,826,715</u>	\$ <u>911,455,317</u>
	TOTAL ASSETS HELD FOR INVESTMENT PURPOSES			\$ <u>12,522,395,390</u>	\$ <u>15,174,257,070</u>

NOTE: AN ASTERISK DENOTES AN INVESTMENT WITHIN AN ENTITY WHICH IS A "PARTY-IN-INTEREST" AS DEFINED BY ERISA. CERTAIN ROUTINE TRANSACTIONS RESULTING FROM THE NORMAL AND ORDINARY COURSE OF BUSINESS, SUCH AS THE PURCHASE OF OFFICE SUPPLIES OR SERVICES, HAVE NOT BEEN CONSIDERED FOR PURPOSES OF IDENTIFYING PARTIES-IN-INTEREST. TO THE EXTENT KNOWN TO THE FUND, AFFILIATIONS OF ENTITIES IN WHICH THE FUND HAS INVESTED ARE CONSIDERED WHEN IDENTIFYING PARTIES-IN-INTEREST. COMPLETE INFORMATION AS TO THE VARIOUS AFFILIATIONS OF SUCH ENTITIES IS GENERALLY NOT AVAILABLE TO THE FUND.

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
 EIN: 36-6044243 AND PN: 001
 SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
 YEAR ENDED DECEMBER 31, 2016

<u>IDENTITY OF ISSUE</u>	<u>DESCRIPTION</u>	<u>AMOUNT OF PURCHASES</u>	<u>AMOUNT OF SALES</u>	<u>NUMBER OF TRANSACTIONS</u>	<u>NET REALIZED GAIN(LOSS)</u>
BNY MELLON CASH INVESTMENT STRATEGIES SHORT-TERM INVESTMENT FUND	INTEREST-BEARING CASH	\$ 4,481,951,417	\$ 4,279,832,391	7,414	-
EMPLOYEE BENEFIT TEMPORARY INVESTMENT FUND	INTEREST-BEARING CASH	1,995,332,075	2,045,307,937	328	-

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE G, PART I

SCHEDULE OF LOANS OR FIXED INCOME OBLIGATIONS IN DEFAULT OR
CLASSIFIED AS UNCOLLECTIBLE
FOR THE YEAR ENDED DECEMBER 31, 2016

<u>Identity of Obligor</u>	<u>Security ID</u>	<u>Maturity</u>	<u>Rate</u>	<u>Original Amount of Loan</u>	<u>Amount Overdue</u>			<u>Amount Received</u>	
					<u>Interest</u>	<u>Principal</u>	<u>Balance</u>	<u>Principal</u>	<u>Interest</u>
CAESARS ENTERTAINMENT OPERATING COMPANY, INC.	413627BL3	06/01/2017	11.250%	\$ 6,657,000	\$ 1,561,431	\$ 3,566,759	\$ 5,128,190	\$ 3,090,241	\$ 80,682
CAESARS ENTERTAINMENT OPERATING COMPANY, INC.	12768RAA5	04/15/2018	12.750%	2,725,000	769,122	2,725,000	3,494,122	-	-
CHAPARRAL ENERGY, INC.	15942RAD1	11/15/2022	7.625%	4,270,000	367,512	4,270,000	4,637,512	-	-
LINN ENERGY, LLC	536022AM8	12/15/2020	12.000%	2,387,000	319,400	2,387,000	2,706,400	-	-
MAGNETATION LLC	559417AA8	05/15/2018	11.000%	2,126,000	359,841	2,126,000	2,485,841	-	137,352
TONON LUXEMBOURG S.A.	89031RAF3	01/24/2020	7.250%	388,594	40,600	388,594	429,194	-	-
ULTRA PETROLEUM CORP.	903914AC3	10/01/2024	6.125%	1,015,000	77,839	1,015,000	1,092,839	-	-
VIRGOLINO DE OLIVEIRA FINANCE S.A.	92824BAA4	01/28/2018	10.500%	<u>646,000</u>	<u>164,836</u>	<u>646,000</u>	<u>810,836</u>	<u>-</u>	<u>-</u>
TOTALS				<u>\$ 20,214,594</u>	<u>\$ 3,660,581</u>	<u>\$ 17,124,353</u>	<u>\$ 20,784,934</u>	<u>\$ 3,090,241</u>	<u>\$ 218,034</u>

Application for Extension of Time To File Certain Employee Plan Returns

Department of the Treasury
Internal Revenue Service

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.
▶ Information about Form 5558 and its instructions is at www.irs.gov/form5558

File With IRS Only

Part I Identification

<p>A Name of filer, plan administrator, or plan sponsor (see instructions) TRUSTEES OF CENTRAL STATES, SE & SW AREAS PENSION FUND Number, street, and room or suite no. (If a P.O. box, see instructions) 9377 WEST HIGGINS ROAD City or town, state, and ZIP code ROSEMONT, IL 60018-4938</p>	<p>B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 36-6044243 Social security number (SSN) (9 digits XXX-XX-XXXX)</p>											
<p>C Plan name CENTRAL STATES, SE & SW AREAS PENSION PLAN</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th rowspan="2">Plan number</th> <th colspan="3">Plan year ending—</th> </tr> <tr> <th>MM</th> <th>DD</th> <th>YYYY</th> </tr> <tr> <td style="text-align: center;">0 0 1</td> <td style="text-align: center;">12</td> <td style="text-align: center;">31</td> <td style="text-align: center;">2016</td> </tr> </table>	Plan number	Plan year ending—			MM	DD	YYYY	0 0 1	12	31	2016
Plan number	Plan year ending—											
	MM	DD	YYYY									
0 0 1	12	31	2016									

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.
- 2 I request an extension of time until 1 0 / 1 6 / 2 0 1 7 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 1 0 / 1 6 / 2 0 1 7 to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4 I request an extension of time until ____ / ____ / ____ to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.
- a Enter the Code section(s) imposing the tax ▶

a

- b Enter the payment amount attached ▶

b

- c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶

c

5 State in detail why you need the extension:

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ _____ Date ▶ _____

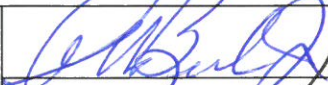

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2016</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A	This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____		
B	This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report	
	<input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)		
C	If the plan is a collectively-bargained plan, check here. <input checked="" type="checkbox"/>		
D	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program	
	<input type="checkbox"/> special extension (enter description)		

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 02/01/1955
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) TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND C/O CENTRAL STATES FUNDS 9377 WEST HIGGINS ROAD ROSEMONT IL 60018-4938	2b	Employer Identification Number (EIN) 36-6044243
		2c	Plan Sponsor's telephone number (847) 518-9800
		2d	Business code (see instructions) 484120

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		9/13/2017	ARTHUR H. BUNTE, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9/13/17	CHARLES A. WHOBREY
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 390,926
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 63,062 6a(2) 62,162 6b 165,257 6c 123,633 6d 351,052 6e 33,869 6f 384,921 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 1,372
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1E b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 _____

CENTRAL STATES SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 PN: 001
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2016

Schedule of Assets (Held at End of Year) required by Schedule H, Part IV, Line 4i is included in the Auditor's Opinion.

CENTRAL STATES SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 PN: 001
FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2016

Schedule of Reportable Transactions required by Schedule H, Part IV, Line 4j is included in the Auditor's Opinion.

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE R, LINE 13D - COLLECTIVE BARGAINING AGREEMENT EXPIRATION DATE
DECEMBER 31, 2016

<u>NAME OF EMPLOYER</u>	<u>EIN</u>	<u>COLLECTIVE BARGAINING AGREEMENT (CBA) EXPIRATION</u>
ABF Freight System Inc.	71-0249444	101 accounts with CBAs expiring 3/31/18 1 account with a CBA expiring 6/30/18

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE R, LINE 13E - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS
DECEMBER 31, 2016

NAME OF EMPLOYER	EIN	CONTRIBUTION RATE
YRC Inc.	34-0492670	188 total pension accounts with pension rates of \$73 weekly, \$14.80 daily and \$1.85 hourly, resulting in rates per contribution base unit of \$73.00 and \$74.00 for weekly and daily/hourly, respectively.

 **Segal Consulting**

March 30, 2016

*Internal Revenue Service
Employee Plans Compliance Unit
Group 7602 (TEGE:EP:EPCU)
Room 1700 - 17th Floor
230 S. Dearborn Street
Chicago, IL 60604*

To Whom It May Concern:

As required by ERISA Section 305 and the Internal Revenue Code (IRC) Section 432, we have completed the actuarial status certification as of January 1, 2016 for the following plan:


<i>Name of Plan</i>	<i>Central States, Southeast and Southwest Areas Pension Plan</i>
<i>Plan number</i>	<i>EIN 36-6044243/PN 001</i>
<i>Plan sponsor</i>	<i>Board of Trustees, Central States, Southeast and Southwest Areas Pension Plan</i>
<i>Address:</i>	<i>9377 West Higgins Road, Rosemont, Illinois 60018-4938</i>
<i>Phone number:</i>	<i>847.518.9800</i>

As of January 1, 2016, the Plan is in critical and declining status. This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on the annual standards of the rehabilitation plan.

If you have any questions on the attached certification, you may contact me at the following:

*Segal Consulting
101 North Wacker Drive, Suite 500
Chicago, IL 60606
Phone number: 312.984.8500*

Sincerely,


*Daniel V. Ciner, MAAA, EA
Senior Vice President and Actuary
Enrolled Actuary No: 14-05773*

Actuarial Status Certification as of January 1, 2017 under IRC Section 432 for the Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243 / PN 001

March 31, 2017

Illustration Supporting Actuarial Certification of Status (Schedule MB, line 4b)

ACTUARIAL STATUS CERTIFICATION AS OF JANUARY 1, 2017 UNDER IRC SECTION 432

This is to certify that Segal Consulting, a Member of The Segal Group, Inc. ("Segal"), has prepared an actuarial status certification under Internal Revenue Code Section 432 for the Central States, Southeast and Southwest Areas Pension Plan as of January 1, 2017 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under federal law. This certification may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety.


The measurements shown in this actuarial certification may not be applicable for other purposes. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); differences in statutory interpretation and changes in plan provisions or applicable law.

This certification is based on the January 1, 2016 actuarial valuation, dated August 26, 2016. This certification reflects the changes in the law made by the Multiemployer Pension Reform Act of 2014 (MPRA). Additional assumptions required for the projections (including those under MPRA), and sources of financial information used are summarized in Exhibit VI.

Segal Consulting does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretations on which this certification is based reflect Segal's understanding as an actuarial firm.

This certification was based on the assumption that the Plan was qualified as a multiemployer plan for the year.

I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. In my opinion, the projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer my best estimate of anticipated experience under the Plan.


Daniel V. Ciner, MAAA, EA
Senior Vice President and Actuary
Enrolled Actuary No. 14-05773

Actuarial Status Certification as of January 1, 2017 under IRC Section 432 for the Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243 / PN 001

Certificate Contents

EXHIBIT I	Status Determination as of January 1, 2017
EXHIBIT II	Summary of Actuarial Valuation Projections
EXHIBIT III	Funding Standard Account Projections
EXHIBIT IV	Funding Standard Account – Projected Bases Assumed Established After January 1, 2016
EXHIBIT V	Solvency Projection
EXHIBIT VI	Actuarial Assumptions and Methodology

Actuarial Status Certification as of January 1, 2017 under IRC Section 432 for the Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243 / PN 001

**EXHIBIT I
 Status Determination as of January 1, 2017**

Status	Condition	Component Result	Final Result
Critical Status:			
I. Initial critical status tests:			
C1.	A funding deficiency is projected in four years?	Yes	Yes
C2.	(a) A funding deficiency is projected in five years,	Yes	
	(b) AND the present value of vested benefits for non-actives is more than present value of vested benefits for actives,	Yes	
	(c) AND the normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) is greater than contributions for current year?	Yes	Yes
C3.	(a) A funding deficiency is projected in five years,	Yes	
	(b) AND the funded percentage is less than 65%?	Yes	Yes
C4.	(a) The funded percentage is less than 65%,	Yes	
	(b) AND the present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over seven years?	No	No
C5.	The present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over five years?	No	No
II. Emergence test:			
C6.	(a) Was in critical status for the immediately preceding plan year,	Yes	
	(b) AND EITHER a funding deficiency is projected for the plan year or any of the next nine plan years, without regard to the use of the shortfall method but taking into account any extension of amortization periods under ERISA Section 304(d)(2) or ERISA Section 304 as in effect prior to PPA '06,	Yes	
	(c) OR insolvency is projected for the current year or any of the 30 succeeding plan years?	Yes	
	Plan did NOT emerge?		Yes
III. In Critical Status? (If any of (C1)-(C6) is Yes, then Yes).....			Yes

Actuarial Status Certification as of January 1, 2017 under IRC Section 432 for the Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243 / PN 001

EXHIBIT I (continued)

Status Determination as of January 1, 2017

Status	Condition	Component Result	Final Result
IV. Determination of critical and declining status:			
C7. (a)	Any of (C1) through (C5) are Yes?.....	Yes	Yes
(b)	AND EITHER Insolvency is projected within 15 years using assumptions described in Exhibit VI.B?.....	Yes	Yes
(c)	OR		
(i)	The ratio of inactives to actives is at least 2 to 1,.....	Yes	
(ii)	AND insolvency is projected within 20 years using assumptions described in Exhibit VI.B?.....	Yes	Yes
(d)	OR		
(i)	The funded percentage is less than 80%,.....	Yes	
(ii)	AND insolvency is projected within 20 years using assumptions described in Exhibit VI.B?.....	Yes	Yes
In Critical and Declining Status?.....			Yes
Endangered Status:			
E1. (a)	Is not in critical status,	No	
(b)	AND the funded percentage is less than 80%?	N/A	No
E2. (a)	Is not in critical status,.....	No	
(b)	AND a funding deficiency is projected in seven years?	N/A	No
In Endangered Status? (Yes when either (E1) or (E2) is Yes).....			No
In Seriously Endangered Status? (Yes when BOTH (E1) and (E2) are Yes).....			No
Neither Critical Status Nor Endangered Status:			
Neither Critical nor Endangered Status?.....			No

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on the annual standards of the rehabilitation plan.

The annual standard for meeting the requirements of the rehabilitation plan is that actuarial projections updated for each year show, based on reasonable assumptions, that under the rehabilitation plan and its schedules (as amended and updated from time to time) the Fund will forestall its possible insolvency prior to 2023. The actuarial projection shown in Exhibit V indicates that the Fund is projected to remain solvent until 2025. The actuarial assumptions and methods used for this projection are as described in Exhibit VI.B.

Actuarial Status Certification as of January 1, 2017 under IRC Section 432 for the Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243 / PN 001

**EXHIBIT II
 Summary of Actuarial Valuation Projections**

The actuarial factors as of January 1, 2017 (based on projections from the January 1, 2016 valuation certificate):

I. Financial Information			
1. Market value of assets			\$15,267,533,341
2. Actuarial value of assets			15,591,062,869
3. Reasonably anticipated contributions (including withdrawal liability payments)			
a. Upcoming year			697,067,633
b. Present value for the next five years			2,882,996,653
c. Present value for the next seven years			3,661,218,240
4. Projected benefit payments			2,885,305,108
5. Projected administrative expenses (beginning of year)			46,649,992
II. Liabilities			
1. Present value of vested benefits for active participants			5,284,234,992
2. Present value of vested benefits for non-active participants			33,374,433,538
3. Total unit credit accrued liability			38,915,510,902
4. Present value of payments			
a. Next five years	\$12,644,257,402	\$215,321,555	\$12,859,578,957
b. Next seven years	16,802,097,484	289,874,330	17,091,971,814
5. Unit credit normal cost plus expenses			340,711,073
6. Ratio of inactive participants to active participants			5.4
III. Funded Percentage (I.2)/(II.3)			40.0%
IV. Funding Standard Account			
1. Credit balance/(funding deficiency) as of the end of prior year			(\$10,019,385,567)
2. Years to projected funding deficiency			0
V. Years to Projected Insolvency			9

Actuarial Status Certification as of January 1, 2017 under IRC Section 432 for the Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243 / PN 001

**EXHIBIT III
 Funding Standard Account Projections**

The table below presents the Funding Standard Account Projections for the Plan Years beginning January 1, 2016 through 2023.

	Year Beginning January 1,							
	2016	2017	2018	2019	2020	2021	2022	2023
1. Credit balance/(funding deficiency) (BOY)	(\$7,911,868,706)	(\$10,019,385,567)	(\$12,224,697,305)	(\$14,218,396,195)	(\$16,420,366,067)	(\$18,600,005,748)	(\$20,847,820,078)	(\$23,353,341,035)
2. Interest on (1)	(494,491,794)	(626,211,598)	(764,043,582)	(888,649,762)	(1,026,272,879)	(1,162,500,359)	(1,302,988,755)	(1,459,583,815)
3. Normal cost	306,978,450	294,061,081	285,175,825	275,845,004	265,167,744	254,647,163	244,308,395	233,899,346
4. Administrative expenses	48,004,971	46,649,992	47,582,992	48,534,652	49,505,345	50,495,452	51,505,361	52,535,468
5. Net amortization charges	1,922,023,841	1,822,066,468	1,488,334,407	1,561,051,645	1,402,240,883	1,328,174,696	1,388,666,453	1,607,877,025
6. Interest on (3), (4) and (5)	142,312,954	135,173,596	113,818,326	117,839,456	107,307,123	102,082,332	105,280,012	118,394,490
7. Expected contributions	781,861,963	697,067,633	683,884,841	669,043,052	650,525,375	630,386,106	569,433,231	548,541,693
8. Interest on (7)	<u>24,433,186</u>	<u>21,783,364</u>	<u>21,371,401</u>	<u>20,907,595</u>	<u>20,328,918</u>	<u>19,699,566</u>	<u>17,794,788</u>	<u>17,141,928</u>
10. Credit balance/(funding deficiency) (EOY): (1) + (2) - (3) - (4) - (5) - (6) + (7) + (8)	(\$10,019,385,567)	(\$12,224,697,305)	(\$14,218,396,195)	(\$16,420,366,067)	(\$18,600,005,748)	(\$20,847,820,078)	(\$23,353,341,035)	(\$26,259,947,558)

Actuarial Status Certification as of January 1, 2017 under IRC Section 432 for the Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243 / PN 001

EXHIBIT IV

Funding Standard Account – Projected Bases Assumed Established After January 1, 2016

Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Experience Gain	01/01/2017	(\$281,040,415)	15	(\$27,681,153)
Experience Gain	01/01/2018	(90,144,148)	15	(8,878,773)
Experience Loss	01/01/2019	288,236,683	15	28,389,952
Experience Loss	01/01/2020	239,639,429	15	23,603,352
Experience Gain	01/01/2021	(59,569,002)	15	(5,867,265)

Actuarial Status Certification as of January 1, 2017 under IRC Section 432 for the Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243 / PN 001

**EXHIBIT V
 Solvency Projection**

The table below presents the projected Market Value of Assets for the Plan Years beginning January 1, 2016 through 2025.

	Year Beginning January 1,							
	2016	2017	2018	2019	2020	2021	2022	2023
1. Market value at beginning of year	\$16,126,208,142	\$15,267,533,341	\$13,813,213,958	\$12,316,898,807	\$10,750,271,163	\$9,049,096,624	\$7,248,329,210	\$5,284,993,988
2. Contributions	612,392,647	572,480,583	552,153,990	541,187,475	530,443,734	518,845,514	507,406,385	496,719,155
3. Withdrawal liability payments	162,980,798	128,393,687	153,574,750	153,574,750	153,574,750	153,574,750	113,574,750	113,574,750
4. Benefit payments	2,809,605,222	2,885,310,491	2,913,951,136	2,937,327,843	2,957,267,449	2,972,135,128	2,984,111,344	2,992,123,656
5. Administrative expenses	47,598,555	48,200,000	49,164,000	50,147,280	51,150,226	52,173,230	53,216,695	54,281,029
6. Interest earnings	<u>1,223,155,531</u>	<u>778,316,838</u>	<u>761,071,245</u>	<u>726,085,254</u>	<u>623,224,652</u>	<u>551,120,680</u>	<u>453,011,682</u>	<u>305,020,395</u>
7. Market value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	\$15,267,533,341	\$13,813,213,958	\$12,316,898,807	\$10,750,271,163	\$9,049,096,624	\$7,248,329,210	\$5,284,993,988	\$3,153,903,603
8. Available resources: (1)+(2)+(3)-(5)+(6)	\$18,077,138,563	\$16,698,524,449	\$15,230,849,943	\$13,687,599,006	\$12,006,364,073	\$10,220,464,338	\$8,269,105,332	\$6,146,027,259
	2024	2025						
1. Market value at beginning of year	\$3,153,903,603	\$848,557,439						
2. Contributions	486,609,630	477,009,569						
3. Withdrawal liability payments	113,574,750	113,574,750						
4. Benefit payments	2,994,831,161	2,993,508,941*						
5. Administrative expenses	55,366,649	56,473,982						
6. Interest earnings	<u>144,667,266</u>	<u>0</u>						
7. Market value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	\$848,557,439	Insolvent						
8. Available resources: (1)+(2)+(3)-(5)+(6)	\$3,843,388,600	\$1,382,667,776						

* Full benefit payments without regard to insolvency.

Actuarial Status Certification as of January 1, 2017 under IRC Section 432 for the Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243 / PN 001

EXHIBIT VI

Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the January 1, 2016 actuarial valuation certificate, dated August 26, 2016, except as specifically described below. We also assumed that experience would emerge as projected, except as described below. The calculations are based on a current understanding of the requirements of ERISA Section 305 and IRC Section 432.

A. Actuarial Assumptions and Plan Provisions Except as Modified by Section B

Contribution Rates:

The changes to contribution rates on and after January 1, 2016 were based on formal commitments by the collective bargaining parties settled before January 1, 2017 based on preliminary data as of December 31, 2016.

Asset Information:

The financial information as of December 31, 2016 was based on an unaudited financial statement provided by the Fund's Director of Finance. Employer contributions were adjusted for changes in YRCW Contribution Deferral Agreement balances, based on information received from the Fund Office.

For projections after that date, the assumed administrative expenses were projected to be \$48.2 million for the 2017 Plan Year and increase by 2% per year thereafter, based on information provided by the Fund Office. Benefit payments were projected based on the January 1, 2016 actuarial valuation. The projected net investment return was assumed to be 6.25% of the average market value of assets beginning with the 2017 Plan Year. Any resulting investment gains or losses due to the operation of the asset valuation method are amortized over 15 years in the Funding Standard Account.

Projected Industry Activity:

As required by Internal Revenue Code Section 432, assumptions with respect to projected industry activity are based on information provided by the plan sponsor. Based on this information, starting with the number of participants included in the January 1, 2016 actuarial valuation, the number of active participants is assumed to decline by 4% during the 2016 Plan Year followed by declines of 4% per year for 10 years and 2% per year thereafter. In addition, the underlying attrition assumption is increased by 16% per year for the first 5 years and 6% per year for the next 5 years, from the dates employers were first subject to the Default Schedule. The

Actuarial Status Certification as of January 1, 2017 under IRC Section 432 for the Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243 / PN 001

number of employment units (weeks, days, and hours worked) is assumed to be in accordance with the assumptions used in the January 1, 2016 valuation.

In addition to projections of industry activity directly linked to the level of ongoing employment, the Trustees also anticipate that 25% of the reduction in projected employer contributions due to the decline in the number of active participants will continue in the form of withdrawal liability payments for 20 years, with a minimum of \$120 million per year for five years (beginning 2017) and \$80 million per year thereafter.

Future Normal Costs:

Based on the assumed industry activity, normal cost and liabilities were determined based on an open group forecast with the number of active participants assumed to change as described above. New entrants are assumed to have a demographic mix consistent with recent entrants during the past year. New entrants during the past year were determined as of January 1, 2016 based on those who have dates of participation in 2015. New entrants are grouped into one of six pools: ABF Class 18, Car Haul Class 18, Primary Schedule (other employers), Distressed Employer Schedule ("YRCW"), Default Schedule, and New Employers. Demographic characteristics such as sex, benefit Class, applicable Rehabilitation Plan Schedule, and employer groups are based on the same characteristics of the new entrant pool of participants described above. New entrant contribution rate is based on the average contribution rate of the actual recent hires for their group.

B. Assumptions for Solvency Projection and Scheduled Progress

Assumptions for the Exhibit V projections are the same as shown in Section A with the following exceptions:

- As described as part of the analysis used to develop the 6.25% net investment return assumption for the January 1, 2016 valuation, a building block approach was done that reflects select and ultimate inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, the plan's target asset allocation, and projected plan insolvency. The select and ultimate return assumptions for each year used to formulate a single rate equivalent assumption and used for this projection are 5.50%, 6.00%, 6.50%, 6.50%, 7.00%, and 7.50% until insolvency for the years 2017-2025, respectively.
- For participants under the Primary Schedule based on the January 1, 2016 valuation, the projection recognizes annual contribution rate increases equivalent to 8% per year for 5 years, 6% per year for the next 3 years, and 4% per year thereafter (per the Rehabilitation Plan) to a maximum of \$348 per week for each participant covered by the National Master Automobile Transporters Agreement and \$342 per week for all other participants. YRCW is assumed to remain on the Distressed Employer Schedule with no future contribution rate increases. For participants under the Default Schedule based on the January 1, 2016 valuation, the projection recognizes annual contribution rate increases of 4%.

Actuarial Status Certification as of January 1, 2017 under IRC Section 432 for the Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243 / PN 001

- 15% of the attrition for Classes 15 and above is assumed to be attributable to voluntary employer withdrawals (Rehabilitation Plan Withdrawals).
- The Kroger Company (“Kroger”) and its subsidiary Roundy’s Supermarkets (“Roundy’s”) are assumed to have a Rehabilitation Plan Withdrawal in 2017 and pay monthly withdrawal liability payments of \$2,797,896 for 20 years beginning October 2017. These amounts are included in addition to the withdrawal liability payment amounts otherwise assumed in the projection. Kroger/Roundy’s withdrawal liability and participant data are based on information provided by the Fund Office.

Technical Issues

Segal Consulting (“Segal”) does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which the certification is based reflects Segal’s understanding as an actuarial firm. Due to the complexity of the statute and the significance of its ramifications, Segal recommends that the Board of Trustees consult with legal counsel when making any decisions regarding compliance with ERISA and the Internal Revenue Code.

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Actuarial Status Certification as of January 1, 2016 under IRC Section 432 for the Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243/PN 001

March 30, 2016

Illustration Supporting Actuarial Certification of Status (Schedule MB, line 4a)

ACTUARIAL STATUS CERTIFICATION AS OF JANUARY 1, 2016 UNDER IRC SECTION 432

This is to certify that Segal Consulting, a Member of The Segal Group, Inc. ("Segal"), has prepared an actuarial status certification under Internal Revenue Code Section 432 for the Central States, Southeast and Southwest Areas Pension Plan as of January 1, 2016 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under federal law. This certification may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety.


The measurements shown in this actuarial certification may not be applicable for other purposes. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); differences in statutory interpretation and changes in plan provisions or applicable law.

This certification is based on the January 1, 2015 actuarial valuation, dated August 14, 2015. This certification reflects the changes in the law made by the Multiemployer Pension Reform Act of 2014 (MPRA). Additional assumptions required for the projections (including those under MPRA), and sources of financial information used are summarized in Exhibit VI.

Segal Consulting does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretations on which this certification is based reflect Segal's understanding as an actuarial firm.

This certification was based on the assumption that the Plan was qualified as a multiemployer plan for the year.

I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. In my opinion, the projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer my best estimate of anticipated experience under the Plan.


Daniel V. Ciner, MAAA, EA
Senior Vice President and Actuary
Enrolled Actuary No: 14-05773

Actuarial Status Certification as of January 1, 2016 under IRC Section 432 for the Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243/PN 001

Certificate Contents

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Actuarial Status Certification as of January 1, 2016 under IRC Section 432 for the Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243/PN 001

EXHIBIT I

Status Determination as of January 1, 2016

Status	Condition	Test Component Result	Final Result
Critical Status:			
Determination of critical status:			
C1.	A funding deficiency is projected in four years (ignoring any amortization extensions)?	Yes	Yes
C2.	(a) A funding deficiency is projected in five years (ignoring any amortization extensions),.....	Yes	
	(b) AND the present value of vested benefits for non-actives is more than the present value of vested benefits for actives,	Yes	
	(c) AND the normal cost plus interest on the unfunded actuarial accrued liability (unit credit basis) is greater than the contributions for the current year?	Yes	Yes
C3.	(a) A funding deficiency is projected in five years (ignoring any amortization extensions),.....	Yes	
	(b) AND the funded percentage is less than 65%?.....	Yes	Yes
C4.	(a) The funded percentage is less than 65%,	Yes	
	(b) AND the sum of assets plus the present value of contributions is less than the present value of benefit payments and administrative expenses over seven years?	No	No
C5.	The sum of assets plus the present value of contributions is less than the present value of benefit payments and administrative expenses over five years?	No	No
Test regular emergence rules for failure:			
C6.	(a) Was in critical status for the immediately preceding plan year,	Yes	
	(b) AND EITHER a funding deficiency is projected for the plan year or any of the next nine plan years, without regard to the use of the shortfall method but taking into account any extension of amortization periods under IRC Section 431(d)(2) or IRC Section 412(e) as in effect prior to PPA'06,	Yes	
	(c) OR is projected to become insolvent for the current year or any of the 30 succeeding plan years?	Yes	Yes
In Critical Status? (If any of (C1) through (C6) is Yes then Yes)			Yes

Actuarial Status Certification as of January 1, 2016 under IRC Section 432 for the Central States, Southeast and Southwest Areas Pension Plan

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Status	Condition	Test Component Result	Final Result
Determination of critical and declining status:			
C7. (a)	Is in critical status because one of tests C1-C5 is YES.....	Yes	
(b)	AND insolvency is projected within 15 years using assumptions described in Exhibit VI.B?.....	Yes	Yes
C8. (a)	Is in critical status because one of tests C1-C5 is YES.....	Yes	
(b)	AND the ratio of inactives to actives is at least 2 to 1,.....	Yes	
(c)	AND insolvency is projected within 20 years using assumptions described in Exhibit VI.B?	Yes	Yes
C9. (a)	Is in critical status because one of tests C1-C5 is YES.....	Yes	
(b)	AND the funded percentage is less than 80%,	Yes	
(c)	AND insolvency is projected within 20 years using assumptions described in Exhibit VI.B?.....	Yes	Yes
In Critical and Declining Status? (If any of (C7) through (C9) is Yes, then Yes).....			Yes
Endangered Status:			
E1. (a)	Is not in critical status,	N/A	
(b)	AND the funded percentage is less than 80%?	N/A	N/A
E2. (a)	Is not in critical status.....	N/A	
(b)	AND a funding deficiency is projected in seven years?	N/A	N/A
In Endangered Status? (Yes when either (E1) or (E2) is Yes).....			No
In Seriously Endangered Status? (Yes when BOTH (E1) and (E2) are Yes).....			No
Neither Critical Status Nor Endangered Status:			
Neither Critical nor Endangered Status?.....			No

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on the annual standards of the rehabilitation plan.

The annual standard for meeting the requirements of the rehabilitation plan is that actuarial projections updated for each year show, based on reasonable assumptions, that under the rehabilitation plan and its schedules (as amended and updated from time to time) the Fund will forestall its possible insolvency prior to 2023. The actuarial projection shown in Exhibit V indicates that the Fund is projected to remain solvent until 2025. The actuarial assumptions and methods used for this projection are as described in Exhibit VI.B.

Actuarial Status Certification as of January 1, 2016 under IRC Section 432 for the Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243/PN 001

**EXHIBIT II
 Summary of Actuarial Valuation Projections**

The actuarial factors as of January 1, 2016 (based on projections from the January 1, 2015 valuation certificate):

I. Financial Information			
1. Market value of assets			\$16,126,208,142
2. Actuarial value of assets			16,425,541,620
3. Reasonably anticipated contributions (including withdrawal liability payments)			
a. Upcoming year			692,776,039
b. Present value for the next five years			2,758,330,972
c. Present value for the next seven years			3,463,824,039
4. Projected benefit payments			2,814,078,035
5. Projected administrative expenses (beginning of year)			48,089,590
II. Liabilities			
1. Present value of vested benefits for active participants			4,869,650,208
2. Present value of vested benefits for non-active participants			29,951,121,985
3. Total unit credit accrued liability			35,041,533,856
4. Present value of payments			
a. Next five years	\$12,008,373,232	\$210,444,190	\$12,218,817,422
b. Next seven years	15,806,933,785	279,692,802	16,086,626,587
5. Unit credit normal cost plus expenses			285,958,027
6. Ratio of inactive participants to active participants			5.3
III. Funded Percentage (I.2)/(II.3)			46.9%
IV. Funding Standard Account			
1. Credit balance/(funding deficiency) as of the end of prior year			-\$7,911,868,706
2. Years to projected funding deficiency			0
V. Years to Projected Insolvency			9

Actuarial Status Certification as of January 1, 2016 under IRC Section 432 for the Central States, Southeast and Southwest Areas Pension Plan

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**EXHIBIT III
 Funding Standard Account Projections**

The table below presents the Funding Standard Account Projections for the Plan Years beginning January 1, 2015 through 2022

	Year Beginning January 1,							
	2015	2016	2017	2018	2019	2020	2021	2022
1. Credit balance/(funding deficiency) (BOY)	-\$6,623,445,113	-\$7,911,868,706	-\$9,810,805,765	-\$11,755,257,647	-\$13,502,148,231	-\$15,479,615,555	-\$17,452,197,393	-\$19,550,952,999
2. Interest on (1)	-496,758,383	-593,390,153	-735,810,432	-881,644,324	-1,012,661,117	-1,160,971,167	-1,308,914,804	-1,466,321,475
3. Normal cost	250,133,821	237,868,437	227,007,485	216,287,166	205,434,597	194,731,282	184,569,006	174,812,738
4. Administrative expenses adjusted to beginning of year	46,550,723	48,089,590	47,127,798	48,070,354	49,031,761	50,012,396	51,012,644	52,032,897
5. Net amortization charges	1,671,186,050	1,597,113,645	1,501,020,143	1,172,932,316	1,255,942,523	1,102,756,181	1,033,051,402	1,095,197,356
6. Interest on (3), (4) and (5)	147,590,296	141,230,374	133,136,657	107,796,737	113,280,667	101,062,489	95,147,480	99,153,224
7. Expected contributions	1,275,947,643	692,776,039	674,362,056	655,267,772	635,068,280	613,929,327	553,194,920	533,457,789
8. Interest on (7)	<u>47,848,037</u>	<u>25,979,101</u>	<u>25,288,577</u>	<u>24,572,541</u>	<u>23,815,061</u>	<u>23,022,350</u>	<u>20,744,810</u>	<u>20,004,667</u>
9. Credit balance/(funding deficiency) (EOY): (1) + (2) - (3) - (4) - (5) - (6) + (7) + (8)	-\$7,911,868,706	-\$9,810,805,765	-\$11,755,257,647	-\$13,502,148,231	-\$15,479,615,555	-\$17,452,197,393	-\$19,550,952,999	-\$21,885,008,233

The above reflects that the Section 412(e) amortization extension conditions were not met as of January 1, 2009 due to significant investment losses in 2008. On February 12, 2009, the Plan filed an application with the IRS to change the conditions. Since the anticipated condition relief has not yet been obtained, the projections in this certification were completed without recognition of the amortization extension.

Actuarial Status Certification as of January 1, 2016 under IRC Section 432 for the Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243/PN 001

**EXHIBIT IV
 Funding Standard Account – Projected Bases Assumed Established After January 1, 2015**

Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Actuarial Gain	01/01/2016	-\$31,783,713	15	-\$3,349,478
Actuarial Gain	01/01/2017	-226,005,815	15	-23,817,278
Actuarial Gain	01/01/2018	-13,215,603	15	-1,392,706
Actuarial Loss	01/01/2019	362,339,917	15	38,184,640
Actuarial Loss	01/01/2020	306,273,812	15	32,276,199

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**EXHIBIT V
Solvency Projection**

The table below presents the projected Market Value of Assets for the Plan Years beginning January 1, 2015 through 2025.

	Year Beginning January 1,							
	2015	2016	2017	2018	2019	2020	2021	2022
1. Market Value at beginning of year	\$17,863,105,558	\$16,126,208,142	\$15,016,151,352	\$13,791,911,408	\$12,442,835,915	\$10,962,326,388	\$9,342,856,413	\$7,533,521,106
2. Contributions	586,686,090	572,374,861	558,621,614	548,094,806	537,908,903	527,169,735	515,306,069	503,472,931
3. Withdrawal liability payments	687,827,178	128,698,507	137,397,014	137,397,014	137,397,014	137,397,014	97,397,014	97,397,014
4. Benefit payments	2,814,338,009	2,886,757,609	2,912,513,853	2,932,831,192	2,950,805,566	2,965,959,803	2,978,988,763	2,989,768,752
5. Administrative expenses	52,561,739	50,000,000	49,000,000	49,980,000	50,979,600	51,999,192	53,039,176	54,099,959
6. Interest earnings	<u>-144,510,936</u>	<u>1,125,627,451</u>	<u>1,041,255,281</u>	<u>948,243,879</u>	<u>845,969,722</u>	<u>733,922,271</u>	<u>609,989,549</u>	<u>473,401,629</u>
7. Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	\$16,126,208,142	\$15,016,151,352	\$13,791,911,408	\$12,442,835,915	\$10,962,326,388	\$9,342,856,413	\$7,533,521,106	\$5,563,923,969
	2023	2024	2025					
1. Market Value at beginning of year	\$5,563,923,969	\$3,426,433,004	\$1,113,570,450					
2. Contributions	492,068,506	480,909,208	195,845,676					
3. Withdrawal liability payments	97,397,014	97,397,014	40,582,089					
4. Benefit payments	2,996,727,189	2,998,979,689	1,342,853,515					
5. Administrative expenses	55,181,959	56,285,598	23,921,379					
6. Interest earnings	<u>324,952,663</u>	<u>164,096,511</u>	<u>16,776,679</u>					
7. Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	\$3,426,433,004	\$1,113,570,450	\$0					

The actuarial assumptions and methods used for the projection above are as described in Exhibit VI.B. All cash flow components (items 2-5 above) are assumed to occur in the middle of each year.

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EXHIBIT VI

Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the January 1, 2015 actuarial valuation certificate, dated August 14, 2015, except as specifically described below. We also assumed that experience would emerge as projected, except as described below. The calculations are based on a current understanding of the requirements of ERISA Section 305 and IRC Section 432.

A. Actuarial Assumptions and Plan Provisions Except as Modified by Section B

Contribution Rates:

The changes to contribution rates on and after January 1, 2015 were based on formal commitments by the collective bargaining parties settled before January 1, 2016 based on preliminary data as of December 31, 2015. No contribution increases are assumed for employers that qualify as "New Employers" under the Plan. There is no assumption for future "New Employers."

Asset Information:

The financial information as of December 31, 2015 was based on an unaudited financial statement provided by the Fund's Financial Accounting Division Manager. Employer contributions were adjusted for changes in YRCW Contribution Deferral Agreement balances, based on information received from the plan sponsor.

For projections after that date, the assumed administrative expenses were projected to be \$50 million for the 2016 Plan Year and \$49 million for the 2017 Plan Year and increase by 2% per year after 2017, based on input provided by the Fund Office. Benefit payments were projected based on the January 1, 2015 actuarial valuation. The projected net investment return was assumed to be 7.5% of the average market value of assets beginning with the 2016 Plan Year. Any resulting investment gains or losses due to the operation of the asset valuation method are amortized over 15 years in the Funding Standard Account.

Projected Industry Activity:

As required by Internal Revenue Code Section 432, assumptions with respect to projected industry activity are based on information provided by the plan sponsor. Based on this information, starting with the number of participants included in the January 1, 2015 actuarial valuation, the number of active participants is assumed to decline by 4% during the 2015 Plan Year followed by declines of 4% per year for 10 years and 2% per year thereafter. In addition, the attrition assumption is increased by 16% per year for the first 5 years and 6% per year for the next

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5 years from the average dates employers were first subject to the Default Schedule. The number of employment units (weeks, days, and hours worked) are assumed to be in accordance with the assumptions used in the January 1, 2015 valuation.

In addition to projections of industry activity directly linked to the level of ongoing employment, the Trustees also anticipate that 25% of the reduction in projected employer contributions due to the decline in the number of active participants will continue in the form of withdrawal liability payments for 20 years, with a minimum of \$120 million per year for five years and \$80 million per year thereafter.

Future Normal Costs:

Based on the assumed industry activity, normal cost and liabilities were determined based on an open group forecast with the number of active participants assumed to change as described above. New entrants are assumed to enter at age 32 and have a demographic mix consistent with recent entrants during the past year. New entrants during the past year are determined based on those who have dates of hire in 2014. New entrants are grouped into one of four pools: Primary Schedule Class 18, Primary Schedule (other Classes), Distressed Employer Schedule ("YRCW"), and Default Schedule. Demographic characteristics such as sex, contribution rate, benefit Class, applicable Rehabilitation Plan Schedule, and employer groups are based on the same characteristics of the new entrant pool of participants described above.

B. Assumptions for Solvency Projection and Scheduled Progress

Assumptions for the Exhibit V projections are the same as shown in Section A with the following exceptions:

- For participants under the Primary Schedule based on the January 1, 2015 valuation, the projection recognizes annual contribution rate increases equivalent to 8% per year for 5 years, 6% per year for 3 years, and 4% per year thereafter (per the Rehabilitation Plan) to a maximum of \$348 per week for each participant covered by the National Master Automobile Transporters Agreement and \$342 per week for all other participants. YRCW is assumed to remain on the Distressed Employer Schedule with no future contribution rate increases. For participants under the Default Schedule based on the January 1, 2015 valuation, the projection recognized annual contribution rate increases of 4% per year.
- 15% of the attrition for Classes 15 and above is attributable to voluntary employer withdrawal (Rehabilitation Plan Withdrawals).
- Kroger is assumed to have a Rehabilitation Plan Withdrawal ("RPW") in 2016 and pay monthly withdrawal liability payments of \$1,449,751 for 240 months beginning July 1, 2016. These amounts are included in addition to the withdrawal liability payment amounts otherwise assumed in the projection. Kroger withdrawal liability and participant data are based on information provided by the Fund Office.

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C. Amortization Extension

The certification reflects that the Section 412(e) amortization extension conditions were not met as of January 1, 2009 due to significant investment losses in 2008. On February 12, 2009, the Plan filed an application with the IRS to change the conditions. Since the anticipated condition relief has not yet been obtained, the projections in this certification were completed without recognition of the amortization extension. However, even if the conditions are changed so that the Plan meets any new revised conditions, the Plan will still be in critical and declining status as of January 1, 2016.

Technical Issues

Segal Consulting (“Segal”) does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which the certification is based reflects Segal’s understanding as an actuarial firm. Due to the complexity of the statute and the significance of its ramifications, Segal recommends that the Board of Trustees consult with legal counsel when making any decisions regarding compliance with ERISA and the Internal Revenue Code.

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**Justification for
Change in Actuarial
Assumptions
(Schedule MB, line 11)**

Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2016 for funding purposes, and December 31, 2015 as applicable for withdrawal liability purposes:

- Net investment return, previously 7.50%.
 - Mortality for non-annuitant lives, previously RP-2014 Blue Collar Employee tables (sex distinct) with rates increased by 115%, and generational projection using Scale MP-2014 from 2014
 - Mortality for healthy annuitant lives, previously RP-2014 Blue Collar Healthy Annuitant tables (sex distinct) with rates increased by 115%, and generational projection using Scale MP-2014 from 2014
 - Mortality for disabled lives, previously RP-2014 Disabled Retiree tables (sex distinct) with rates increased by 115%, and generational projection using Scale MP-2014 from 2014
 - Administrative expenses, previously \$48,400,000, payable monthly.
-

**FSA Contribution
Timing (Schedule MB,
line 3a)**

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 1 contribution date.

SCHEDULE OF ACTIVE PARTICIPANT DATA

(SCHEDULE MB, LINE 8b(2))

The participant data is for the year ended December 31, 2015.

Age	Pension Credits										
	Total	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	1,967	602	1,332	33	–	–	–	–	–	–	–
25 - 29	3,233	526	2,095	583	29	–	–	–	–	–	–
30 - 34	3,995	481	1,876	1,138	464	36	–	–	–	–	–
35 - 39	4,882	424	1,811	1,209	862	561	15	–	–	–	–
40 - 44	6,373	420	1,883	1,282	1,180	1,205	386	17	–	–	–
45 - 49	8,820	427	1,845	1,398	1,380	1,872	1,262	610	26	–	–
50 - 54	11,888	329	1,698	1,409	1,530	2,210	1,920	2,092	641	59	–
55 - 59	12,570	241	1,259	1,114	1,310	1,926	1,915	2,460	1,471	825	49
60 - 64	7,402	68	554	600	707	1,131	1,008	1,319	916	818	281
65 - 69	1,310	21	94	142	151	195	169	197	109	134	98
70 & over	154	5	25	21	8	22	17	17	12	10	17
Unknown	468	184	260	20	4	–	–	–	–	–	–
Total	63,062	3,728	14,732	8,949	7,625	9,158	6,692	6,712	3,175	1,846	445

FUNDING STANDARD ACCOUNT

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Amortization Amount	Years Remaining	Outstanding Balance
Plan Amendment	01/01/1993	\$37,542,212	7	\$220,708,249
Plan Amendment	01/01/1994	29,883,698	8	195,233,664
Change in Assumptions	01/01/1995	16,327,209	9	116,720,197
Plan Amendment	01/01/1995	70,333,072	9	502,798,127
Plan Amendment	01/01/1996	23,907,726	10	184,765,992
Plan Amendment	01/01/1997	26,981,700	11	223,238,244
Plan Amendment	01/01/1998	73,931,866	12	649,639,541
Plan Amendment	01/01/1999	73,193,224	13	678,510,011
Plan Amendment	01/01/2000	36,736,008	14	357,251,043
Plan Amendment	01/01/2001	20,244,856	15	205,541,394
Experience Loss	01/01/2002	72,276,217	1	72,276,217
Plan Amendment	01/01/2002	16,732,486	16	176,620,577
Plan Amendment	01/01/2003	7,751,281	17	84,757,425
Experience Loss	01/01/2003	324,853,293	2	630,597,569
Change in Assumptions	01/01/2003	114,938,851	17	1,256,814,352
Experience Loss	01/01/2005	182,414,124	4	667,762,676
Experience Loss	01/01/2006	68,198,913	5	303,168,790
Change in Assumptions	01/01/2006	136,016,567	20	1,624,481,977
Change in Assumptions	01/01/2007	217,485,999	21	2,662,185,330
Plan Amendment	01/01/2009	161,466	8	1,054,873
Experience Loss	01/01/2009	541,195,651	8	3,535,693,960
Experience Loss	01/01/2011	118,204,528	10	913,519,640

FUNDING STANDARD ACCOUNT

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Amortization Amount	Years Remaining	Outstanding Balance
Experience Loss	01/01/2012	154,351,250	11	1,277,054,520
Change in Assumptions	01/01/2013	40,659,238	12	357,272,848
Experience Loss	01/01/2013	134,137,502	12	1,178,666,650
Change in Assumptions	01/01/2016	419,843,184	15	4,262,571,782
Total		\$2,958,302,121		\$22,338,905,648

FUNDING STANDARD ACCOUNT

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Amortization Amount	Years Remaining	Outstanding Balance
Experience Gain	01/01/2004	\$44,327,296	3	\$125,312,806
Plan Amendment	01/01/2004	19,377,232	18	218,796,479
Change in Assumptions	01/01/2004	37,361,201	18	421,861,046
Experience Gain	01/01/2007	60,491,748	6	313,581,313
Plan Amendment	01/01/2008	85,720,841	7	503,947,318
Experience Gain	01/01/2008	171,031,951	7	1,005,485,851
Plan Amendment	01/01/2010	1,364,148	9	9,752,040
Experience Gain	01/01/2010	289,386,169	9	2,068,768,200
Plan Amendment	01/01/2011	1,225,655	10	9,472,222
Change in Assumptions	01/01/2011	24,486,318	10	189,237,528
Plan Amendment	07/01/2011	54,647,560	10.5	437,460,628
Plan Amendment	01/01/2012	17,276,684	11	142,941,938
Plan Amendment	01/01/2013	2,974,165	12	26,133,999
Plan Amendment	01/01/2014	2,194,765	13	20,345,737
Experience Gain	01/01/2014	126,922,236	13	1,176,584,431
Change in Assumptions	01/01/2015	591,556	14	5,752,775
Plan Amendment	01/01/2015	1,335,271	14	12,985,266
Experience Gain	01/01/2015	67,045,671	14	652,007,046
Plan Amendment	01/01/2016	3,158,505	15	32,067,578
Experience Gain	01/01/2016	25,359,308	15	257,467,247
Total		\$1,036,278,280		\$7,629,961,448

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND	D Employer Identification Number (EIN) 36-6044243	

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2016

b Assets

(1) Current value of assets	1b(1)	16,126,208,142
(2) Actuarial value of assets for funding standard account.....	1b(2)	16,425,541,620
c (1) Accrued liability for plan using immediate gain methods	1c(1)	39,046,354,526
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	39,046,354,526
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	55,036,288,777
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	555,870,301
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	2,857,663,368
(3) Expected plan disbursements for the plan year.....	1d(3)	2,907,263,368

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Daniel V. Ciner <i>DVC</i>	08/30/2017
	Signature of actuary	Date
	DANIEL V. CINER, MAAA	1705773
	Type or print name of actuary	Most recent enrollment number
	SEGAL CONSULTING	312-984-8500
	Firm name	Telephone number (including area code)
	101 NORTH WACKER DRIVE, SUITE 500	
	CHICAGO IL 60606-1724	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

Schedule MB (Form 5500) 2016
v. 160205

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	16,126,208,142
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	201,927	31,767,548,497
(2) For terminated vested participants	125,937	13,570,975,581
(3) For active participants:		
(a) Non-vested benefits		470,903,550
(b) Vested benefits		9,226,861,149
(c) Total active	63,062	9,697,764,699
(4) Total	390,926	55,036,288,777
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	29.30%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	781,861,963				
Totals ▶			3(b)	781,861,963	3(c) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	42.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5	4b	D
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	32,067,578
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here <input checked="" type="checkbox"/>	4f	2025

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- | | | | |
|--|--|--|---|
| a <input type="checkbox"/> Attained age normal | b <input type="checkbox"/> Entry age normal | c <input checked="" type="checkbox"/> Accrued benefit (unit credit) | d <input type="checkbox"/> Aggregate |
| e <input type="checkbox"/> Frozen initial liability | f <input type="checkbox"/> Individual level premium | g <input type="checkbox"/> Individual aggregate | h <input type="checkbox"/> Shortfall |

i Other (specify):

j If box h is checked, enter period of use of shortfall method 5j

k Has a change been made in funding method for this plan year? Yes No

l If line k is "Yes," was the change pursuant to Revenue Procedure 2000-40 or other automatic approval? Yes No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method 5m

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability 6a 3.28 %

	Pre-retirement			Post-retirement		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
b Rates specified in insurance or annuity contracts						
c Mortality table code for valuation purposes:						
(1) Males	6c(1) A			A		
(2) Females	6c(2) A			A		
d Valuation liability interest rate	6d 6.25 %			6.25 %		
e Expense loading	6e 15.6 %	<input type="checkbox"/> N/A		%	<input checked="" type="checkbox"/> N/A	
f Salary scale	6f %	<input checked="" type="checkbox"/> N/A				
g Estimated investment return on actuarial value of assets for year ending on the valuation date				6g	7.7 %	
h Estimated investment return on current value of assets for year ending on the valuation date				6h	-0.9 %	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-257,467,247	-25,359,308
3	-32,067,578	-3,158,505
4	4,262,571,782	419,843,184

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval 8a

b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule. Yes No

b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule. Yes No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? Yes No

d If line c is "Yes," provide the following additional information: Yes No

 (1) Was an extension granted automatic approval under section 431(d)(1) of the Code? Yes No

 (2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended 8d(2)

 (3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? Yes No

 (4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) 8d(4)

 (5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension 8d(5)

 (6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? Yes No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) 8e

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any 9a 7,911,868,706

b Employer's normal cost for plan year as of valuation date 9b 354,983,421

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	22,338,905,648	2,958,302,121
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0	
d Interest as applicable on lines 9a, 9b, and 9c	9d		701,572,141
e Total charges. Add lines 9a through 9d	9e		11,926,726,389
Credits to funding standard account:			
f Prior year credit balance, if any	9f		0
g Employer contributions. Total from column (b) of line 3	9g		781,861,963
		Outstanding balance	
h Amortization credits as of valuation date	9h	7,629,961,448	1,036,278,280
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		89,200,579
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	9j(1)	24,729,825,418	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	34,609,707,128	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		1,907,340,822
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		10,019,385,567
9o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the 2016 plan year	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10		10,019,385,567
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

(SCHEDULE MB, LINE 6)

Decrements

Rates of Retirement: Table A, except effective July 1, 2011, benefits commence no earlier than age 57

The retirement rates were based on historical and current demographic data, adjusted to reflect the economic conditions of the industry and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual liability change due to retirements and the projected liability change based on the prior years' assumption over the most recent five years.

Rates of Withdrawal Prior to Retirement: Table B

Rates of Disability: Table C

The withdrawal rates and disability rates were based on historical and current demographic data, adjusted to reflect the economic conditions of the industry and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual liability change due to withdrawals and disability retirements and the projected liability change based on the prior years' assumption over the most recent five years.

Rates of Mortality for Non-Annuitant Lives: RP-2014 Blue Collar Employee tables (sex distinct) with rates increased by 15%, and generational projection using Scale MP-2015 from 2014

Rates of Mortality for Healthy Annuitant Lives: RP-2014 Blue Collar Healthy Annuitant tables (sex distinct) with rates increased by 15%, and generational projection using Scale MP-2015 from 2014

Rates of Mortality for Disabled Lives: RP-2014 Disabled Retiree tables (sex distinct) with rates increased by 15%, and generational projection using Scale MP-2015 from 2014

The adjusted underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date.

These adjusted mortality tables were then projected to future years using the generational projection to reflect future mortality improvement.

The mortality rates were based on historical and current demographic data, adjusted to reflect health characteristics of the industry, and estimated future experience and professional judgment. As part of this analysis, a comparison was made between the actual number of deaths and liability change due to deaths, and the projected number and liability changes based on the prior years' assumption over the most recent five years.

Note: The rates described above are rates of decrement, not probability rates. Probability rates at a given age are calculated by considering all applicable rates of decrement at that age.

Table A
Retirement (%)

Age	Benefit Classes 1 – 14		Benefit Classes 15 and 16				Benefit Classes 17A and 17B			
	Under 20	20 & Over	Under 20	20 – 24	25 – 29*	30 & Over*	Under 20	20 – 24	25 – 29*	30 & Over*
48	0.0	0.0	0.0	0.0	1.0	10.0	0.0	0.0	2.0	10.0
49	0.0	0.0	0.0	0.0	2.0	10.0	0.0	0.5	2.0	10.0
50	0.5	1.5	0.5	1.0	3.0	10.0	0.5	1.0	3.0	10.0
51	0.5	1.5	0.5	1.0	3.0	10.0	0.5	1.0	3.0	10.0
52	0.5	1.5	0.5	1.5	4.0	10.0	0.5	1.0	5.0	10.0
53	0.5	1.5	0.5	1.5	4.0	10.0	0.5	1.0	5.0	10.0
54	1.0	3.0	1.0	1.5	5.0	10.0	0.5	1.5	6.0	15.0
55	1.0	4.0	1.5	3.0	6.0	10.0	1.0	2.5	8.0	15.0
56	1.0	5.0	2.0	5.0	8.0	10.0	2.0	4.0	10.0	20.0
57	2.5	6.0	5.0	7.0	12.0	18.0	4.0	9.5	15.0	25.0
58	3.0	6.0	5.0	9.0	13.0	17.0	4.0	9.0	15.0	25.0
59	3.0	7.0	5.0	10.0	15.0	17.5	6.0	9.5	15.0	25.0
60	6.0	15.0	8.0	15.0	20.0	20.0	7.5	10.5	20.0	25.0
61	10.0	20.0	15.0	25.0	30.0	35.0	12.0	18.0	30.0	35.0
62	25.0	50.0	35.0	50.0	55.0	65.0	27.5	37.0	50.0	65.0
63	25.0	35.0	25.0	35.0	50.0	50.0	24.5	30.5	50.0	55.0
64	25.0	35.0	25.0	35.0	45.0	40.0	23.0	32.5	45.0	50.0
65	50.0	55.0	50.0	60.0	60.0	55.0	48.0	46.0	60.0	55.0
66	30.0	35.0	40.0	60.0	60.0	55.0	34.0	35.5	40.0	45.5
67	25.0	25.0	35.0	35.0	35.0	45.0	28.5	35.0	40.0	35.0
68	25.0	25.0	30.0	35.0	35.0	30.0	33.5	18.5	25.0	20.0
69	25.0	25.0	30.0	35.0	35.0	30.0	21.0	12.5	30.0	20.0
70	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

* Participants who have less than 15 years of contributory credit on December 31, 2003 are assumed to retire in accordance with the "20-24" rates.

Table A (continued)
Retirement (%)

Age	Benefit Class 18/YRCW**				Benefit Class 18 Plus				Vested Inactive Participants**		
	Under 20	20 – 24	25 – 29*	30 & Over*	Under 20	20 – 24	25 – 29*	30 & Over*	Vested Pension	20 Year Service	30 & Out Benefit
48	0.0	1.0	2.0	10.0	0.0	0.0	2.0	10.0	0.0	0.0	20.0
49	0.0	1.0	3.0	10.0	0.0	0.5	3.0	10.0	0.0	13.0	20.0
50	0.0	1.5	4.0	10.0	0.25	0.5	4.0	10.0	0.5	20.0	20.0
51	0.0	2.0	5.0	10.0	0.25	1.0	5.0	10.0	0.5	8.0	20.0
52	0.5	2.0	7.0	10.0	0.25	1.0	7.0	10.0	0.5	8.0	20.0
53	0.5	1.5	7.0	10.0	0.25	1.0	7.0	10.0	1.0	8.0	20.0
54	0.5	3.0	9.0	15.0	0.5	1.5	9.0	15.0	1.5	9.0	20.0
55	1.0	3.0	10.0	15.0	2.0	2.5	10.0	15.0	2.5	8.0	20.0
56	1.5	5.5	15.0	20.0	2.0	4.0	15.0	20.0	2.5	12.0	35.0
57	3.5	12.5	30.0	25.0	3.0	9.5	30.0	25.0	4.0	19.0	35.0
58	3.5	11.0	20.0	25.0	4.0	9.0	20.0	25.0	4.0	10.0	30.0
59	4.0	13.0	20.0	25.0	4.0	9.5	20.0	25.0	4.0	12.0	30.0
60	4.5	15.5	25.0	25.0	4.0	10.5	25.0	25.0	5.0	19.0	30.0
61	10.5	20.0	30.0	35.0	8.0	18.0	30.0	35.0	8.0	24.0	30.0
62	27.0	35.5	60.0	65.0	20.0	37.0	60.0	65.0	15.0	36.0	50.0
63	20.0	27.0	45.0	45.0	10.0	30.5	45.0	45.0	8.0	23.0	50.0
64	20.0	35.0	45.0	40.0	25.0	32.5	45.0	40.0	15.0	27.0	25.0
65	50.0	61.0	45.0	50.0	35.0	46.0	45.0	50.0	30.0	48.0	25.0
66	25.0	38.0	40.0	50.0	50.0	35.5	40.0	50.0	8.0	24.0	25.0
67	25.5	36.0	40.0	50.0	25.0	35.0	40.0	50.0	8.0	17.0	25.0
68	25.0	18.0	30.0	35.0	25.0	18.5	30.0	35.0	8.0	18.0	25.0
69	25.0	9.0	30.0	20.0	25.0	12.5	30.0	20.0	8.0	18.0	25.0
70	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

* Participants who have less than 15 years of contributory credit on December 31, 2003 are assumed to retire in accordance with the "20-24" rates.

** YRCW participants subject to benefit reductions under the Distressed Employer Schedule are assumed to retire in accordance with the Class 18 "Under 20" or "Vested Pension" rates. In addition, YRCW participants who were age 55 with 25 years of service as of July 1, 2009 are assumed to defer benefit commencement until age 62.

Table B
Withdrawals (%) *

Years of Service	Classes 1 – 14	Classes 15 and 16	Classes 17A and 17B	Class 18	Class 18 Plus
0	40.00	35.00	35.00	25.00	35.00
1	30.00	25.00	20.00	14.00	20.00
2	25.00	20.00	15.00	10.00	15.00
3	25.00	15.00	12.00	10.00	15.00
4	20.00	14.00	12.00	8.00	13.00
5	20.00	13.00	10.00	6.00	13.00
6	17.00	11.00	10.00	6.00	10.00
7	16.00	10.00	10.00	6.00	8.00
8	15.00	10.00	10.00	6.00	8.00
9	15.00	10.00	7.00	6.00	8.00
10	15.00	9.00	7.00	5.00	8.00
11	15.00	9.00	7.00	5.00	8.00
12	13.00	8.00	6.00	4.00	8.00
13	13.00	7.00	5.00	4.00	8.00
14	13.00	6.00	4.00	3.00	7.00
15	10.00	6.00	4.00	3.00	4.00
16	9.00	6.00	4.00	2.00	4.00
17	8.00	5.00	4.00	2.00	4.00
18	8.00	5.00	4.00	2.00	4.00
19	9.00	5.00	4.00	2.00	4.00
20	11.00	5.00	4.00	2.00	4.00
21	9.00	5.00	3.00	2.00	3.00
22	8.00	5.00	3.00	2.00	2.00
23	7.00	5.00	2.00	2.00	2.00
24	6.00	5.00	2.00	1.00	2.00
25	6.00	3.00	2.00	1.00	2.00
26	6.00	3.00	2.00	1.00	2.00
27	6.00	2.00	1.00	1.00	1.00
28	6.00	2.00	1.00	1.00	1.00
29	5.00	2.00	1.00	1.00	1.00
30 & over	5.00	2.00	1.00	1.00	1.00

* Withdrawal rates cut out at eligibility for retirement provided a non-zero rate of retirement apply at that age.

Table C
Disability (%)

Age	Rate of Disability	Age	Rate of Disability	Age	Rate of Disability
21	0.00	36	0.03	51	0.10
22	0.00	37	0.04	52	0.09
23	0.00	38	0.05	53	0.09
24	0.00	39	0.06	54	0.09
25	0.00	40	0.07	55	0.09
26	0.00	41	0.08	56	0.09
27	0.00	42	0.10	57	0.09
28	0.00	43	0.10	58	0.09
29	0.00	44	0.11	59	0.08
30	0.00	45	0.12	60	0.08
31	0.00	46	0.12	61	0.07
32	0.01	47	0.13	62	0.07
33	0.02	48	0.12	63	0.06
34	0.02	49	0.11	64	0.04
35	0.03	50	0.11	65	0.03

Table D
Mortality* (%)

Age	Healthy**		Disabled	
	Male	Female	Male	Female
20	0.06	0.02	0.75	0.24
25	0.07	0.02	0.91	0.26
30	0.06	0.03	0.87	0.34
35	0.08	0.04	1.02	0.45
40	0.09	0.05	1.21	0.62
45	0.14	0.08	1.84	1.00
50	0.24	0.14	2.22	1.33
55	0.40	0.21	2.61	1.65
60	0.96	0.65	3.03	1.93
65	1.42	0.97	3.57	2.33
70	2.20	1.55	4.50	3.13
75	3.51	2.56	6.05	4.57
80	5.79	4.27	8.55	6.84
85	9.71	7.30	12.67	10.15
90	16.37	12.53	19.35	14.86

* Rates above are sample rates in 2016. Rates are projected on a generational basis after 2016 using Scale MP-2015.

** Employee rates shown for ages 20-55 and annuitant rates shown for ages 60-90.

Description of Weighted Average Retirement Age	Age 62, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2016 actuarial valuation.																				
Future Benefit Accruals	One year of service per year The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent five years.																				
Frequency of Employer Contributions	<table border="1" data-bbox="506 467 1514 695"> <thead> <tr> <th>Benefit Class</th> <th>Assumed Weeks Worked</th> <th>Assumed Days Worked</th> <th>Assumed Hours Worked</th> </tr> </thead> <tbody> <tr> <td>1 through 14</td> <td>47</td> <td>210</td> <td>1,300</td> </tr> <tr> <td>15 & 16</td> <td>51</td> <td>210</td> <td>1,700</td> </tr> <tr> <td>17A & 17B</td> <td>51</td> <td>240</td> <td>1,700</td> </tr> <tr> <td>18 & 18 Plus</td> <td>51</td> <td>240</td> <td>1,700</td> </tr> </tbody> </table> <p>The frequency of employer contributions was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual frequency of employer contributions over the most recent five years.</p>	Benefit Class	Assumed Weeks Worked	Assumed Days Worked	Assumed Hours Worked	1 through 14	47	210	1,300	15 & 16	51	210	1,700	17A & 17B	51	240	1,700	18 & 18 Plus	51	240	1,700
Benefit Class	Assumed Weeks Worked	Assumed Days Worked	Assumed Hours Worked																		
1 through 14	47	210	1,300																		
15 & 16	51	210	1,700																		
17A & 17B	51	240	1,700																		
18 & 18 Plus	51	240	1,700																		
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male. The Fund Office adjusted for missing birth dates by assuming that they were 30 years prior to participation date.																				
Definition of Active Participants	Active participants are defined as those reported as Active by the Fund Office excluding those who have retired as of the valuation date. All actives have earned one year of vesting service in the most recent plan year.																				
Exclusion of Inactive Vested Participants	Inactive participants over age 70 are excluded from the valuation, based on an assumption that they will not ultimately apply for a pension or respond to inquiries by the Fund Office. This assumption does not apply to those UPS participants that became inactive vested participants as a result of UPS's withdrawal. The exclusion of inactive vested participants over age 70 was based on historical and current demographic data, adjusted to reflect advice from the Trustees and estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.																				
Deceased Inactive Vested Participants	Liabilities for inactive vested participants reported with a date of death are included in the valuation and multiplied by a factor of 0.44 to reflect an assumption that 80% have a surviving spouse that will collect benefits.																				
Percent Married	80% The percent married was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of this analysis, the percent married was reviewed.																				

Section 4: Certificate of Actuarial Valuation as of January 1, 2016 for the Central States, Southeast and Southwest Areas Pension Plan



Age and Sex of Spouse	<p>Spouses are assumed to be the opposite sex of participants. Females are three years younger than male spouses.</p> <p>The age and sex of spouse were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of this analysis, the age and sex of spouse were reviewed.</p>
Benefit Election	<p>Married participants are assumed to elect the 50% Joint and Survivor Annuity. Single participants are assumed to elect the Single Life Annuity with 60 months of payments guaranteed (without guarantee for participants on the Default Schedule, Distressed Employer Schedule, or subject to adjustable benefit reductions due to a Rehabilitation Plan Withdrawal). Participants currently receiving a disability benefit are assumed to convert to a normal retirement benefit at age 65.</p> <p>The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent five years.</p>
Net Investment Return	<p>6.25%</p> <p>The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was done that reflects select and ultimate inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Rogerscasey, the Plan's target asset allocation, and projected Plan insolvency. The select and ultimate return assumptions for each year used to formulate the single rate 6.25% assumption are 5.00%, 5.50%, 6.00%, 6.50%, 6.50%, 7.00%, 7.50%, 7.50%, and 7.50% for the years 2016-2024 respectively.</p>
Annual Administrative Expenses	<p>\$49,600,000, payable monthly, for the year beginning January 1, 2016 (equivalent to \$48,004,971 payable at the beginning of the year).</p> <p>The annual administrative expenses were based on the expense budget for the upcoming year.</p>
Actuarial Value of Assets	<p>The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.</p>
Actuarial Cost Method	<p>Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service.</p>
Benefit Class	<p>Plan participants are assumed to remain in their current Benefit Class until termination or retirement.</p>
Benefits Valued	<p>Unless otherwise indicated, includes all benefits summarized in <i>Exhibit 5</i>.</p>
Current Liability Assumptions	<p><i>Interest:</i> 3.28%, within the permissible range prescribed under IRC Section 431(c)(6)(E)</p> <p><i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1: RP-2000 tables projected forward to the valuation year plus seven years for annuitants and 15 years for nonannuitants</p>

SUMMARY OF PLAN PROVISIONS

(SCHEDULE MB, LINE 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Year	January 1 through December 31																								
Pension Credit Year	January 1 through December 31																								
Plan Status	Ongoing plan																								
Participation	Employee is eligible to participate when at least 20 weeks of contributions have been made on his or her behalf in the first year of employment or in any calendar year thereafter (for Benefit Classes 15A through 18+, need 20 weeks or 75 days of contributions).																								
Contributions	Employers made daily or weekly contributions on behalf of their employees, as established by a collective bargaining agreement. These contribution rates are a factor in determining Benefit Class. Minimum contribution rates vary by several factors, including Benefit Class and year of last contract. The average annual contribution per participant, based on the assumptions regarding frequency is \$9,278.																								
Service Credit	Sum of Contributory Credit and Non-Contributory Credit.																								
Contributory Credit	Credit is based on contributions made by employer on employee's behalf. Contributory Credit is earned on a calendar year basis according to the following schedule: <table style="margin-left: 40px;"> <tr> <td colspan="2"><u>Benefit Classes 1 – 14</u></td> </tr> <tr> <td>0 – 19 weeks contributed</td> <td>No Credit</td> </tr> <tr> <td>20 – 39 weeks contributed</td> <td>Number of weeks divided by 40</td> </tr> <tr> <td>40 or more weeks contributed</td> <td>1 year credit</td> </tr> <tr> <td colspan="2"><u>Benefit Classes 15A – 18+</u></td> </tr> <tr> <td>0 – 19 weeks contributed</td> <td>No Credit</td> </tr> <tr> <td>20 – 39 weeks contributed</td> <td>Number of weeks divided by 40</td> </tr> <tr> <td>40 or more weeks contributed</td> <td>1 year credit</td> </tr> <tr> <td colspan="2">Or</td> </tr> <tr> <td>74 days contributed</td> <td>No Credit</td> </tr> <tr> <td>75 – 179 days contributed</td> <td>Number of days divided by 180</td> </tr> <tr> <td>180 or more days contributed</td> <td>1 year credit</td> </tr> </table>	<u>Benefit Classes 1 – 14</u>		0 – 19 weeks contributed	No Credit	20 – 39 weeks contributed	Number of weeks divided by 40	40 or more weeks contributed	1 year credit	<u>Benefit Classes 15A – 18+</u>		0 – 19 weeks contributed	No Credit	20 – 39 weeks contributed	Number of weeks divided by 40	40 or more weeks contributed	1 year credit	Or		74 days contributed	No Credit	75 – 179 days contributed	Number of days divided by 180	180 or more days contributed	1 year credit
<u>Benefit Classes 1 – 14</u>																									
0 – 19 weeks contributed	No Credit																								
20 – 39 weeks contributed	Number of weeks divided by 40																								
40 or more weeks contributed	1 year credit																								
<u>Benefit Classes 15A – 18+</u>																									
0 – 19 weeks contributed	No Credit																								
20 – 39 weeks contributed	Number of weeks divided by 40																								
40 or more weeks contributed	1 year credit																								
Or																									
74 days contributed	No Credit																								
75 – 179 days contributed	Number of days divided by 180																								
180 or more days contributed	1 year credit																								

Non-Contributory Credit	Employee can earn Non-Contributory Credit if he or she became a Participant prior to April 1, 1985, and if he or she worked for a Teamster type organization prior to becoming a participant in this plan. Up to one year of Non-Contributory Credit can be given for each year of Contributory Credit.
Reemployment	If a pensioner or disabled Participant returns to work, benefit payments may be suspended pursuant to the terms of the Plan. Benefit may have to be re-calculated if he or she earns additional credit.
Vesting Service	A Participant earns one year of Vesting Service for each calendar year during which the employer makes at least 20 weeks of contribution on his or her behalf (20 weeks or 75 days for Benefit Classes 15A through 18+). A Participant becomes vested upon earning five years of vesting service.
Break in Service	<p>A one-year break is a calendar year with less than 10 weeks of Contributory Credit, Non-Contributory Credit, or Vesting Service.</p> <p>A Break in Service occurs when a non-vested Participant has the greater of a) five consecutive one-year breaks, or b) a number of consecutive one-year breaks equal to the number of years of Vesting Service prior to the one-year breaks.</p>
Retirement Benefits	<p>A Participant receives the best of the following benefit types at retirement:</p> <ul style="list-style-type: none">• Twenty-Year Service Pension• Contribution-Based Pension• Contributory Credit Pension

Twenty-Year Service Pension

This benefit is earned by combining Contributory Credit and Non-Contributory Credit, and at least one-half of the total Credit must be Contributory.

This Benefit is based on Benefit Class and age at retirement as follows:

Benefit Class	Monthly Pension Benefit				
	Age 57	Age 58	Age 59	60-64	Age 65
1	\$60	\$60	\$60	\$60	\$60
2	90	90	90	90	90
2A	125	125	125	125	125
3	140	140	140	170	170
3A	170	170	170	210	210
4	225	225	225	275	275
5	260	260	260	315	315
6	285	285	285	350	350
7	330	330	330	400	400
8	365	365	365	445	445
9	400	400	400	485	485
10	435	435	435	530	530
11	490	490	490	595	595
12	575	575	575	675	675
13	600	600	600	725	725
14	625	625	625	775	775
15	700	750	800	900	900
16	700	750	800	900	1,100
17A&B	700	750	800	900	1,100
18&18+	700	750	800	900	1,100

- *Eligibility:* Attain age 50 while an active plan participant with 20 years of Credit
 Or
 30 years of Credit, regardless of age.
- *Amount:* Monthly pension benefit is based on chart above using age on the earlier of 1) retirement date, or 2) date of termination. Benefit is reduced by .5% for each month retirement age precedes age 57.

**Deferred Pension
(Special Provision)**

- *Eligibility:* Attain age 57 while an active plan participant with 20 years of Credit
Or
20 years of Contributory Credit, regardless of age, with at least 20 weeks under Schedule B of the Benefit Class Rate Chart
Or
Attain age 50 while an active plan participant with 20 years of Contributory Credit.
- *Amount:* Monthly pension benefit is based on previous chart using age at retirement (not age at termination). This special Deferred Pension allows a participant to terminate employment, but delay retirement to a later date to receive a greater benefit. This benefit is reduced .5% for each month retirement age precedes age 57. This benefit is not payable prior to age 50.

**Contribution-Based
Pension**

- *Eligibility:* Five years of Vesting Service.
- *Amount:* This monthly pension benefit is payable, unreduced, at the earlier of age 65 and age 62 with 20 years of Credit, and is equal to (a) + (b) + (c):
 - (a) 1% of all employer contributions paid on the Participant's behalf on or after January 1, 2004;
 - (b) 2% of all employer contributions paid on the Participant's behalf on or after January 1, 1986 through December 31, 2003;
 - (c) Pre-1986 credit is determined using a formula as defined in the January 1, 1985 Pension Plan.
- This benefit can be taken early, with a reduction of .5% for each month retirement date precedes age 65, or age 62 with 20 years of Credit if earlier.

Contributory Pension

- *Eligibility (must meet any of the following):*
 - 30 years of Contributory Credit, with at least ½ year of Contributory Credit earned prior to January 1, 2004 and Contribution being made under Schedule B of the Benefit Class Rate Chart;
 - At least age 57 with at least 20 years of Contributory Credit and Benefit Class 16 or higher;
 - At least age 57 with at least 25 years of Contributory Credit and Benefit Class 15C or higher;
 - At least age 60 with at least 25 years of Contributory Credit and Benefit Class 15A or higher;
 - 25 years of Contributory Credit and Benefit Class 17A, 18, or 18+;
 - At least age 55 with at least 25 years of Contributory Credit and Benefit Class 17B;
 - At least age 50 with at least 20 years of Contributory Credit and Benefit Class 18 or 18+.

- *Amount:* The sum of (a) and (b), where:
 - (a) 1% of Contributions paid on participant's behalf on or after January 1, 2004 (payable monthly and reduced .5% per month for retirement prior to 62);
 - (b) a percentage (determined by taking years of Contributory Credit as of December 31, 2003 divided by total Contributory Credit at retirement) of the amount, payable monthly, taken from the following charts (age used in chart should be age at date of termination).

For Benefit Classes 1 – 14:

Use age 60 amount from Twenty-Year Service Pension Chart.

For Benefit Class 15A:

Age	25 Years	30 Years
Any	\$0	\$1,000
60-61	950	1,050
62-64	1,050	1,125
65+	1,125	1,250

For Benefit Class 15B:

Age	25 Years	30 Years
Any	\$0	\$1,000
60-61	1,000	1,100
62-64	1,100	1,250
65+	1,250	1,500

• **For Benefit Class 15C (Phase I):**

Age	25 Years	30 Years
Any	\$0	\$1,000
57-59	900	1,125
60-61	1,125	1,350
62-64	1,225	1,500
65+	1,375	1,750

For Benefit Class 15C (Phase II):

Age	25 Years	30 Years
Any	\$0	\$1,000
57-59	1,000	1,250
60-61	1,250	1,600
62-64	1,350	1,750
65+	1,500	2,000

For Benefit Class 16:

Age	20 Years	25 Years	30 Years
Any	\$0	\$0	\$2,000
57	900	1,200	2,000
58	950	1,300	2,000
59	1,000	1,400	2,000
60	1,050	1,500	2,000
61	1,100	1,600	2,100
62	1,200	1,700	2,200
63	1,300	1,800	2,300
64	1,400	1,900	2,400
65+	1,500	2,000	2,500

Contributory Credit Pensions Under Benefit Class 17A

Age	Years of Contributory Service											
	20-24	25	26	27	28	29	30	31	32	33	34	35 & Over
Any Age	-	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$2,000	\$2,100	\$2,200	\$2,300	\$2,400	\$2,500
56	-	1,500	1,600	1,600	1,600	1,600	2,000	2,100	2,200	2,300	2,400	2,500
57	\$900	1,500	1,600	1,700	1,700	1,700	2,000	2,100	2,200	2,300	2,400	2,500
58	950	1,500	1,600	1,700	1,800	1,800	2,000	2,100	2,200	2,300	2,400	2,500
59	1,000	1,500	1,600	1,700	1,800	1,900	2,000	2,100	2,200	2,300	2,400	2,500
60	1,050	1,500	1,600	1,700	1,800	1,900	2,000	2,100	2,200	2,300	2,400	2,500
61	1,100	1,600	1,600	1,700	1,800	1,900	2,100	2,100	2,200	2,300	2,400	2,500
62	1,200	1,700	1,700	1,700	1,800	1,900	2,200	2,200	2,200	2,300	2,400	2,500
63	1,300	1,800	1,800	1,800	1,800	1,900	2,300	2,300	2,300	2,300	2,400	2,500
64	1,400	1,900	1,900	1,900	1,900	1,900	2,400	2,400	2,400	2,400	2,400	2,500
65 & Up	1,500	2,000	2,000	2,000	2,000	2,000	2,500	2,500	2,500	2,500	2,500	2,500

Contributory Credit Pensions Under Benefit Class 17B

Age	Years of Contributory Service											
	20-24	25	26	27	28	29	30	31	32	33	34	35 & Over
Any Age	-	-	-	-	-	-	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000
55	-	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	2,500	2,600	2,700	2,800	2,900	3,000
56	-	1,500	1,600	1,600	1,600	1,600	2,500	2,600	2,700	2,800	2,900	3,000
57	\$900	1,500	1,600	1,700	1,700	1,700	2,500	2,600	2,700	2,800	2,900	3,000
58	950	1,500	1,600	1,700	1,800	1,800	2,500	2,600	2,700	2,800	2,900	3,000
59	1,000	1,500	1,600	1,700	1,800	1,900	2,500	2,600	2,700	2,800	2,900	3,000
60	1,050	1,500	1,600	1,700	1,800	1,900	2,500	2,600	2,700	2,800	2,900	3,000
61	1,100	1,600	1,600	1,700	1,800	1,900	2,500	2,600	2,700	2,800	2,900	3,000
62	1,200	1,700	1,700	1,700	1,800	1,900	2,500	2,600	2,700	2,800	2,900	3,000
63	1,300	1,800	1,800	1,800	1,800	1,900	2,500	2,600	2,700	2,800	2,900	3,000
64	1,400	1,900	1,900	1,900	1,900	1,900	2,500	2,600	2,700	2,800	2,900	3,000
65 & Up	1,500	2,000	2,000	2,000	2,000	2,000	2,500	2,600	2,700	2,800	2,900	3,000

Contributory Credit Pensions Under Benefit Class 18

Age	Years of Contributory Service											
	20-24	25	26	27	28	29	30	31	32	33	34	35 & Over
Any Age	-	\$2,000	\$2,100	\$2,200	\$2,300	\$2,400	\$3,000	\$3,100	\$3,200	\$3,300	\$3,400	\$3,500
50	\$650	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
51	700	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
52	750	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
53	800	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
54	850	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
55	900	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
56	950	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
57	1,000	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
58	1,050	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
59	1,100	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
60	1,150	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
61	1,200	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
62	1,300	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
63	1,400	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
64	1,500	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
65 & Up	2,000	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500

Contributory Credit Pensions Under Benefit Class 18 Plus

Age	Years of Contributory Service											
	20-24	25	26	27	28	29	30	31	32	33	34	35 & Over
Any Age	-	\$2,000	\$2,100	\$2,200	\$2,300	\$2,400	\$3,000	\$3,100	\$3,200	\$3,300	\$3,400	\$3,500
50	\$650	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
51	700	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
52	750	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
53	800	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
54	850	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
55	900	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
56	950	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
57	1,000	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
58	1,050	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
59	1,100	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
60	1,150	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
61	1,200	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
62	1,300	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
63	1,400	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
64	1,500	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
65 & Up	2,000	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500

Disability Pension

- *Eligibility:* Under age 62 with 10 years of credited service and Benefit Class 4 or higher
- *Amount:* For Benefit Class 18: \$650 per month plus \$50 for each year that the age at time of disability exceeded age 50 with a maximum benefit of \$1,000. For other Benefit Classes: \$265 per month until death or recovery from disability. At age 65, a disabled participant may elect to receive a normal retirement benefit instead.

Vesting

- *Eligibility:* 5 years of vesting service
- *Amount:* Vested participants retiring after January 1, 1987 will get a Contribution-Based Pension. The Vested Pension is only for those retiring on or before January 1, 1987.

Pre-Retirement Death Benefits

Survivors may only receive one non-disability death benefit.

50% Surviving Spouse Benefit

- *Eligibility:* Married and either a vested participant or eligible for an immediate pension.
- *Amount:* 50% of the pension that would have been payable under the Joint and 50% Surviving Spouse option.

60-Month Survivor Benefit

- *Eligibility:* Active participant with 20 years of credited service, married or with dependent children, and Benefit Class 4 or higher
- *Amount:* 60 months' pension equal to the greater of \$160 per month or the pension the deceased participant could have received under the lifetime with limited surviving spouse payment option.

Lump-Sum Death Benefit

- *Eligibility:* Active participant with 10 years of credited service
- *Amount:* \$4,000 under Schedule B, \$2,000 under Schedule A, or \$10,000 under Benefit Class 18 but not more than 50% of the contributions made for the participant. Survivor eligible for more than one death benefit must elect which one to receive if not covered under Benefit Class 18.

Disability Death Benefit

- *Eligibility:* Receiving a disability pension.
- *Amount:* \$1,000 or 50% of spouse's benefit

Lump-Sum Disability Benefit

- *Eligibility:* Age 45 with 10 years of credited service and not eligible for the disability pension.
- *Amount:* \$3,000 under Schedule B or \$2,000 under Schedule A, but not more than 50% of the contributions made for the participant.

Optional Forms of Payment

For single participants:

- Single Life Annuity for members of Benefit Classes 4 and higher, with a \$1,000 death benefit
- Single Life Annuity for members of Benefit Classes below 4 and a benefit based on 20 years of Credit, with a \$1,000 death benefit

For married participants:

- 50% Joint and Survivor Pension (QJSA) with pop-up provision, reduced from the single life annuity
- 75% Joint and Survivor Pension (QOSA) with pop-up provision, reduced from the single life annuity
- Single Life Annuity for members of Benefit Classes 4 and higher, with 60 months of payments guaranteed or, if the spouse does not survive to the pensioner's death, a \$1,000 death benefit
- Single Life Annuity for members of Benefit Classes below 4 and a benefit based on 20 years of Credit, with a \$1,000 death benefit upon the pensioner's death and a \$500 death benefit upon the spouse's death

Benefit Transfer

Effective January 1, 2008, the responsibility to pay all benefits to non-retired UPS participants as of January 1, 2008 other than the Contribution-Based Pension Accrued Benefit payable at age 65 was transferred to the UPS/IBT Full-Time Pension Plan

Summary of Plan Changes Under Rehabilitation Plan

Primary Schedule: Except for plan withdrawals, preserves all current benefit provisions. Annually compounded contribution increases are required effective immediately after the expiration of the Collective Bargaining Agreement. For 2008 agreements, the increases are 8% for the first five years, 6% for the next three years, and 4% per year thereafter. Effective for retirements on or after July 1, 2011, participants will not be granted a retirement date prior to age 57, and effective June 1, 2011, required contributions will be limited to \$348 per week for each participant covered by the National Automobile Transporter Agreement and \$342 per week for all other participants. Any employer that qualifies as a New Employer under Section 2.2(b) of Appendix E of the Plan is not required to make additional contribution rate increases otherwise required by the Rehabilitation Plan as of the date it qualifies as a New Employer.

Default Schedule: Adjustable Benefits are eliminated or reduced to the maximum extent permitted by law for employees of contributing employers subject to the Default Schedule. Adjustable Benefits include the Twenty-Year Service Pension, the Contributory Credit Pension, all disability benefits not yet in pay status, and before retirement death benefits other than the 50% surviving spouse benefit. Effective for retirements on or after July 1, 2011, the early retirement reductions in the Default Schedule are based on actuarially equivalent factors rather than 6% per year from 65 and may not commence prior to age 57. Annually compounded contribution increases of 4% are required effective immediately after the expiration of the Collective Bargaining Agreement. Any employer that qualifies as a New Employer under Section 2.2(b) of Appendix E of the Plan is not required to make additional contribution rate increases otherwise required by the Rehabilitation Plan as of the date it qualifies as a New Employer.

Rehabilitation Plan Withdrawals: When a contributing employer is no longer required to make employer contributions to the Pension Fund under one or more of its Collective Bargaining Agreements as a result of actions by members of a Bargaining Unit, its representatives, or the contributing employer; the participants of that employer that have not yet commenced benefits shall be subject to the Adjustable Benefit reductions of the Default Schedule.

Distressed Employer Schedule: Adjustable Benefits are eliminated or reduced to the maximum extent permitted by law for employees of contributing employers subject to the Distressed Employer Schedule, except for any participant that has achieved a minimum age of 55 and accrued a minimum of 25 years of Contributory Credit as of the date of the Distressed Employer's termination of participation in the Fund provided that the retirement is not prior to age 62. Adjustable Benefits include the Twenty-Year Service Pension, the Contributory Credit Pension, all disability benefits not yet in pay status, and before retirement death benefits other than the 50% surviving spouse benefit. Early retirement reductions are based on actuarially equivalent factors effective for retirements on or after July 1, 2011.

Changes in Plan Provisions

The following plan provision was changed and is reflected in this valuation:

- During the plan year ended December 31, 2015, 1,520 active participants and 700 inactive vested participants were first reported to be covered under the Default Schedule, Distressed Employer Schedule, or were subject to Adjustable Benefit reductions as a result of a Rehabilitation Plan Withdrawal. As participants become subject to these schedules, their changes in benefits are treated as a plan change.

SCHEDULE OF PROJECTION OF EXPECTED BENEFIT PAYMENTS

(SCHEDULE MB, LINE 8b(1))

Plan Year	Expected Annual Benefit Payments
2016	\$2,846,607,277
2017	2,874,951,258
2018	2,893,041,432
2019	2,904,986,214
2020	2,912,757,509
2021	2,915,238,380
2022	2,914,342,385
2023	2,908,672,846
2024	2,896,483,431
2025	2,880,758,316

Note: The expected annual benefit payments shown above assume no additional accruals and no new entrants are covered by the plan.

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 PN: 001
SCHEDULE R – UPDATE OF REHABILITATION PLAN
DECEMBER 31, 2016

The following 22 pages contain a summary of the updated Rehabilitation Plan and related exhibits.

APPENDIX M-8. REHABILITATION PLAN (INCLUDING 2016 UPDATE)

Section 1. PREAMBLE AND DEFINITIONS.

Appendix M comprising the Rehabilitation Plan was added to the Pension Plan effective on and after March 26, 2008, and has been amended from time to time since then.

This Appendix M-8 is added to the Pension Plan effective on and after December 31, 2016 (except where a different effective date for any provision is noted below) in order to update the Rehabilitation Plan in compliance with the requirements of the Pension Protection Act of 2006 ("PPA").

The Central States, Southeast and Southwest Areas Pension Fund (the "Fund") was initially certified on March 24, 2008 by its actuary to be in "critical status" (sometimes referred to as the "red zone") under the PPA: the Fund's actuary has also certified the Fund to be in critical status in March of each subsequent year through March 2014. For 2015, 2016, and 2017 the actuary certified the Fund to be in "critical and declining status", pursuant to the Multiemployer Pension Reform Act of 2014 ("MPRA"). The Fund's Board of Trustees, as the plan sponsor of a "critical and declining status" pension plan, is charged under the PPA and MPRA with developing a "rehabilitation plan" designed to improve the financial condition of the Fund in accordance with the standards set forth in the PPA, and with annually updating the rehabilitation plan. Although for plan year 2009 the Fund was exempt from the update requirement, pursuant to an election under the Worker Retiree and Employer Recovery Act of 2008, for subsequent plan years the PPA provisions concerning the rehabilitation plan update process are applicable to the Fund. The purpose of this updated Rehabilitation Plan is to comply with those PPA provisions, as amended to date, including any applicable amendments under MPRA.

Under the PPA, a rehabilitation plan, including annual updates to the plan, must include one or more schedules showing revised benefit structures, revised contributions, or both, which, if adopted by the parties obligated under agreements participating in the pension plan, may reasonably be expected to enable the Fund to emerge from critical status in accordance with the rehabilitation plan. The PPA also provides that one of the rehabilitation plan schedules of benefits and contributions shall be designated the "default" schedule. The default schedule must assume that there are no increases in contributions under the plan other than the increases necessary to emerge from critical status after future benefit accruals and other benefits have been reduced to the maximum extent permitted by law. The PPA also creates certain categories of "adjustable benefits" which may be reduced or eliminated dependent upon the outcome of bargaining over the rehabilitation plan schedules and dependent on the exercise of certain flexibility and discretion conferred upon the Board of Trustees by the PPA. Adjustable benefits that may be affected in this manner include post-retirement death benefits, early retirement benefits or retirement-type subsidies, and generally any benefit that would be payable prior to normal retirement age (age 65 benefits under the Fund's Plan Document - or, as discussed below, a Contribution Based Benefit actuarially reduced to be

equivalent to an age 65 benefit). As noted, the PPA also requires annual updates of the rehabilitation plan.

Unless otherwise indicated, all capitalized terms herein shall have the definitions and meanings assigned to them in the Fund's Pension Plan Document.

Section 2. SCHEDULES OF CONTRIBUTIONS AND BENEFITS.

With the PPA requirements outlined above in mind, the Fund's Board of Trustees hereby provides the following PPA Schedules to the parties charged with bargaining over agreements requiring contributions to the Fund.

A. PRIMARY SCHEDULE (EXCEPT AS NOTED, PRESERVES ALL CURRENT BENEFITS).

1. Benefits

With regard to Bargaining Units (and any non-Bargaining Unit employee groups participating in the Fund) whose Contributing Employers are in compliance with this Primary Schedule, there will be no change in benefit formulas, levels or payment options in effect on January 1, 2008, *except that* as provided in Section 2(J) below, Participants who (i) have not submitted a retirement application on or before July 1, 2011 and (ii) do not have a benefit commencement date (within the meaning of ERISA § 305(i)(10)) on or before July 1, 2011, will not be granted a Retirement Date prior to their 57th birthday and will not be eligible to receive retirement benefit payments of any type until after achieving age 57.

Further, subject to the notice requirements of the PPA and other applicable law, any Bargaining Units (and any non-Bargaining Unit employee groups participating in the Fund) whose Contributing Employers incur a Rehabilitation Plan Withdrawal on or after March 26, 2008 shall have their Adjustable Benefits listed in Section 2(H) below eliminated or reduced to the extent indicated in Section 2(B)(1) below.

2. Contributions

Compliance with the Primary Schedule requires annually compounded contribution rate increases in accordance with Exhibit A effective immediately after the expiration of the Collective Bargaining Agreement (or other agreement requiring contributions to the Fund) and each agreement anniversary date (or reallocation anniversary, where applicable) during the term of the new bargaining agreement to the extent indicated in Exhibit A, depending on the year that the new agreement is effective. Note that all contribution rate increases are annually compounded on the total contribution rate (including any

reallocations of employee benefit contributions or agreed mid-contract contribution increases) immediately prior to the increase.

The required annual rate increase may be provided through annual allocations to pension contributions of general and aggregate employee benefit contribution increases that were negotiated at the outset of an agreement, but were not specifically allocated to pension contributions until subsequent contract years. The Primary Schedule requires 8% per year contribution rate increases for the first 5 years, 6% per year contribution rate increases for the next 3 years and 4% per year contribution rate increases each year thereafter for 2008 agreements under the Primary Schedule and comparable rate increases over time for all other agreements under the Primary Schedule (see Exhibit A).

Provided, however, that absent further amendment to this rehabilitation plan, as of June 1, 2011, any Collective Bargaining Agreement requiring contributions of (1) \$348 per week for each full-time employee with respect to Participants covered by the National Master Automobile Transporter Agreement, and (2) \$342 per week for each full-time employee with respect to all other Participants, will be deemed to be in compliance with the Primary Schedule *without* the need for additional annual rate increases.

Provided further that any Employer that qualifies as a New Employer under § 2.2(b) of Appendix E of the Pension Plan will be deemed, as of the date it qualifies as a New Employer, to be in compliance with the Primary Schedule *without* the need for additional contribution rate increases.

B. DEFAULT SCHEDULE.

1. Benefits

With regard to Bargaining Units (and any non-Bargaining Unit employee groups participating in the Fund) whose Contributing Employers agree to comply with this Default Schedule [or who become subject to the Default Schedule due to a failure to achieve an agreement to accept one of the Rehabilitation Plan Schedules within the time frame specified under ERISA § 305(e)(3)(C)], the benefit formulas, levels, and payment options in effect on January 1, 2008 will remain in effect except for the following, upon the effective date that the Default Schedule applies to the Bargaining Unit (or to any non-Bargaining Unit employee groups participating in the Fund):

- Adjustable Benefits listed in Section 2(H) below are eliminated or reduced to the maximum extent permitted by law, but the future benefit accrual rate of

1% of contributions (the Contribution-Based Pension) remains in effect, with the modification that the Contribution Based Pension monthly benefit payable at age 65 is reduced by 1/2% per month for each month prior to age 65 with a minimum retirement age of 57, *except that*, for Participants who (i) have not submitted a retirement application on or before July 1, 2011 and (ii) do not have a benefit commencement date [within the meaning of ERISA § 305(i)(10)] on or before July 1, 2011, the Contribution Based Pension monthly benefit payable at age 65 shall be reduced to an actuarially equivalent benefit in accordance with the Schedule attached as Exhibit B with a minimum retirement age of 57.

2. Contributions

Compliance with the Default Schedule consists of annually compounded contribution rate increases of 4% effective immediately after the expiration of the Collective Bargaining Agreement (or other agreement requiring contributions to the Fund) and each anniversary thereof during the term of the agreement.

3. Effect of agreement to or imposition of Default Schedule.

- (i) If a Contributing Employer agrees to the Default Schedule with respect to a particular Bargaining Unit, the Fund will not accept any subsequent Collective Bargaining Agreements covering that Bargaining Unit which are compliant with the Primary Schedule, except as determined by the Board of Trustees in their sole discretion.
- (ii) If a Contributing Employer becomes subject to the Default Schedule by operation of ERISA Section 305(e)(3)(C), because the bargaining parties have failed to adopt either of the Schedules compliant with this Rehabilitation Plan within 180 days of the expiration of their prior Collective Bargaining Agreement, the Fund will then accept a Collective Bargaining Agreement that is compliant with the Primary Schedule described in this Rehabilitation Plan, provided that such new Collective Bargaining Agreement provides for Primary Schedule contribution rates that are retroactive to the expiration date of the last Collective Bargaining Agreement that covered the affected Bargaining Unit.

C. DISTRESSED EMPLOYER SCHEDULE.

1. Benefits

With regard to Bargaining Units (and any non-Bargaining Unit employee groups participating in the Fund) whose Contributing Employers and contribution rates have been specifically accepted and approved by the Board of Trustees as satisfying the Qualifications for the Distressed Employer Schedule (as set forth in Section 2(C)(2) below), the benefit formulas, levels, and payment options in effect on January 1, 2008 will remain in effect except for the following, upon the effective date that the Distressed Employer Schedule applies to the Bargaining Unit (or to any non-Bargaining Unit employee group participating in the Fund) that is accepted by the Board of Trustees as qualifying under the Distressed Employer Schedule:

- Adjustable Benefits listed in Section 2(H) below are eliminated or reduced to the maximum extent permitted by law, but the future benefit accrual rate of 1% of contributions (the Contribution-Based Pension) remains in effect, with the modification that the Contribution Based Pension monthly benefit payable at age 65 is reduced by $\frac{1}{2}\%$ per month for each month prior to age 65 with a minimum retirement age of 57, *except that*, for Participants who (i) have not submitted a retirement application on or before July 1, 2011 and (ii) have not achieved a Retirement Date on or before July 1, 2011, the Contribution Based Pension monthly benefit payable at age 65 shall be reduced to an actuarially equivalent benefit in accordance with the Schedule attached as Exhibit B with a minimum retirement age of 57, *and except that* any Participant who (i) has achieved a minimum age of 55 as of the date of the Distressed Employer's termination of participation in the Fund (see Section 2(C)(2) below) and (ii) has accrued a minimum of 25 years credit towards a Contributory Credit Pension or an And-Out Pension as of that date (see Pension Plan §§ 4.04, 4.05 and 4.06), shall be entitled to retain his eligibility for (but not gain further credit towards) any such Pension, *provided that* any such Participant has a minimum retirement age of 62.

2. Contributions and Qualifications for the Distressed Employer Schedule.

The Board of Trustees may deem a Collective Bargaining Agreement with contribution rates not in compliance with either the Primary Schedule or the Default Schedule to be in compliance with and subject to the Distressed Employer

Schedule, if in the Board of Trustees' sole discretion, the Board determines that the Contributing Employer meets each of the following qualifications:

- (i) the common stock of the Employer or its parent corporation (or other affiliate under 80% or more common control with the Employer) is publicly traded and registered pursuant to the securities laws of the United States;
- (ii) the Employer has previously incurred a termination of its participation in the Fund due to an inability to remain current in its Contribution obligations, and the Employer was in terminated status immediately prior to executing the Agreement sought to be qualified under the Distressed Employer Schedule;
- (iii) during the last ten years in which the Employer participated in the Fund prior to its termination, it had paid contributions to the Fund on behalf of at least 1,000 full-time employees per month (or had, including part-time employees, paid contributions on behalf of the equivalent of at least 1,000 full-time employees per month for the specified ten year period);
- (iv) the Employer submits to a review of its financial condition and operations by the Fund's Staff and outside expert and consultants, and agrees to reimburse the Fund for all fees and expenses incurred by the Fund in this review (including, but not limited to, reimbursement to the Fund for the time devoted by the Fund's Staff to any such review, with this reimbursement to be made at market rates for comparable services performed by Fund's Staff);
- (v) on the basis of this financial and operational review, it appears that the Employer is not able to contribute to the Fund at a higher rate than is indicated in the Collective Bargaining Agreement proposed for acceptance under the Distressed Employer Schedule, *and* that acceptance of the proposed Agreement is in the best interest of the Fund under all the circumstances and advances the goals of this Rehabilitation Plan; and
- (vi) the Employer provides the Fund with first lien collateral in any and all unencumbered assets to the fullest extent it is able in order to fully secure (i) any delinquent or deferred Contribution obligations owed to the Fund, (ii) the Employer's obligation to make current and future pension contributions to the Fund, and (iii) any future withdrawal liability potentially incurred by the Employer (with the

amount of such potential withdrawal liability to be determined based on estimates to be provided by the Fund).

3. Effect of agreement to or imposition of the Distressed Employer Schedule.

If a Contributing Employer becomes subject to the Distressed Employer Schedule with respect to a particular Bargaining Unit, the Fund will not accept any subsequent Collective Bargaining Agreements covering that Bargaining Unit which are compliant with the Primary Schedule, except as determined by the Board of Trustees in their sole discretion.

D. ADJUSTMENT OF BENEFITS OF CERTAIN PARTICIPANTS WHO HAVE EARNED CONTRIBUTORY SERVICE WITH AN EMPLOYER INCURRING A REHABILITATION PLAN WITHDRAWAL.

Subject to the provisos indicated in the final clauses of this Subsection D, effective March 26, 2008, all Adjustable Benefits (listed below in Section 2(H)) shall be eliminated or reduced (to the same extent indicated in Subsection B(1) above) with respect to Participants whose benefit commencement date [within the meaning of ERISA § 305(i)(10)] with the Fund is on or after April 8, 2008, and:

- (1) whose last Hour of Service prior to January 1, 2008 was earned while employed by United Parcel Service, Inc. ("UPS"), or with any trades or businesses at any time under common control with UPS, within the meaning of ERISA § 4001(b)(1); or
- (2) who (i) has earned or earns an Hour of Service while employed with a Contributing Employer (or any predecessor or successor entity) that at any time on or after March 26, 2008 incurs a Rehabilitation Plan Withdrawal (see Section 2(I) below), and (ii) whose *last* year of Contributory Service Credit *prior* to the Rehabilitation Plan Withdrawal was earned while a member of a Bargaining Unit (or any predecessor or successor Bargaining Unit) ultimately incurring such Withdrawal.

Proviso 1: *Provided, however*, that any Pensioner otherwise subject to the elimination of Adjustable Benefits, due to a Rehabilitation Plan Withdrawal pursuant Section 2(D)(2) above, who has a benefit commencement date [within the meaning of ERISA § 305(i)(10)] one year or more prior to the earlier of: (i) the date of such Rehabilitation Plan Withdrawal or (ii) the date of the expiration of the last Collective Bargaining Agreement requiring Employer Contributions under the Primary Schedule prior to such Withdrawal, shall not be subject to the elimination of Adjustable Benefits provided that the Pensioner does not engage in Restricted Reemployment at any time subsequent to the benefit commencement date.

Proviso 2: And provided further that in the event of a Rehabilitation Plan Withdrawal resulting from an administrative termination of a Contributing Employer as referenced in Section 2(I)(3)(ii) below, the Board of Trustees shall have full discretionary authority (A) to decline to apply the elimination of Adjustable Benefits to Participants otherwise affected by a Rehabilitation Plan Withdrawal of this type who have submitted a pension application naming a Retirement Date to the Fund on or before the date selected by the Trustees as the effective date of the administrative termination which ended the Employer's obligation to contribute to the Pension Fund, and (B) to decline to apply the requirement of Section 2(G) below that a Participant incurring a benefit adjustment due to Rehabilitation Plan Withdrawal must cease employment with and the performance of services for the withdrawn Employer within 60 days of the Rehabilitation Plan Withdrawal in order to eventually qualify for a restoration of benefits; in exercising their discretionary authority under this Proviso 2, the Board of Trustees shall consider, weigh and balance the following factors:

- (i) the extent to which any actively employed members of the affected Bargaining Unit or any members who submitted a retirement application prior to the effective date of the administrative termination were aware of, participated in or controlled, or could have controlled or prevented, through bargaining, grievance procedures, NLRB proceedings, litigation or other means, the circumstances that led to the administrative termination of the Employer;
- (ii) the extent to which any actively employed members of the affected Bargaining Unit or any members who submitted a retirement application prior to the effective date of the administrative termination benefited, directly or indirectly from the cessation of Employer Contributions or from the circumstances that led to the administrative termination of the Employer;
- (iii) the extent to which any actively employed members of the affected Bargaining Unit or any members who submitted a retirement application prior to the effective date of the administrative termination resisted or attempted to alter, or acquiesced in, the circumstances that led to the administrative termination of the Employer;
- (iv) the extent to which any actively employed members of the affected Bargaining Unit or any members who submitted a retirement application prior to the effective date of the administrative termination have become engaged as employees or independent contractors in the service of operations that were or are in whole or in part a successor of the operations of the Employer that has undergone the administrative termination; and

- (v) the extent of the hardship that might be incurred by any actively employed members of the affected Bargaining Unit or by any members who submitted a retirement application prior to the effective date of the administrative termination due to the elimination of Adjustable Benefits.

Proviso 3: *And provided further* that the spouse of any Participant otherwise subject to the elimination of Adjustable Benefits, due to a Rehabilitation Plan Withdrawal pursuant to Subsection D(2) above, shall not incur a loss of Adjustable Benefits with respect to any Surviving Spouse Benefits for which such spouse has a benefit commencement date [within the meaning of ERISA Section 305(i)(10)] prior to the date of the Rehabilitation Plan Withdrawal.

E. ADJUSTMENT OF BENEFITS OF CERTAIN PARTICIPANTS WHO HAVE EARNED CONTRIBUTORY SERVICE WITH AN EMPLOYER WHO BECOMES SUBJECT TO THE DEFAULT SCHEDULE.

Subject to the provisos indicated in the final clauses of this Subsection E, effective March 26, 2008, all Adjustable Benefits (listed below in Section 2(H)) shall be eliminated or reduced (to the same extent indicated in Section B(1) above) with respect to any Participants whose benefit commencement date [within the meaning of ERISA § 305(i)(10)] is on or after April 8, 2008, and:

- (1) who have earned any Contributory Service Credit with a Contributing Employer (or any predecessor or successor entity) that at any time becomes subject (by agreement or otherwise) to the Default Schedule described herein; and
- (2) whose *last* year of Contributory Service Credit prior to the Employer's becoming subject to the Default Schedule was earned while a member of a Bargaining Unit (or any predecessor or successor Bargaining Unit) that ultimately became subject to the Default Schedule.

Proviso 1: *Provided, however.* that any Pensioner otherwise subject to the elimination of Adjustable Benefits, due to his Contributing Employer becoming subject to the Default Schedule pursuant to this Subsection E, who has a benefit commencement date [within the meaning of ERISA § 305(i)(10)] one year or more prior to the Contributing Employer becoming subject to the Default Schedule, shall not be subject to the elimination of Adjustable Benefits provided that the Pensioner does not engage in Restricted Reemployment at any time subsequent to the benefit commencement date.

Proviso 2: *And provided further* that the spouse of any Participant otherwise subject to the elimination of Adjustable Benefits, due to his Contributing Employer becoming subject to the Default Schedule pursuant this Subsection E. shall not incur a loss of Adjustable Benefits

with respect to any Surviving Spouse Benefits for which such spouse has a benefit commencement date [within the meaning of ERISA Section 305(i)(10)] prior to the date on which the Contributing Employer became subject to the Default Schedule.

F. ADJUSTMENT OF BENEFITS OF CERTAIN PARTICIPANTS WHO HAVE EARNED CONTRIBUTORY SERVICE WITH AN EMPLOYER WHO BECOMES SUBJECT TO THE DISTRESSED EMPLOYER SCHEDULE.

Subject to the provisos indicated in the final clauses of this Subsection F, effective March 26, 2008, all Adjustable Benefits (listed below in Section 2(H)) shall be eliminated or reduced (with the exception indicated in Section 2(C)(1) above) with respect to any Participants whose benefit commencement date [within the meaning of ERISA § 305(i)(10)] is on or after April 8, 2008, and:

- (1) who have earned any Contributory Service Credit with a Contributing Employer (or any predecessor or successor entity) that at any time becomes subject (by agreement or otherwise) to the Distressed Employer Schedule described herein; and
- (2) whose last year of Contributory Service Credit prior to the Employer's becoming subject to the Distressed Employer Schedule was earned while a member of a Bargaining Unit (or any predecessor or successor Bargaining Unit) that ultimately became subject to the Distressed Employer Schedule.

Proviso 1: Provided, however, that any Pensioner otherwise subject to the reduction in Adjustable Benefits indicated in the Distressed Employer Schedule, due to his Contributing Employer becoming subject to that Schedule pursuant to this Subsection F, who has a benefit commencement date [within the meaning of ERISA Section 305(i)(10)] one year or more prior to the Contributing Employer becoming subject to the Distressed Employer Schedule, shall not be subject to the reduction of Adjustable Benefits otherwise mandated by the Distressed Employer Schedule provided that the Pensioner does not engage in Restricted Reemployment at any time subsequent to the benefit commencement date, and provided further that with respect to Bargaining Units that become subject to the Distressed Employer Schedule on or prior to June 1, 2011, no Pensioners with Retirement Dates prior to September 24, 2010 shall be subject to such Distressed Employer Schedule benefit reduction.

Proviso 2: *And provided further* that the spouse of any Participant otherwise subject to the reduction of Adjustable Benefits. due to his Contributing Employer becoming subject to the Distressed Employer Schedule pursuant to this Subsection F, shall not incur a loss of Adjustable Benefits with respect to any Surviving Spouse Benefits for which such surviving spouse has a benefit commencement date [within

the meaning of ERISA Section 305(i)(10)] prior to the date on which the Contributing Employer became subject to the Distressed Employer Schedule, *and provided* further in any event that with respect to Bargaining Units that become subject to the Distressed Employer Schedule on or prior to June 1, 2011, no spouse shall be subject to such Distressed Employer Schedule benefit reduction if the Participant's death occurred prior to September 24, 2010.

G. RESTORATION OF ADJUSTED BENEFITS.

Any Participant who incurs a benefit adjustment or elimination under the terms of Sections 2(A), 2(B), 2(C), 2(D), 2(E) or 2(F) above may have those affected benefits restored if, subsequent to the event causing the benefit adjustment, the Participant:

- (1) in the case of benefit adjustment caused by a Rehabilitation Plan Withdrawal (see Section 2(I) below), permanently ceases all employment with, and performance of services in any capacity for, the Contributing Employer (and any successors or trades or businesses under common control with such Employer within the meaning of ERISA § 4001(b)(1)) within 60 days of the occurrence of such Rehabilitation Plan Withdrawal; and
- (2) in any case, subsequently earns one year of Contributory Service Credit with a Contributing Employer while that Employer is in compliance with the Primary Schedule described herein.

H. ADJUSTABLE BENEFITS.

As used herein, Adjustable Benefits shall mean and include:

- (1) Any right to receive a Retirement Pension Benefit (Pension Plan, Article IV) prior to age 65 [including without limitation any pre-age 65 benefits that would otherwise be payable as (i) a Twenty Year Service Pension (Pension Plan § 4.01); (ii) a Contributory Credit Pension (Pension Plan § 4.04); (iii) a Vested Pension (Pension Plan § 4.07); (iv) a Deferred Pension (Pension Plan § 4.08); or (v) a Twenty-Year Deferred Pension (Pension Plan § 4.09)].
- (2) Early retirement benefit or retirement-type subsidies [including without limitation (i) an Early Retirement Pension (Pension Plan § 4.02); (ii) a 25-And-Out Pension (Pension Plan § 4.05); or a 30-And-Out Pension (Pension Plan § 4.06)].
- (3) All Disability Benefits not yet in pay status (Pension Plan, Article V).
- (4) Before Retirement Death Benefits (Pension Plan, Article VI) other than the 50% surviving spouse benefit.

- (5) Post-retirement death benefits that are not part of the annuity form of payment.
- (6) All Partial Pensions (Pension Plan, Appendix D), to the extent any such pension is tied to one or more of the Adjustable Benefits listed above.
- (7) All Contribution-Based Pensions (Pension Plan § 4.03) except that, assuming the Participant meets all other requirements for receiving a Contribution-Based Pension, the Contribution-Based Pension is payable at age 65 reduced by 1/2% per month for each month prior to age 65 at the time of retirement with a minimum retirement age of 57. Such minimum retirement age shall not apply if the Participant retired prior to age 57 before the Participant's Adjustable Benefits were eliminated or reduced. In such circumstance, the Participant shall be entitled to receive the Contribution-Based Pension reduced by 1/2% per month for each month prior to age 65 at the time of retirement. *Provided, however,* for Participants who (i) have not submitted a retirement application on or before July 1, 2011 and (ii) do not have a benefit commencement date [within the meaning of ERISA § 305(i)(10)] on or before July 1, 2011, the reductions in the Contribution-Based Pensions payable at age 65 referenced in this subparagraph (7) shall be based on actuarial equivalence in accordance with the Schedule attached as Exhibit B hereto.
- (8) To the extent not already included in paragraphs (1) - (7) above, the following categories of benefits listed and defined as "adjustable benefits" under ERISA § 305(e)(8)(iv):
 - (i) benefits, rights, and features under the plan, including post-retirement death benefits, 60-month guarantees, disability benefits not yet in pay status, and similar benefits,
 - (ii) any early retirement benefit or retirement-type subsidy (within the meaning of ERISA Section 204(g)(2)(A)) and any benefit payment option (other than the qualified joint and survivor annuity), and
 - (iii) benefit increases that would not be eligible for a guarantee under ERISA Section 4022A on the first day of the Fund's initial critical year under the PPA because the increases were adopted (or, if later, took effect) less than 60 months before such first day.

Provided, however, that except as provided in subparagraph (8)(iii) above, nothing in this paragraph shall be construed to reduce the level of a Participant's accrued benefit payable at normal retirement.

I. REHABILITATION PLAN WITHDRAWAL

Subject to the discretionary authority of the Board of Trustees indicated in the final clause of this Subsection I, a "Rehabilitation Plan Withdrawal" occurs on the date a Contributing Employer (a) is no longer required to make Employer Contributions to the Pension Fund under one or more of its Collective Bargaining Agreements, or (b) undergoes a significant reduction in its obligation to make Employer Contributions resulting from outsourcing or subcontracting work covered by the applicable Collective Bargaining Agreement(s), as a result of actions by members of a Bargaining Unit (or its representatives) or the Contributing Employer, which actions include, but are not limited to the following:

- (1) decertification or other removal of the Union as a bargaining agent;
- (2) ratification or other acceptance of a Collective Bargaining Agreement which permits withdrawal of the Bargaining Unit, in whole or in part, from the Pension Plan;
- (3) administrative termination of the Contributing Employer with respect to any or all of its Collective Bargaining Agreements due to: (i) a violation of the Fund's rules with respect to the terms of a Collective Bargaining Agreement (including, without limitation, a provision providing for a split bargaining unit); or (ii) a violation of any other Fund rule or policy (including, without limitation, practices or arrangements that result in adverse selection);
- (4) any transaction or other event (including, without limitation, a merger, consolidation, division, asset sale (other than an asset sale complying with ERISA § 4204), liquidation, dissolution, joint venture, outsourcing, subcontracting) whereby all or a portion of the operations for which the Contributing Employer has an obligation to contribute are continued (whether by the Contributing Employer or by another party) in whole or in part without maintaining the obligation to contribute to the Fund under the same or better terms (including, for example, as to number of participants and contribution rate) as existed before the transaction;

Provided, however, that with respect to the circumstances described in Subparagraphs. (3)(ii) or (4) above, the Board of Trustees shall have full discretionary authority to consider, weigh and balance the following factors in determining whether a Rehabilitation Plan Withdrawal has occurred:

- (i) the extent to which the affected Bargaining Unit or its bargaining representative participated in or controlled, or could have controlled or prevented, through bargaining, grievance procedures, NLRB proceedings, litigation or other means, the cessation of Employer Contributions;

- (ii) the extent to which the affected Bargaining Unit benefited, directly or indirectly, from the cessation of Employer Contributions;
- (iii) the extent to which the affected Bargaining Unit, or its bargaining representative, resisted or attempted to resist, or acquiesced in, the cessation of Employer Contributions;
- (iv) the extent to which the affected Bargaining Unit, or any of its members, become engaged as employees or independent contractors in the service of operations that were or are in whole or in part a successor of the operations of the Contributing Employer who incurred the cessation of Employer Contributions; and
- (v) the extent of the hardship that might be incurred by members of the affected Bargaining Unit by the elimination of Adjustable Benefits.

J. BENEFIT ADJUSTMENTS APPLICABLE TO ALL PARTICIPANTS (INCLUDING INACTIVE VESTED PARTICIPANTS) WHO HAVE NOT SUBMITTED A RETIREMENT APPLICATION ON OR BEFORE JULY 1, 2011 AND DO NOT HAVE A BENEFIT COMMENCEMENT ON OR BEFORE THAT DATE.

Minimum Retirement Age 57.

Participants who (i) have not submitted a retirement application on or before July 1, 2011 and (ii) do not have a benefit commencement date [within the meaning of ERISA § 305(i)(10)] on or before July 1, 2011, will not be granted a Retirement Date prior to their 57th birthday and will not be eligible to receive retirement benefit payments of any type until after achieving age 57.

K. SPECIAL SCHEDULE: QUALIFYING NEW (“HYBRID METHOD”) EMPLOYERS (EXCEPT AS NOTED, PRESERVES ALL BENEFITS).

1. Benefits.

Bargaining Units (and any non-Bargaining Unit groups participating in the Fund) whose Contributing Employers have been specifically accepted and approved by the Trustees as satisfying the requirements for this Qualifying New Employer Schedule will, as it relates to benefits or potential benefit adjustments, be treated in the same way as Bargaining Units (and non-Bargaining Unit groups) under the Primary Schedule (Section 2.A. above).

2. Contributions.

Contributing Employers who have qualified as New Employers within the meaning of Appendix E of the Plan Document, Section 2.2 (b) (and are thus eligible for treatment under the Pension Fund's alternative, or "hybrid," method of calculating Employer Withdrawal Liability), *and* who have fulfilled all requirements relating to the duration and/or level of continued participation in the Pension Fund contained in the agreement under which the Fund accepted the Employer as a New Employer, may contribute under this Schedule to the Fund at a rate to be specifically and separately approved by the Board of Trustees with respect to each such New Employer (the "New Rate"), subject to a specific determination by the Board of Trustees that the following conditions have been or will be met:

- (i) The New Employer has in fact fulfilled its contribution or participation commitments under the agreement in which the Fund accepted the Employer's New Employer status, and the New Employer has fulfilled all other obligations under that agreement, is current in its ongoing contribution obligations to the Fund and is in compliance with the Fund's rules and policies applicable to Contributing Employers;
- (ii) Unless a New Rate is determined and made available under this Schedule, the New Employer would likely withdraw from the Fund on about the expiration date of its most recent Collective Bargaining Agreement requiring contributions to the Fund;
- (iii) the New Employer's continued participation in the Fund at the New Rate, under the specific circumstances presented, will result in net positive cash flow to the Fund, in comparison to the net cash flow that would result from a withdrawal by the New Employer from the Fund; and
- (iv) the New Employer's obligation to contribute to the Fund at the New Rate is documented in a Collective Bargaining Agreement that is or will be acceptable to the Board of Trustees, and contains (or will contain) terms under which the bargaining representative of the affected Bargaining Unit specifically agrees or acknowledges that any reductions in labor costs resulting from the New Employer's contributions at the New Rate have been allocated to the Bargaining Unit in a manner that is satisfactory to the bargaining representative.

L. SPECIAL SCHEDULE: QUALIFYING BARGAINING UNITS THAT HAVE BEEN SUBJECT TO A WAGE FREEZE (EXCEPT AS NOTED PRESERVES ALL BENEFITS). (Effective on and after March 14, 2017)

1. Benefits.

With regard to any Bargaining Unit subject to a Collective Bargaining Agreement in effect as of March 1, 2017 (the "Current Agreement") that –

- (i) was (or is) of 3 to 5 years in duration,
- (ii) did not (or does not) provide for any wage increases for the entire duration of the Agreement, and
- (iii) required (or requires) pension contribution rate increases in compliance with the Primary Schedule (Section 2.A of this Rehabilitation Plan) for the entire duration of the Agreement, but did not (or does not) at any time require contributions at rates equal to or in excess of any of the maximum rates specified under the provisos to the Primary Schedule

the benefits available to any such Bargaining Unit under any new Collective Bargaining Agreement that is the immediate successor or renewal Agreement of the Current Agreement, and is not in compliance with the Primary Schedule ("Successor Agreement"), will be nevertheless identical to the benefits available to Bargaining Units whose Collective Bargaining Agreements are in compliance with the Primary Schedule, provided that any such Successor Agreement has the characteristics specified in Section 2.L.2 below.

2. Contributions.

In order for a Bargaining Unit to qualify for the benefits specified under Section 2.L.1 above, the Successor Agreement must:

- (i) Not be of less duration than the Current Agreement, but not exceeding 5 years in duration;
- (ii) require pension contributions at a rate that is at least as high as the highest rate required under the Current Agreement, but need not provide for any increase in the contribution rates for the duration of the Successor Agreement (the "Special Rate"); and
- (iii) contain terms under which the bargaining representative of the affected Bargaining Unit specifically agrees and acknowledges that any reduction in labor costs resulting from contributions at the Special Rate (*i.e.*, contributions without the rate increases otherwise required under the

Primary Schedule) have been allocated to the Bargaining Unit in a manner that is satisfactory to the bargaining representative.

Section 3. REHABILITATION PLAN STANDARDS AND OBJECTIVES.

The Schedules of Contributions and Benefits discussed above have been formulated by the Fund's Board of Trustees as reasonable measures which, under reasonable actuarial assumptions, are designed and projected to forestall the possible insolvency of the Fund prior to 2025. Projections of insolvency may vary from year to year as actual experience may differ from assumptions.

The Trustees recognize the possibility that actual experience could be less favorable than the reasonable assumptions used for the Rehabilitation Plan on an annual basis. Consequently, the annual standards for meeting the requirements of the Rehabilitation Plan are as follows:

- Actuarial projections updated for each year show, based on reasonable assumptions, that under the Rehabilitation Plan and its schedules (as amended and updated from time to time) the Fund will forestall its possible insolvency *prior* to 2023.

Section 4. ALTERNATIVES CONSIDERED BY THE TRUSTEES.

The Board of Trustees considered numerous alternatives [including combinations of contribution rate increases (and other updates to the schedules of contribution rates in light of the experience of the Fund) and benefit adjustments] that might enable the Fund to emerge from Critical Status either by the end of ten year PPA Rehabilitation Period (which began on January 1, 2011 and ends on December 31, 2020), or to forestall possible insolvency indefinitely (beyond the date referenced above under the "Standards and Objectives" heading). Some of the alternatives considered were determined to be unreasonable measures. The various default and alternative schedules considered included the following:

Schedules considered by the Board of Trustees in formulating an initial 2008 rehabilitation plan that might permit the Fund to emerge by the end of the Rehabilitation Period on December 31, 2020:

Schedule	Benefit Reductions	Contribution Rate Increases
Default	Immediate maximum Critical Status benefit cuts for all participants to the extent permitted by law	15% per year until emergence in 2021 (plus an additional 1.6% annual increase for Benefit Classes 14 and below)
Alternative 1	Maintain current benefits	17% per year until emergence in 2021
Alternative 2	On the second anniversary of the new bargaining agreement, reduce the future benefit accrual rate from 1% of contributions payable at age 62 to 1% of contributions at payable at age 65	16% per year until emergence in 2021

In formulating the Fund's initial rehabilitation plan in 2008, the Board of Trustees concluded that utilizing any and all *possible* measures to emerge from Critical Status by the end of the 10-year presumptive Rehabilitation Period described in ERISA Section 305(e)(4), would be unreasonable and would involve considerable risk to the Fund and Fund participants. In particular, the Board of Trustees concluded that the continued existence of the Fund and the Trustees' ability to maintain and improve the Fund's funded status in accordance with the terms of the IRS approved amortization extension would be jeopardized by any attempt to emerge from critical status by the end of the presumptive 10-year Rehabilitation Period.

As shown above, based on January 1, 2008 valuation data, the emergence by the end of the presumptive 10 year Rehabilitation Period would require double-digit annual contribution rate increases. For example, the daily contribution rate would generally have to grow from \$52 to over \$300. Therefore, the Trustees concluded in 2008 that annual contribution rate increases above the 8%/6%/4% level in the Primary Schedule were not reasonable and could trigger mass withdrawals and significant losses to the Fund and the participants.

During the process of updating the Rehabilitation Plan in each applicable year subsequent to 2008, the Trustees concluded that in light of current valuation data available in each of those years, the experience of the Fund and projections, the option available to the Fund under ERISA Section 305(e)(3)(ii) was to pursue reasonable measures to forestall a possible insolvency. The Trustees also concluded during the 2010 - 2016 update processes that requiring annual contribution increases above the level described in the Primary Schedule would not be reasonable and would likely accelerate a possible insolvency of the Fund rather than forestall it.

Prior to Plan/calendar year 2016, the Trustees have implemented (and, where applicable, have continued to implement) numerous measures to improve the Fund's funding. These have included:

- Reducing the benefit accrual rate from 2% of contributions to 1% of contributions;
- Protecting the “and-out” and early retirement benefits while freezing them at their year-end 2003 levels;
- Obtaining agreements from the major bargaining parties to reallocate significant amounts of annual benefit contributions to the Pension Fund;
- Obtaining an amortization extension from the Internal Revenue Service in 2005, and successfully seeking a waiver of the conditions of that extension in light of investment losses resulting from the weakness in financial markets in recent years (waiver or alteration of conditions granted in 2016);
- Requiring as a condition of continued participation in the Fund that new bargaining agreements in the last several years include significant annual contribution rate increases;
- Providing information to Congress and federal agencies with respect to legislative or regulatory proposals that appear to assist in addressing the funding challenges confronting the Fund;
- Approving a Distressed Employer Schedule as part of the Fund’s Rehabilitation Plan under which YRC, Inc. and its affiliate USF Holland, Inc., two distressed (but historically significant) Contributing Employers, resumed Contributions in June 2011 at rates lower than would have been permitted under previous (pre-2011) Rehabilitation Plan Schedules; this Distressed Employer Schedule significantly adjusted the benefits of the affected Bargaining Unit members, and helped assure that despite the lower Contribution rates, the continued participation of these Employers would tend to improve overall pension funding; and
- Adopting a new withdrawal liability method, and obtaining approval of that method by the Pension Benefit Guaranty Corporation, under which new Contributing Employers, and existing Contributing Employers who satisfy their withdrawal liability under the Fund’s historic (pre-2011) withdrawal liability method (*i.e.*, the “modified presumptive method”), will have any future withdrawal liability determined under the “direct attribution” method; the Trustees believe that this “hybrid” method will be attractive to some Contributing Employers who wish to continue to participate in the Fund, but may be concerned about the potential for future growth of their estimated withdrawal liability as calculated under the Fund’s prior (pre-2011) withdrawal liability method, and that this, in turn, will encourage continued participation in the Fund and tend to improve overall pension funding.
- Amending the Primary Schedule of the Rehabilitation Plan to permit Contributing Employers, who satisfy their existing withdrawal liability and qualify as New Employers eligible for the direct attribution method under the hybrid method, to comply with the Primary Schedule without the need

(under their current collective bargaining agreements) for the contribution rate increases otherwise required under the Primary Schedule. The Trustees determined that this amendment to the Rehabilitation Plan will encourage existing Contributing Employers to satisfy their existing withdrawal liability and to continue their participation in the Fund as New Employers under the hybrid method; the Trustees determined that the New Employers' participation on these terms would tend to improve overall pension funding.

- Authorizing the filing, on September 25, 2015, of an application with the United States Department of the Treasury requesting approval of a plan of suspension of benefits under MPRA. (The Trustees determined that the filing of this application was a reasonable measure designed to forestall insolvency, and therefore one that they were required to take under the PPA. However, the Fund's MPRA application was denied by the Department of Treasury on May 6, 2016, and the Trustees have determined that it is not feasible for the Fund to submit a revised MPRA application.)

As part of their responsibility to consider updates to the Rehabilitation Plan for Plan Year 2016, the Board of Trustees approved the continuation, to the extent feasible, of the measures listed above and also approved the Special Schedule relating to Qualifying New ("Hybrid Method") Employers indicated in Section 2.K. of this Appendix. In March 2017 the Trustees added Section 2.L relating to Qualifying Bargaining Units that Have Been Subject to a Wage Freezes as an additional update to this Appendix.

However, the Trustees have also determined, as part of the 2016 Rehabilitation Plan update process, that mandating additional significant benefit cuts (beyond those provided in this updated Rehabilitation Plan), or (as noted) mandating significant contribution rate increases at levels beyond those required in recent years, would substantially accelerate the rate at which employers would withdraw from the Fund, in large part because the Union could conclude that it would be in its members' best interest to agree to withdrawals. The Board of Trustees also determined that this acceleration of employer withdrawals would, in turn, be counterproductive to the Trustees' effort to forestall possible insolvency.

Exhibit A
Primary Schedule: Contribution Rate Increases By Bargaining Agreement Year
(all rate increases are to be compounded annually)

Calendar Year of Contribution Rate Increases	Year of initial Bargaining Agreement Conforming to Primary Schedule											
	2006 & Earlier	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
2006	7%											
2007	7%	8%										
2008	7%	8%	8%									
2009	7%	8%	8%	8%								
2010	7%	8%	8%	8%	8%							
2011	6%	8%	8%	8%	8%	8%						
2012	5%	6%	8%	8%	8%	8%	8%					
2013	4%	4%	6%	8%	8%	8%	8%	8%				
2014	4%	4%	6%	8%	8%	8%	8%	8%	8%			
2015	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%		
2016	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%	
2017	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%
2018	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%
2019	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%
2020	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%
2021	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%
2022	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%
2023	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%
2024	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%
2025	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
2026	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
2027	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%

EXHIBIT B

Schedule for Actuarial Reduction of Age 65 Benefits

**(Applicable to Default Schedule and Rehabilitation Plan
Withdrawal benefit adjustments for Participants who
(i) have not submitted a retirement application on or
before July 1, 2011 and (ii) do not have a benefit commencement
date [within the meaning of ERISA§ 305(i)(10)] on or before July 1, 2011))**

<u>Age</u>	<u>Percent of Age 65 Benefit Based on Actuarial Equivalence</u>
65	100%
64	90%
63	81%
62	74%
61	67%
60	61%
59	55%
58	50%
57	46%