

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold; text-align: center;">2014</p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
<b>A</b>	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); or
	<input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____
<b>B</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).
<b>C</b>	If the plan is a collectively-bargained plan, check here. . . . . <input checked="" type="checkbox"/>
<b>D</b>	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)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information
<b>1a</b>	Name of plan <u>CENTRAL STATES, SOUTHEAST &amp; SOUTHWEST AREAS PENSION PLAN</u>
<b>1b</b>	Three-digit plan number (PN) ▶ <u>001</u>
<b>1c</b>	Effective date of plan <u>02/01/1955</u>
<b>2a</b>	Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <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>
<b>2b</b>	Employer Identification Number (EIN) <u>36-6044243</u>
<b>2c</b>	Plan Sponsor's telephone number <u>847-518-9800</u>
<b>2d</b>	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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/12/2015	SUSAN ROGOWSKI
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/12/2015	SUSAN ROGOWSKI
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number
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<b>4</b> 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: <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	401646
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	65324
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	64527
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	170543
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>	128814
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	363884
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	33608
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	397492
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g</b>	
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	1565
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**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:

<b>9a</b> 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	<b>9b</b> 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)

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

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

**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 2014 Form M-1 annual report. If the plan was not required to file the 2014 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><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2014</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

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

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	GAC 461 ASSN 0	10	01/01/2014	12/31/2014

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

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

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

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

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

**(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	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**

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

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

**6** Contracts With Allocated Funds:

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

**b** Premiums paid to carrier..... **6b** -1190

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

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

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

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

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

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

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

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2014</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **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.

<b>A</b> Name of plan <u>CENTRAL STATES, SOUTHEAST &amp; SOUTHWEST AREAS PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> 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>	<b>D</b> 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 2014

**b** Assets

(1) Current value of assets .....	<b>1b(1)</b>	<u>18740758554</u>
(2) Actuarial value of assets for funding standard account.....	<b>1b(2)</b>	<u>17028061298</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	<u>35189411452</u>
<b>(2) Information for plans using spread gain methods:</b>		
<b>(a)</b> Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
<b>(b)</b> Accrued liability under entry age normal method.....	<b>1c(2)(b)</b>	
<b>(c)</b> Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
<b>(3)</b> Accrued liability under unit credit cost method .....	<b>1c(3)</b>	<u>35189411452</u>
<b>d</b> Information on current liabilities of the plan:		
<b>(1)</b> Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>	
<b>(2)</b> "RPA '94" information:		
<b>(a)</b> Current liability.....	<b>1d(2)(a)</b>	<u>53728073336</u>
<b>(b)</b> Expected increase in current liability due to benefits accruing during the plan year.....	<b>1d(2)(b)</b>	<u>511573467</u>
<b>(c)</b> Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	<u>2859801533</u>
<b>(3)</b> Expected plan disbursements for the plan year.....	<b>1d(3)</b>	<u>2896801533</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.

<b>SIGN HERE</b>		<u>09/01/2015</u>
	Signature of actuary	Date
	<u>DANIEL V. CINER, MAAA</u>	<u>14-05773</u>
	Type or print name of actuary	Most recent enrollment number
	<u>SEGAL CONSULTING</u>	<u>312-984-8500</u>
	Firm name	Telephone number (including area code)
	<u>101 NORTH WACKER DRIVE, SUITE 500, CHICAGO, IL 60606-1724</u>	
	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





(1) Males.....	6c(1)		A	A
(2) Females .....	6c(2)		A	A
d Valuation liability interest rate.....	6d		7.50%	7.50 %
e Expense loading .....	6e	14.4%	<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			15.1 %
h Estimated investment return on current value of assets for year ending on the valuation date .....	6h			18.6 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-1278126487	-134693411
3	-22101623	-2329146

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 Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach 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:

(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	4983597170
b Employer's normal cost for plan year as of valuation date.....	9b	282317656
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	20899810473
(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	599236454
e Total charges. Add lines 9a through 9d.....	9e	8589055842
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	817323193
h Amortization credits as of valuation date.....		
(1) ERISA FFL (accrued liability FFL).....	9h	7722057489
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	108624358
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	19826942896

<b>(2)</b> "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	32677074737	
<b>(3)</b> FFL credit .....			<b>9j(3)</b> 0
<b>k (1)</b> Waived funding deficiency .....			<b>9k(1)</b> 0
<b>(2)</b> Other credits .....			<b>9k(2)</b> 0
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....			<b>9l</b> 1965610729
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....			<b>9m</b>
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference.....			<b>9n</b> 6623445113

**9o** Current year's accumulated reconciliation account:

<b>(1)</b> Due to waived funding deficiency accumulated prior to the 2014 plan year .....	<b>9o(1)</b>		0
<b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
<b>(a)</b> Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>		0
<b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....	<b>9o(2)(b)</b>		0
<b>(3)</b> Total as of valuation date .....	<b>9o(3)</b>		0

**10** Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)..... **10** 6623445113

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

<p style="text-align: center;"><b>SCHEDULE C</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Service Provider Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2014</b></p> <hr/> <p><b>This Form is Open to Public Inspection.</b></p>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

<p><b>A</b> Name of plan <u>CENTRAL STATES, SOUTHEAST &amp; SOUTHWEST AREAS PENSION PLAN</u></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><u>001</u></p>
<p><b>C</b> 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><b>D</b> Employer Identification Number (EIN) <u>36-6044243</u></p>	

**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

BAILLE GIFFORD OVERSEAS LTD

22-3438530

**(b)** Enter name and EIN or address of person who provided you disclosure 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

CRAMER ROSENTHAL MCGLYNN, LLC

13-3977282

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

DELAWARE INVESTMENT ADVISERS

23-2859590

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

DONALD SMITH & CO., INC

13-2807845

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

FRONTIER CAPITAL MANAGEMENT COMPANY

04-3492668

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

GENESIS ASSET MANAGERS

98-1068837

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

INSTITUTIONAL CAPITAL LLC

03-0598064

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

JENNISON ASSOCIATES LLC

22-2540245

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

PZENA INVESTMENT MANAGEMENT

13-3860154

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

SYSTEMATIC FINANCIAL MANAGEMENT, LP

22-3367558

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

THORNBURG INVESTMENT MANAGEMENT INC

85-0301299

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

TRILOGY GLOBAL ADVISORS, LP

20-3003629

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

WELLINGTON MANAGEMENT COMPANY, LLP

04-2683227

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

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

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

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

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

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

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	5156897	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1129	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	4573435	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)

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	3249428	Yes <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)

WELLINGTON MANAGEMENT COMPANY, LLP

04-2683227

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	2123312	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)

WILLIAM BLAIR & COMPANY, LLC

36-2214610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	2013570	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	1893832	Yes <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)

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	1795252	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STONE HARBOR INVESTMENT PARTNERS LP

20-3888589

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	1548788	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input 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	1522312	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

GENESIS ASSET MANAGERS

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	1496697	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input 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	1419162	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)

EII REALTY SECURITIES, INC.

13-3750132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	1317189	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)

COLONIAL FIRST STATE ASSET MGMT LTD 11 HARBOR STREET SYDNEY, NSW AUSTRALIA 2000 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	1268847	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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?
68 51	INVESTMENT SERVICES	1217466	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)

INSTITUTIONAL CAPITAL LLC

03-0598064

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	1210684	Yes <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)

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	1191390	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input 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	1119789	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)

THORNBURG INVESTMENT MANAGEMENT INC

85-0301299

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	1101585	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	999057	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)

SYSTEMATIC FINANCIAL MANAGEMENT, LP

22-3367558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 52 68	INVESTMENT SERVICES	951298	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)

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?
68 51	INVESTMENT SERVICES	949057	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)

DELAWARE INVESTMENT ADVISERS

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	936435	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)

GENEVA CAPITAL MANAGEMENT LLC

06-1217855

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	899852	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)

PACIFIC INVESTMENT MANAGEMENT CO.

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 52	INVESTMENT SERVICES	895876	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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	740194	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CRAMER ROSENTHAL MCGLYNN, LLC

13-3977282

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	625298	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)

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	620940	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"/>

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(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	614242	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	SERVICE PROVIDER	568857	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	539342	Yes <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	501845	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 SMITH & CO., INC

13-2807845

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	490914	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)

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	477734	Yes <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)

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	453013	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)

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	419383	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WESTERN ASSET MANAGEMENT COMPANY

95-2705767

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	397678	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	378774	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)

SLALOM LLC DBA SLALOM CONSULTING

84-1246887

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	375679	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	371714	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	328087	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TURNER INVESTMENTS

36-4710814

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	305326	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	289301	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	268305	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SENTINEL TECHNOLOGIES, INC.

36-3199182

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	255933	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input 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	230783	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"/>

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(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	220209	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 FRANCYK 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	219757	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	218166	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	64	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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(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	215760	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	197980	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 & 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?
10	SERVICE PROVIDER	178330	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	162448	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KPMG LLP

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	158140	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	153928	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	64	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)

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	150431	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 YOUNG

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	149808	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	148634	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	64	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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(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	136973	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	38	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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	136738	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 J 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	133183	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	131279	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	130316	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	123012	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	121768	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	120669	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	120090	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	115977	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	64	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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	115719	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	114766	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	25	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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(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	114100	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 MCGRATH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	113413	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	111794	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TRILOGY GLOBAL ADVISORS, LP

20-3003629

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	111382	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)

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	111255	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CARA LYONS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	109376	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHERYL ALBIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	109357	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	108460	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	107996	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



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(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	107300	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 P SCHPERO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	107230	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	106816	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BONNIE VELAZQUEZ

36-6044243

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	106247	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	106094	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	105469	Yes <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)

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	105366	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	104993	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	104756	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	104316	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	104285	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	104147	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARLENE PASTORELLO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	104048	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	104023	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KATHRYN HUCKER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	103624	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	103160	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	102143	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	102053	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	102025	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	101924	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	101286	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	101208	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	100845	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	100637	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



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(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	100011	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	99869	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	99749	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	99183	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	98715	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	98461	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	97211	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	97020	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	96351	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	96148	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	96036	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	96010	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	38	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)

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	95649	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	95632	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	95572	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	95359	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	95241	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	95082	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COREEN HEISLER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	95030	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	94984	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CORNELIA HERRNREITER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	94739	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JUSTIN D MACKOWIAK

36-6044243

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	94296	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	94281	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	94176	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



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

MARGARITA CROWDEN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	93713	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEBASTIAN OLSZEWSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	93325	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ISMAEL RANESES

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	92752	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	92739	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	92558	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	92517	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	92503	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	92041	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANNA BURZAWA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	91893	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	91438	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LISA BANYAI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	91096	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	90769	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LISA PODZIMEK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	90397	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 T WONG

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	90209	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	90080	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	42	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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(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	88835	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

IRENA SUSZKO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	88348	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	88246	Yes <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)

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	87375	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	86446	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	86240	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INTERNATIONAL BUSINESS MACHINES

13-0871985

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	86184	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	86049	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 J MCDONNELL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	84781	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



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(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	84425	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	84267	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	84155	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	48	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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(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	84110	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	84040	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	83913	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	83824	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 F HATALA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	83468	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	83216	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	83115	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	83005	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	82423	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	82400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	82275	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JUYON A HAM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	82150	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KEVIN R PERNA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	81988	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	81375	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	42	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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	80792	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	80451	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	80319	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	80206	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	79892	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOSEPHINE P MANDERNACH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	79207	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	79001	Yes <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)

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	77913	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	77583	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	76480	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	76098	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	75874	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	74964	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	74789	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	74174	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	38	Yes <input type="checkbox"/> No <input checked="" 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	74168	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MELVIN SANDERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	73635	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRYSON J HUGHES

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	73542	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MELINDA WETZEL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	73043	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	72772	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	160	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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	72737	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	72676	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	72460	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	72426	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	72385	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	48	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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(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	72370	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	72243	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	71876	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	71718	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	71485	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	71291	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



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(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	71207	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	71088	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	70718	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	70377	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	69983	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	69135	Yes <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	68780	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	68693	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	68448	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	67968	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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, INDIA 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?
72 40	INVESTMENT SERVICES	67490	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	66927	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	65755	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	65036	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	65019	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	64609	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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	64499	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	64373	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	64134	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	63699	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	63625	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	25	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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(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	63386	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	63102	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	62906	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



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(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	62819	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	200	Yes <input type="checkbox"/> No <input checked="" 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	62657	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ERIC FISHER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	62500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	62465	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	62298	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	62282	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	61864	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 SWIBES

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	61818	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	61591	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	61581	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	61473	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	60344	Yes <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	59991	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	59892	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	59630	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	59042	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	58824	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UNIFY INC

26-2722137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	58133	Yes <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)

JACKLYN A KOWALSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	58056	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CLAUDIA KURIANOWICZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	57873	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	57588	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	57554	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	57539	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	57403	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



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(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	57349	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	57257	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	56726	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LAURA PETTENUZZO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56612	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	56183	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	56178	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PAUL BARRETT

36-6044243

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56058	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	55999	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ASHLEY N PROZANSKI

36-6044243

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	55791	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SHERYL 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	55347	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	55151	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 A POWELL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	55017	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	54930	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	54632	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	54549	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	54388	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	53968	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	53873	Yes <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	53817	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MUHAMMAD A ALI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	53695	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	53349	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	52955	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	52819	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	52790	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



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(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	52703	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PHILIP MAZA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52593	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	52363	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

IRENE WOJNAR

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	51620	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	51187	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INFORMATION SECURITY XPERTS INC

27-0597290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	50934	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	50747	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	50349	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	49027	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	48828	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BOGDAN IUHAS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48512	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	48273	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	48186	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	48065	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	47900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	47874	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	47781	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JAY KURTZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47733	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	47292	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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

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?
49	SERVICE PROVIDER	47209	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	46682	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	46614	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	46581	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JENNIFER L DEKETT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46474	Yes <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)

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	46034	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANNA WALILKO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46011	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	45925	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	45783	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	45555	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	45553	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	45280	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	44996	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KIRIL KALINICHENKO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44830	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	44754	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	44724	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	44624	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SUSAN TEBBENS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44525	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	44514	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	43506	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	43303	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	25	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

KHOZEM E POONAWALA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43017	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ERIN 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	42983	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	42566	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANN MARIE DYRA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	42262	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANGIE APOSTOL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	42166	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FUJITSU AMERICA INC

77-0554941

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	42055	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 MORRIS

36-6044243

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	41863	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	40571	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



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(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	40571	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	40079	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	40077	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	40050	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FRANK WSOL 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	40003	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	39825	Yes <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	39738	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	39559	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	39460	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	39206	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	38940	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	38647	Yes <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	38392	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NATALYA ANDREYEV

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	38307	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	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"/>

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(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	37546	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	37431	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	37200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	37038	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	36800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	36687	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VAN K VO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	36606	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JEANNE COUSINEAU

36-6044243

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

INSIGHT DIRECT USA, INC.

36-3948996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	36412	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



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(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	36393	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	36208	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	36136	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	36054	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	35903	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	35539	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	35363	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	35243	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	35241	Yes <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)

KRYSZYNA 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	35155	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ELVINA SOLANKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	35107	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	35059	Yes <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)

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	35016	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SHERRY L EWING

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	34853	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	34832	Yes <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)

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	34781	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	34564	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PALACE GATE CORPORATION

20-4795792

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	34558	Yes <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)

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	34545	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	34461	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	34221	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	34031	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	34019	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	33989	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



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(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	33738	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	33693	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	33449	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	33402	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CA INC

13-2857434

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	33108	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	33085	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	33039	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	32956	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	125	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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	32239	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MICHELLE CALABRESE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	31987	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	31651	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 SCHAUL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	31445	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JEROME MEYER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	31399	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	30803	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	29920	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AON HEWITT INC

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	29795	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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

5000 S EAST END AVE APT 13 C  
CHICAGO, IL 60615

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	29664	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	29435	Yes <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	29398	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	29309	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	28904	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MICHAEL SINISI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	28861	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALLIEDBARTON SECURITY SERVICES

20-1379003

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	28459	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 S SCHLEGEL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	28304	Yes <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)

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	28285	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	28119	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BOURBON COMPUTER SOLUTIONS

36-4506023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	27976	Yes <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)

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	27856	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	27816	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 M IRONSIDE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	27518	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SIMEIO SOLUTIONS INC

26-0593737

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	27224	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JERRY YOUNGER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	26847	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	26208	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JAMES KIRER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25929	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	25489	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 ILLINOIS

36-1253600

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	25460	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NELDA KARAS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25169	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	22477	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AUTONOMY INC

77-0434497

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	21852	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

G & M ELECTRICAL CONTRACTORS CO.

36-3451942

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	21708	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	20645	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	19819	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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(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	19625	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TRANSITIONAL DATA SERVICES

54-2068071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	18262	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GLOBAL KNOWLEDGE TRAINING LLC

45-3127221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	17902	Yes <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)

ADVANTAGE COMMUNICATIONS GROUP LLC

20-0441923

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	17897	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	17798	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	16463	Yes <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)

PC CONNECTION SALES CORPORATION

02-0497006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	16413	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	16116	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FRONTRANGE SOLUTIONS 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	15482	Yes <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)

ITS PARTNERS

26-0631717

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	15433	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	15317	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 CORPORATION

77-0440621

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	15277	Yes <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 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	14849	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	14373	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	14303	Yes <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	13382	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FOREST PRINTING COMPANY

36-2945683

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	13164	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LEXIS NEXIS

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	12715	Yes <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)

ADVANCED TECHNOLOGY SERVICES INC

58-1667105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	12681	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INNOTAS

94-3321672

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	11991	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	11360	Yes <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)

CURVATURE LLC

46-1369012

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	11258	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SIRIUS COMPUTER SOLUTIONS, INC

74-2836721

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	11183	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MIDWEST MECHANICAL

26-0142416

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	10968	Yes <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)

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	10697	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	10533	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	10250	Yes <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)

COMPUWARE CORPORATION

38-2007430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	10110	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	10076	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GENEVA TECHNICAL SERVICES LLC

36-4379470

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9900	Yes <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)

LEARNING TREE INTERNATIONAL

54-1577802

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9827	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ADAMS AND REESE LLP

72-0424362

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9622	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	9497	Yes <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)

RR DONNELLEY

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	9272	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEW HORIZONS- CHICAGO

20-8641526

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9111	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CERIDIAN HCM INC

59-3228107

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	8870	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	8609	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	8560	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 M NEWCOMER

2609 CROOKS ROAD SUITE 106  
TROY, MI 48084

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
29	SERVICE PROVIDER	8520	Yes <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)

SAS INSTITUTE INC.

56-1133017

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	8437	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	8405	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 SRCVS

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	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"/>

**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)

GCS SRVC DBA ECOLAB EQUIPMENT CARE

13-0758620

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	7113	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	7036	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CANON SOLUTIONS AMERICA INC

13-2677004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6945	Yes <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)

COHEN & STEERS CAPITAL MANAGEMENT

13-3353336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6881	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 BENDER & CO INC

14-0499170

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6647	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MEDIAPRO INC

91-1589657

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6239	Yes <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)

DIGITAL DYNAMIC SOLUTIONS INC

20-3736282

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5880	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JULIO A GONZALEZ

2349 S ST LOUIS AVE  
CHICAGO, IL 60623

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5814	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HANDS ON TECHNOLOGY TRANSFER, INC

04-3265222

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5713	Yes <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)

M & M REPORTING WORLDWIDE

26-4837325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5392	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RESOURCES GLOBAL PROFESSIONALS

33-0832424

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5221	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRENT OZAR UNLIMITED

45-2396937

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5003	Yes <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	1129

(d) Enter name and EIN (address) of source of indirect compensation	(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 III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
 (complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

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

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

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

<b>A</b> Name of plan <u>CENTRAL STATES, SOUTHEAST &amp; SOUTHWEST AREAS PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> 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>	<b>D</b> 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)

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ED DAILY VALUED INTL STOCK INDEX</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
<b>c</b> EIN-PN <u>25-6078093-034</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>875819598</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
<b>c</b> EIN-PN <u>25-6078093-023</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>237262329</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DAILY VALUED STOCK INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
<b>c</b> EIN-PN <u>25-6078093-010</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4744926069</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**2014**

**This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

<b>A</b> Name of plan CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN		<b>B</b> Three-digit plan number (PN) ►	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND		<b>D</b> 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"/>	ARGENTINA MINISTRY OF ECONOMY AND PUBLIC FINANCE, HIPOLITO YRIGOYEN 250 BUENOS AIRES AR	

(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
362000	0	0	372015	362000	10015

(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"/>	EDUCATION MANAGEMENT LLC 210 SIXTH AVE. PITTSBURGH, PA 15222	

(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
2034660	10992	82492	2117771	2023668	94103

(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"/>	EDUCATION MANAGEMENT LLC 210 SIXTH AVE. PITTSBURGH, PA 15222	

(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
1488296	0	0	1557750	1488296	69454

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> 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"/>	MIDWEST VANADIUM PTY LTD BANKWEST TOWER 108 ST. GEORGES TERRACE LEVEL 29 PERTH, WA 6000 AU	

		Amount received during reporting year		Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest
1500000	0	0	1737188	1500000	237188

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> 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"/>	NII CAPITAL CORP. 1875 EXPLORER STREET SUITE 1000 RESTON, VA 20190	

		Amount received during reporting year		Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest
4440000	0	0	4828500	4440000	388500

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> 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"/>	NII CAPITAL CORP. 1875 EXPLORER STREET SUITE 1000 RESTON, VA 20190	

		Amount received during reporting year		Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest
3145000	0	0	3324855	3145000	179855

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> 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"/>	NII INTERNATIONAL TELECOM S.C.A. 1875 EXPLORER STEET SUITE 1000 RESTON, VA 20190	

		Amount received during reporting year		Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest
2255000	0	0	2321593	2255000	66593

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> 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"/>		

		Amount received during reporting year		Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest



<b>Part II Schedule of Leases in Default or Classified as Uncollectible</b>					
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

**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)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Financial Information**

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

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

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> 1320169	1294711
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions.....	<b>1b(1)</b> 82384530	84074040
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>	
<b>(3)</b> Other.....	<b>1b(3)</b> 467242047	417760012
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b> 24289964	22525308
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b> 2171426470	2354744577
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b> 407421869	662455752
<b>(B)</b> All other.....	<b>1c(3)(B)</b> 1546311498	2084069630
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b> 17018229	33114830
<b>(B)</b> Common.....	<b>1c(4)(B)</b> 6010889576	5259936670
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property).....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b> 1835378512	2142191334
<b>(8)</b> Participant loans.....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b> 6275273906	5858007996
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities.....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b> 581702007	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b> 1257444579	1197419901

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	526078298	460228615
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	2876495	6479327
f Total assets (add all amounts in lines 1a through 1e).....	1f	21207058149	20584302703

**Liabilities**

g Benefit claims payable.....	1g		
h Operating payables.....	1h	64601302	67531953
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2401698293	2653665192
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2466299595	2721197145

**Net Assets**

l Net assets (subtract line 1k from line 1f).....	1l	18740758554	17863105558
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**Part II Income and Expense Statement**

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

**Income**

		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	582298523	
(B) Participants.....	2a(1)(B)	60208	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		582358731
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1155300	
(B) U.S. Government securities.....	2b(1)(B)	56817879	
(C) Corporate debt instruments.....	2b(1)(C)	122271535	
(D) Loans (other than to participants).....	2b(1)(D)	6281673	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	20585264	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		207111651
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	1702502	
(B) Common stock.....	2b(2)(B)	156136880	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	8139946	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		165979328
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	43527636855	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	43404739643	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	145817776	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
<b>(6)</b> Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		552076619
<b>(7)</b> Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
<b>(8)</b> Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
<b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
<b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		23161948
<b>c</b> Other income.....	<b>2c</b>		229916007
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		2029319272

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
<b>(1)</b> Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	2822248296	
<b>(2)</b> To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
<b>(3)</b> Other.....	<b>2e(3)</b>		
<b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		2822248296
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses: <b>(1)</b> Professional fees.....	<b>2i(1)</b>	1292719	
<b>(2)</b> Contract administrator fees.....	<b>2i(2)</b>		
<b>(3)</b> Investment advisory and management fees.....	<b>2i(3)</b>	46483932	
<b>(4)</b> Other.....	<b>2i(4)</b>	36947321	
<b>(5)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		84723972
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2906972268

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-877652996
<b>l</b> Transfers of assets:			
<b>(1)</b> To this plan.....	<b>2l(1)</b>		
<b>(2)</b> From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

**(1)**  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: **DELOITTE & TOUCHE, LLP**

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

**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
<b>4a</b>		X	
<b>4b</b>	X		16259672

	Yes	No	Amount
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
<b>e</b> Was this plan covered by a fidelity bond? .....	X		5000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	X		104953
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) .....	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?.....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....			

**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

**Part V Trust Information (optional)**

<b>6a</b> Name of trust	<b>6b</b> Trust's EIN
-------------------------	-----------------------

**SCHEDULE R  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Retirement Plan Information**

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

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

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

<b>1</b>	
----------	--

**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..... 

<b>3</b>	<u>0</u>
----------	----------

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

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

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

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

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

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

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

**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 74333837

**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 JACK COOPER TRANSPORT COMPANY, INC.

**b** EIN 73-0493030 **c** Dollar amount contributed by employer 33563910

**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 YRC INC.

**b** EIN 34-0492670 **c** Dollar amount contributed by employer 31645068

**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): \_\_\_\_\_



**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

<b>a</b> The current year .....	<b>14a</b>	206782
<b>b</b> The plan year immediately preceding the current plan year .....	<b>14b</b>	198860
<b>c</b> The second preceding plan year .....	<b>14c</b>	189963

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

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	0.99
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	0.98

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	99
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....	<b>16b</b>	1372517544

**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: 70.0% Investment-Grade Debt: 22.0% High-Yield Debt: 6.0% Real Estate: 0.0% Other: 2.0%
- 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):

**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, 2014 and 2013,  
Supplemental Schedules as of and for the Year Ended  
December 31, 2014, 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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CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND  
EIN: 36-6044243 AND PN: 001  
SCHEDULE H, PART III, LINE 3a



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## **INDEPENDENT AUDITORS' REPORT**

To the Trustees of  
Central States, Southeast and Southwest Areas  
Pension Fund:

We have audited the accompanying financial statements of Central States, Southeast and Southwest Areas Pension Fund (the "Fund"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### **Management'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; this 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 audit 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 auditor's 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 auditor considers internal control relevant to the Fund'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 Fund'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.

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, the financial status of Central States, Southeast and Southwest Areas Pension Fund as of December 31, 2014 and 2013, and the changes in its financial status for the years then ended in accordance with accounting principles generally accepted in the United States of America.

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND  
EIN: 36-6044243 AND PN: 001  
SCHEDULE H, PART III, LINE 3a

**Emphasis of Matters**

As discussed in Note 1 to the financial statements, the Fund was certified by its actuary to be in critical and declining status as defined by the Multiemployer Pension Reform Act of 2014 (MPRA). As discussed in Note 1 to the financial statements, the Fund is affected by the MPRA; however, the immediate and cumulative effects have not been fully determined. Our opinion is not modified with respect to these matters.

**Report on Supplemental Schedules**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes (at end of year) as of December 31, 2014 (Form 5500, Schedule H, Part IV, Line 4i); reportable transactions for the year ended December 31, 2014 (Form 5500, Schedule H, Part IV, Line 4j); and loans or fixed income obligations in default or classified as uncollectible as of December 31, 2014 (Form 5500, Schedule G, Part I) are presented for the purpose of additional analysis and are not a required part of the financial statements but are 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 schedules are the responsibility of the Fund's management and were derived from and relate directly to the underlying accounting and other records used to prepare the financial statements. These schedules have been subjected to the auditing procedures applied in our 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, such schedules are fairly stated in all material respects in relation to the financial statements as a whole.

*Deloitte & Touche LLP*

September 16, 2015

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, 2014 AND 2013**

	<b>2014</b>	<b>2013</b>
	(In thousands)	
<b>Assets</b>		
Investments at fair value (Note 3):		
Cash equivalents including \$8,313 in 2013 purchased under agreements to resell	\$ 652,095	503,084
Fixed income:		
U.S. government and government agency debt	1,683,607	1,500,138
U.S. corporate debt	1,887,799	1,582,382
International debt	589,169	509,269
Commingled funds	-	581,702
Equity:		
U.S. common and preferred	3,015,905	3,693,281
International common and preferred	1,715,676	1,926,798
Commingled funds	5,620,746	6,002,768
Securities on loan	2,055,100	1,733,411
Other	712,406	785,023
Total investments at fair value	17,932,503	18,817,856
Receivables:		
Employer contributions, less allowance for uncollectible contributions of \$73,876 and \$71,930 in 2014 and 2013, respectively (Note 2)	84,074	82,385
Interest and dividends	62,986	55,082
Other, primarily for securities sold	354,774	412,160
Total receivables	501,834	549,627
Cash	1,295	1,320
Assets held as collateral in securities lending program (Note 3)	2,142,191	1,835,379
Other, primarily furniture and equipment - net	6,480	2,876
Total assets	20,584,303	21,207,058
<b>Liabilities</b>		
Liability to return collateral held under securities lending agreements (Note 3)	2,142,191	1,835,379
Payables for securities purchased	357,263	439,737
Accounts payable and accrued expenses	67,532	64,601
Deferred withdrawal liability receipts	154,211	126,582
Total liabilities	2,721,197	2,466,299
<b>Net assets available for benefits</b>	<b>\$ 17,863,106</b>	<b>18,740,759</b>

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, 2014 AND 2013**

---

	<b>2014</b>	<b>2013</b>
	<b>(In thousands)</b>	
<b>Revenue</b>		
Contributions (Note 2)	\$ 582,359	571,104
Withdrawal liability	<u>232,836</u>	<u>153,928</u>
Total revenue	<u>815,195</u>	<u>725,032</u>
<b>Benefits and expenses</b>		
Benefits to participants	2,822,248	2,822,508
General and administrative expenses (Note 4)	<u>38,078</u>	<u>36,799</u>
Total benefits and expenses	<u>2,860,326</u>	<u>2,859,307</u>
Loss from operations	(2,045,131)	(2,134,275)
<b>Investment income</b>		
Interest and dividends	370,170	348,708
Net appreciation in fair value of investments (Note 3)	843,954	2,807,635
Investment expenses	<u>(46,646)</u>	<u>(46,568)</u>
Net investment income	<u>1,167,478</u>	<u>3,109,775</u>
Increase (Decrease) in net assets	(877,653)	975,500
<b>Net assets available for benefits</b>		
Beginning of year	<u>18,740,759</u>	<u>17,765,259</u>
End of year	<u>\$ 17,863,106</u>	<u>18,740,759</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.

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 July 17, 2015, the U.S. Treasury Department issued temporary and proposed guidance related to MPRA. Although the Fund contemplates submitting an application to the U.S. Treasury for approval of a benefit suspension plan that would reduce certain benefits under the Plan, as of the date of these financial statements, it has not submitted an application.

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, 2014 and 2013 were \$48.1 million and \$44.5 million, respectively.

***Employer withdrawal***

In accordance with amendments of ERISA by the Multiemployer Pension Plan Amendment Act of 1980 ("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



CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND  
EIN: 36-6044243 AND PN: 001  
SCHEDULE H, PART III, LINE 3a

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.

***Funding policy***

The Trustees establish contribution rates intended to be sufficient to pay benefits required by the Plan. For the years ended December 31, 2014 and 2013, the minimum funding requirements of ERISA were satisfied.

For the years ended December 31, 2014 and 2013, the Plan was certified by its actuary to be in "critical and declining" (as defined by MPRA) and "critical" (within the meaning of the Pension Protection Act of 2006 ["PPA"]) status, respectively. 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. In 2008 the Fund did not meet the funding percentage required as a condition of the amortization extension due to significant investment losses suffered during the year. 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." The Fund has not received a formal response from the IRS regarding this application, but the IRS has asked the Fund to make further proposals concerning the conditions or funding targets that may be set forth in a revised amortization extension. For plan years subsequent to 2008, the Fund has satisfied the conditions of the amortization extension for three out of six years. Since the Fund's prior request for a waiver of the amortization conditions is still pending,

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the Fund has concluded that it is not necessary to file a renewed or separate waiver request for years the funding percentage was not met, and the Fund continues to operate under the original 10-year amortization extension.

## 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 as of the time of an employer's partial or complete withdrawal from the Fund, as defined by MPPAA. The ultimate realization of withdrawal liability assessments generally is not reasonably estimable. In general, the Fund recognizes withdrawal liability assessments as revenue when collection has occurred and pending arbitration and litigation have been settled.

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 2014 and 2013 from sales of collateralized property were \$2.7 million and \$245.2 thousand, respectively. YRC remitted accrued interest payments of \$6.4 million and \$6.3 million during 2014 and 2013, 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 2014 and 2013 were \$51.8 million and \$50.9 million, respectively.

YRC's outstanding balances under the CDA at December 31, 2014 and 2013 were \$81.5 million and \$84.2 million, respectively. For the years ended December 31, 2014 and 2013, reserves for the deferred amounts included within the allowance for uncollectible contributions on the Statements of Net Assets Available for Benefits were \$60.1 million and \$60.6 million, respectively.

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***Payment of benefits***

Benefit payments to participants are recorded when paid.

***Subsequent events***

For the year ended December 31, 2014, subsequent events were evaluated through September 16, 2015, the date the financial statements were available to be issued.

**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. 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.

***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 the investment custodian as approved by Fund management.

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 plus accrued income, which approximates fair value. Securities purchased under agreements to resell are valued at contract amount which is equal to fair value. Unit shares of commingled 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.

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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.

The Fund's investment in the EB Daily Valued Stock Index Fund of \$4.7 billion and \$5.0 billion represents 5% or more of the Fund's net assets at December 31, 2014 and 2013, respectively. The Fund's investment in the EB Daily Valued International Stock Index Fund of \$875.8 million was less than 5% of the Fund's net assets at December 31, 2014; however, at December 31, 2013, this account's value of \$964.4 million exceeded 5% of net assets.

No Fund investments are subject to redemption fees or termination restrictions.

**Securities lending agreements**

Securities with a fair value approximating \$2.1 billion and \$1.7 billion were on loan by the custodian to various securities brokers on a temporary basis at December 31, 2014 and 2013, 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. Loans of foreign securities may additionally be collateralized by debt obligations of select foreign government or supranational organizations. Any collateral received in the form of cash is reinvested. Securities lending net income earned was approximately \$5.0 million and \$1.7 million for 2014 and 2013, 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, 2014 and 2013 consists of the following:

	<b>2014</b>	<b>2013</b>
	(In thousands)	
Fixed income:		
U.S. government and agency	\$ 669,884	667,239
U.S. corporate debt	426,954	197,047
International debt	35,475	29,871
Equity:		
U.S. common and preferred	789,073	752,852
International common and preferred	37,745	36,711
Real estate investment trusts	61,150	27,520
Global listed infrastructure	<u>34,819</u>	<u>22,171</u>
Total securities on loan	<u>\$ 2,055,100</u>	<u>1,733,411</u>

**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 not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets 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, 2014 and 2013.

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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, 2014:

	Level 1	Level 2	Level 3	2014 Total
Cash equivalents	\$ 6,799	645,296	-	652,095
Fixed income				
U.S. government and agency	1,189,717	1,163,774	-	2,353,491
U.S. corporate debt	-	2,275,694	39,059	2,314,753
International debt				
Government	-	403,818	-	403,818
Corporate	-	220,826	-	220,826
Equity				
U.S. common and preferred	3,786,777	18,201	-	3,804,978
International common and preferred	1,753,421	-	-	1,753,421
Commingled funds (S&P 500 and EAFE)	-	5,620,746	-	5,620,746
Other				
Primarily real estate related	364,120	-	309	364,429
Global listed infrastructure	447,082	-	-	447,082
Derivatives	(2,311)	(825)	-	(3,136)
<b>Total</b>	<b><u>\$ 7,545,605</u></b>	<b><u>10,347,530</u></b>	<b><u>39,368</u></b>	<b><u>17,932,503</u></b>
Foreign currency exchange contracts				
Contracts receivable	\$ 467,596	-	-	467,596
Contracts payable	(459,665)	-	-	(459,665)
<b>Total</b>	<b><u>\$ 7,931</u></b>	<b><u>-</u></b>	<b><u>-</u></b>	<b><u>7,931</u></b>
Assets held as collateral in securities lending program				
U.S. government and agency	\$ -	160,615	-	160,615
U.S. corporate debt	-	589,294	-	589,294
Certificate of deposit	-	430,608	-	430,608
Commercial paper	-	489,845	-	489,845
Equity	-	15,501	-	15,501
Repurchase agreement	-	456,154	-	456,154
Net receivable	-	174	-	174
<b>Total</b>	<b><u>\$ -</u></b>	<b><u>2,142,191</u></b>	<b><u>-</u></b>	<b><u>2,142,191</u></b>

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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, 2013:

	Level 1	Level 2	Level 3	2013 Total
Cash equivalents	\$ 18,787	484,297	-	503,084
Fixed income				
U.S. government and agency	1,109,234	1,058,143	-	2,167,377
U.S. corporate debt	-	1,722,212	59,212	1,781,424
International debt				
Government	-	408,548	-	408,548
Corporate	-	128,597	-	128,597
Commingled funds				
Asset backed securities	-	14,087	-	14,087
Emerging markets	-	18,450	-	18,450
High yield	-	12,252	-	12,252
International	-	48,613	-	48,613
Investment grade corporate	-	88,449	-	88,449
Mortgage	-	160,940	-	160,940
Municipal sector	-	6,028	-	6,028
Real return	-	76,427	-	76,427
Short-term floating NAV	-	52,710	-	52,710
Short-term	-	12,577	-	12,577
U.S. government sector	-	91,169	-	91,169
Equity				
U.S. common and preferred	4,446,133	-	-	4,446,133
International common and preferred	1,963,509	-	-	1,963,509
Commingled funds (primarily S&P 500 Index)	-	6,002,768	-	6,002,768
Other				
Primarily real estate related	390,535	-	295	390,830
Global listed infrastructure	458,540	-	-	458,540
Derivatives	(14,598)	(58)	-	(14,656)
<b>Total</b>	<b><u>\$ 8,372,140</u></b>	<b><u>10,386,209</u></b>	<b><u>59,507</u></b>	<b><u>18,817,856</u></b>
Foreign currency exchange contracts				
Contracts receivable	\$ 230,540	-	-	230,540
Contracts payable	(231,128)	-	-	(231,128)
<b>Total</b>	<b><u>\$ (588)</u></b>	<b><u>-</u></b>	<b><u>-</u></b>	<b><u>(588)</u></b>
Assets held as collateral in securities lending program				
U.S. government and agency	\$ -	237,285	-	237,285
U.S. corporate debt	-	626,436	-	626,436
Certificate of deposit	-	282,522	-	282,522
Commercial paper	-	349,033	-	349,033
Repurchase agreement	-	338,785	-	338,785
Net receivable	-	1,318	-	1,318
<b>Total</b>	<b><u>\$ -</u></b>	<b><u>1,835,379</u></b>	<b><u>-</u></b>	<b><u>1,835,379</u></b>

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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, 2014:

	U.S. Corporate Debt	Other
Beginning balance — January 1, 2014	\$ 59,212	295
Acquisitions	68,752	-
Dispositions	(85,542)	(29)
Realized gains (losses)	231	20
Changes in unrealized gains (losses)	(3,594)	23
Ending balance — December 31, 2014	\$ 39,059	309
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, 2014 reporting date		
	\$ (3,305)	35

	Total	
Beginning balance — January 1, 2014	\$ 59,507	
Acquisitions	68,752	
Dispositions	(85,571)	
Realized gains (losses)	251	
Changes in unrealized gains (losses)	(3,571)	
Ending balance — December 31, 2014	\$ 39,368	
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, 2014 reporting date		
	\$ (3,270)	

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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, 2013:

	U.S. Corporate Debt	Other
Beginning balance — January 1, 2013	\$ 14,009	269
Acquisitions	74,728	-
Dispositions	(30,301)	(5)
Realized gains (losses)	402	(1)
Changes in unrealized gains (losses)	374	32
Ending balance — December 31, 2013	\$ 59,212	295
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, 2013 reporting date		
	\$ 730	43

	Total
Beginning balance — January 1, 2013	\$ 14,278
Acquisitions	74,728
Dispositions	(30,306)
Realized gains (losses)	401
Changes in unrealized gains (losses)	406
Ending balance — December 31, 2013	\$ 59,507
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, 2013 reporting date	
	\$ 773



## CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND

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SCHEDULE H, PART III, LINE 3a**Net appreciation in fair value of investments**

The net appreciation in fair value of investments for the years ended December 31, 2014 and 2013 consists of the following:

	2014	2013
	(In thousands)	
Cash equivalents:		
U.S. corporate and government	\$ 455	454
Foreign currency	5,554	(6,421)
Fixed income:		
U.S. government and agency	70,243	(120,378)
U.S. corporate debt	(63,177)	(40,869)
International debt	(38,082)	(64,824)
Commingled funds	22,818	(26,892)
Equity:		
U.S. common and preferred	285,400	1,287,878
International common and preferred	(110,964)	267,848
Commingled funds	552,027	1,528,493
Other	<u>119,680</u>	<u>(17,654)</u>
Net appreciation	<u>\$ 843,954</u>	<u>2,807,635</u>

**Derivatives**

Investment managers, 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, 2014, 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.

**Futures** - Investment managers, 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 and exposure to foreign currency exchange rates. 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** - An investment manager ("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 options 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).

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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.

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.

**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 primary foreign currencies hedged are the Euro, the Japanese Yen, the British Pound, the Brazilian Real and the Mexican Peso. Risks associated with FX contracts are counterparty risk as well as movements in fair value and exchange rates. 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.

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**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.

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, 2014 and 2013 is as follows:

	<b>2014</b>	<b>2013</b>
	(In thousands)	
<b>Futures contracts</b>		
Foreign currency		
Long position	\$ 176	(538)
Fixed income		
Short position	(63)	-
Long position	2,245	(2,944)
Equity		
Short position	(4,573)	(11,123)
Long position	(96)	8
	<u>\$ (2,311)</u>	<u>(14,597)</u>
<b>Options contracts</b>		
Foreign currency		
Purchased	\$ 296	-
Written	(160)	-
	<u>\$ 136</u>	<u>-</u>
<b>Swaps contracts</b>		
Credit default		
Short position	\$ (2,485)	(6,530)
Long position	2,160	6,487
Interest rate		
Short position	(24,439)	(48,150)
Long position	24,062	48,788
Zero coupon		
Short position	(3,870)	(9,108)
Long position	3,611	8,455
	<u>\$ (961)</u>	<u>(58)</u>

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, 2014 and 2013 is as follows:

	<b>2014</b>	<b>2013</b>
	(In thousands)	
<b>Foreign currency exchange contracts</b>		
Contracts receivable		
Short position	\$ 334,451	153,252
Long position	133,118	76,588
Contracts in exchange for and delivery in non-U.S. dollars	27	700
Total contracts receivable	<u>467,596</u>	<u>230,540</u>
Contracts payable		
Short position	(324,078)	(153,324)
Long position	(135,560)	(77,126)
Contracts in exchange for and delivery in non-U.S. dollars	(27)	(678)
Total contracts payable	<u>(459,665)</u>	<u>(231,128)</u>
Net contracts receivable (payable)	<u>\$ 7,931</u>	<u>(588)</u>

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND  
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SCHEDULE H, PART III, LINE 3a

The following table represents the monthly average derivative activity based on month end notional values for both 2014 and 2013:

	2014	2013
	(In thousands)	
<b><i>Futures contracts</i></b>		
Foreign currency		
Short position	\$ (17,108)	(4,124)
Long position	221,042	376,485
Fixed income		
Short position	(26,827)	(3,538)
Long position	141,989	197,713
Equity		
Short position	(141,520)	(278,067)
Long position	46,729	38,308
<b><i>Options contracts</i></b>		
Foreign currency		
Purchased	9,027	-
Written	(8,905)	-
<b><i>Swaps contracts</i></b>		
Credit default		
Short position	(5,841)	(3,228)
Long position	4,836	2,343
Interest rate		
Short position	(29,388)	(28,990)
Long position	21,772	20,780
Zero coupon		
Short position	(151)	(3,823)
Long position	8,002	7,706
<b><i>Foreign currency exchange contracts</i></b>		
Contracts receivable		
Short position	247,124	294,492
Long position	148,138	230,502
Contracts payable		
Short position	(244,553)	(294,251)
Long position	(148,559)	(230,933)

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).

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Net appreciation (depreciation) of fair value of investments on the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2014 and 2013 includes net appreciation (depreciation) of derivative instruments as follows:

	2014	2013
	(In thousands)	
Futures, options and swaps contracts:		
Credit default	\$ (358)	(19)
Interest rate	(984)	(219)
Equity	24,642	(50,382)
Fixed income	11,643	(2,131)
Foreign currency	1,661	670
Foreign currency exchange contracts	<u>16,555</u>	<u>(3,860)</u>
Net appreciation (depreciation)	<u>\$ 53,159</u>	<u>(55,941)</u>

#### 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 \$24.2 million and \$23.3 million of such costs are included in general and administrative expenses for 2014 and 2013, respectively.

#### 5. Income tax status

The Internal Revenue Service ("IRS") issued a letter of determination, dated December 20, 2010, stating that the Plan, as designed, is exempt from federal income tax under Section 501 of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, 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 2011.

#### 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.

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Significant assumptions underlying the 2014 and 2013 actuarial computations are as follows:

- annual investment rate of return of 7.5% (net of investment expenses);
- 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;
- mortality rates for healthy annuitants from RP-2014 Blue Collar Healthy Annuitant Mortality Tables with rates increased by 15% and RP-2000 Combined Healthy Blue Collar Mortality Tables, respectively, projected using various scales on a generational basis;
- mortality rates for disabled annuitants from RP-2014 Disabled Retiree Mortality Tables with rates increased by 15% and RP-2000 Disabled Retiree Mortality Tables, respectively; and
- mortality rates for non-annuitants from RP-2014 Blue Collar Healthy Employee Mortality Tables with rates increased by 15% and RP-2000 Combined Healthy Blue Collar Mortality Tables, respectively, 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, 2014 and 2013 is as follows:

	<b>2014</b>	<b>2013</b>
	(In millions)	
Vested benefits:		
Participants and beneficiaries currently receiving benefits	\$ 23,565	23,682
Other participants	<u>11,270</u>	<u>11,266</u>
	34,835	34,948
Nonvested benefits	<u>228</u>	<u>241</u>
Total actuarial present value of accumulated benefits	<u>\$ 35,063</u>	<u>35,189</u>

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:

	<b>2014</b>	<b>2013</b>
	(In millions)	
Actuarial present value of accumulated benefits at beginning of year	\$ 35,189	35,312
Increase (Decrease) during the year attributable to:		
Interest on the actuarial present value of accumulated benefits	2,525	2,542
Benefit payments	(2,822)	(2,823)
Benefits accumulated	274	267
Actuarial experience	(83)	(87)
Changes in actuarial assumptions	(6)	-
Plan amendments	<u>(14)</u>	<u>(22)</u>
Actuarial present value of accumulated benefits at end of year	<u>\$ 35,063</u>	<u>35,189</u>

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  
 INTEREST-BEARING CASH  
 DECEMBER 31, 2014

<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>				
*	BOSTON SAFE DEPOSIT TRUST ACCOUNT	0.010 %	\$ 3,456,773	\$ 3,456,773	\$ 3,456,773
	BANK OF TOKYO - MITSUBISHI TIME DEPOSIT	VARIOUS	11,379,680	11,379,680	11,379,680
	SWAP COLLATERAL MARGIN	VARIOUS	890,000	<u>890,000</u>	<u>890,000</u>
	TOTAL DOMESTIC INTEREST-BEARING CASH			<u>15,726,453</u>	<u>15,726,453</u>
	<u>FOREIGN</u>				
	CURRENCY	VARIOUS	N/A	<u>6,971,445</u>	<u>6,798,855</u>
	TOTAL FOREIGN INTEREST-BEARING CASH			<u>6,971,445</u>	<u>6,798,855</u>
	TOTAL INTEREST-BEARING CASH			\$ <u>22,697,898</u>	\$ <u>22,525,308</u>

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, 2014

IDENTITY OF ISSUE	DESCRIPTION		COST	CURRENT VALUE
	MATURITY	INTEREST RATE		
		PRINCIPAL		
<u>U.S.A. GOVERNMENT</u>				
AMERICAN MUNICIPAL POWER, INC.	02/15/2047	5.930 %	\$ 300,000	\$ 361,011
BAY AREA TOLL AUTHORITY	04/01/2049	6.260	500,000	609,225
BAY AREA TOLL AUTHORITY	04/01/2050	7.040	500,000	716,985
CHICAGO TRANSIT AUTHORITY	12/01/2040	6.200	220,000	228,131
CITY OF NEW YORK	10/01/2031	5.200	750,000	791,168
DALLAS AREA RAPID TRANSIT	12/01/2044	5.990	500,000	644,910
FEDERAL FARM CREDIT BANK	08/25/2016	5.120	1,670,000	1,674,673
FEDERAL FARM CREDIT BANK	11/07/2016	0.540	500,000	497,250
FEDERAL HOME LOAN BANK	01/02/2015	0.040	24,334	24,334
FEDERAL HOME LOAN BANK	01/26/2015	0.090	1,229,000	1,228,982
FEDERAL HOME LOAN BANK	12/16/2016	4.750	1,000,000	1,153,350
FEDERAL HOME LOAN BANK	02/28/2017	1.500	2,200,000	2,223,584
FEDERAL HOME LOAN BANK	06/21/2017	1.000	2,000,000	1,984,900
FEDERAL HOME LOAN BANK	11/17/2017	5.000	1,950,000	2,131,318
FEDERAL HOME LOAN BANK	02/28/2018	1.250	885,000	870,398
FEDERAL HOME LOAN BANK	03/09/2018	1.370	500,000	498,270
FEDERAL HOME LOAN BANK	07/18/2019	1.650	300,000	291,135
FEDERAL HOME LOAN BANK	03/13/2020	4.120	3,000,000	3,349,440
FEDERAL HOME LOAN BANK	07/15/2036	5.500	600,000	743,922
FEDERAL HOME LOAN BANK	VARIOUS	0.370	5,500,000	5,489,655
FEDERAL HOME LOAN MORTGAGE CORPORATION	01/19/2016	4.750	1,000,000	1,095,830
FEDERAL HOME LOAN MORTGAGE CORPORATION	04/18/2016	5.250	2,000,000	2,236,600
FEDERAL HOME LOAN MORTGAGE CORPORATION	09/27/2016	0.700	1,090,000	1,090,000
FEDERAL HOME LOAN MORTGAGE CORPORATION	11/28/2017	1.030	500,000	491,125
FEDERAL HOME LOAN MORTGAGE CORPORATION	04/30/2018	1.020	950,000	934,800
FEDERAL HOME LOAN MORTGAGE CORPORATION	06/12/2018	1.200	410,000	396,347
FEDERAL HOME LOAN MORTGAGE CORPORATION	06/13/2018	4.870	1,500,000	1,699,695
FEDERAL HOME LOAN MORTGAGE CORPORATION	03/27/2019	3.750	1,000,000	1,076,686
FEDERAL HOME LOAN MORTGAGE CORPORATION	05/30/2019	1.750	1,500,000	1,503,690
FEDERAL HOME LOAN MORTGAGE CORPORATION	12/25/2019	2.070	1,131,839	1,155,183
FEDERAL HOME LOAN MORTGAGE CORPORATION	12/25/2020	4.180	1,500,000	1,664,531
FEDERAL HOME LOAN MORTGAGE CORPORATION	04/25/2021	3.870	2,752,000	2,987,425
FEDERAL HOME LOAN MORTGAGE CORPORATION	12/25/2021	2.870	1,100,000	1,130,250
FEDERAL HOME LOAN MORTGAGE CORPORATION	02/25/2023	3.010	936,740	976,332
FEDERAL HOME LOAN MORTGAGE CORPORATION	05/25/2023	3.310	1,700,000	1,755,516
FEDERAL HOME LOAN MORTGAGE CORPORATION	03/15/2031	6.750	200,000	299,728
FEDERAL HOME LOAN MORTGAGE CORPORATION	07/15/2032	6.250	1,500,000	1,806,993
FEDERAL HOME LOAN MORTGAGE CORPORATION	02/01/2035	2.120	1,157,658	1,140,475
FEDERAL HOME LOAN MORTGAGE CORPORATION	03/01/2037	2.240	558,821	558,471
FEDERAL HOME LOAN MORTGAGE CORPORATION	07/01/2043	2.230	257,678	260,255
FEDERAL HOME LOAN MORTGAGE CORPORATION	08/01/2043	2.140	1,671,852	1,665,844
FEDERAL HOME LOAN MORTGAGE CORPORATION	10/01/2043	2.440	1,734,071	1,769,972
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	0.500	1,700,000	1,699,375
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	0.750	2,725,000	2,712,065
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	0.870	3,500,000	3,505,695
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	1.000	4,500,000	4,492,615
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	1.250	2,800,000	2,776,900
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	2.000	2,170,432	2,128,165
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	2.370	4,306,794	4,277,903
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	2.500	18,453,367	18,822,525
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	3.000	46,899,842	46,768,973
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	3.060	1,375,000	1,375,336
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	3.500	55,966,244	57,812,767
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	4.000	45,732,396	48,085,614
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	4.500	23,842,204	24,865,310
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	5.000	15,090,134	15,342,752
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	5.120	2,650,000	2,673,392
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	5.500	7,597,136	7,427,521
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	6.000	6,313,964	6,577,034
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	6.500	1,277,258	1,271,176
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	7.000	1,160,318	1,224,056
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	7.500	314,996	335,616
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	8.000	90,730	97,564
FEDERAL NATIONAL MORTGAGE ASSOCIATION	03/30/2016	0.500	3,500,000	3,514,315
FEDERAL NATIONAL MORTGAGE ASSOCIATION	11/15/2016	1.370	1,100,000	1,133,583
FEDERAL NATIONAL MORTGAGE ASSOCIATION	06/20/2019	1.750	1,500,000	1,498,350
FEDERAL NATIONAL MORTGAGE ASSOCIATION	10/09/2019	ZERO	1,000,000	883,605
FEDERAL NATIONAL MORTGAGE ASSOCIATION	10/29/2019	1.550	350,000	334,919
FEDERAL NATIONAL MORTGAGE ASSOCIATION	01/25/2024	3.460	1,184,000	1,223,451
FEDERAL NATIONAL MORTGAGE ASSOCIATION	07/25/2024	3.060	10,000,000	9,653,906
FEDERAL NATIONAL MORTGAGE ASSOCIATION	08/25/2024	3.110	1,497,679	1,545,710
FEDERAL NATIONAL MORTGAGE ASSOCIATION	09/06/2024	2.620	1,500,000	1,527,015
FEDERAL NATIONAL MORTGAGE ASSOCIATION	05/15/2030	7.250	1,500,000	2,411,130
FEDERAL NATIONAL MORTGAGE ASSOCIATION	11/15/2030	6.620	1,700,000	2,056,926
FEDERAL NATIONAL MORTGAGE ASSOCIATION	09/01/2031	8.500	10,820	11,746
FEDERAL NATIONAL MORTGAGE ASSOCIATION	06/01/2034	2.250	1,211,849	1,196,559
FEDERAL NATIONAL MORTGAGE ASSOCIATION	06/01/2034	2.330	403,687	397,159
FEDERAL NATIONAL MORTGAGE ASSOCIATION	02/01/2037	2.400	569,737	573,209
FEDERAL NATIONAL MORTGAGE ASSOCIATION	05/01/2042	2.940	662,990	674,903
FEDERAL NATIONAL MORTGAGE ASSOCIATION	10/01/2042	2.430	677,672	681,166



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

GOVERNMENT SECURITIES

DECEMBER 31, 2014

IDENTITY OF ISSUE	Maturity	INTEREST		PRINCIPAL	COST	CURRENT VALUE
		RATE				
FEDERAL NATIONAL MORTGAGE ASSOCIATION	05/01/2043	2.170 %	\$	616,841	\$ 623,732	\$ 623,485
FEDERAL NATIONAL MORTGAGE ASSOCIATION	11/01/2043	2.710		844,402	866,271	865,251
FEDERAL NATIONAL MORTGAGE ASSOCIATION	12/01/2043	2.680		1,516,312	1,566,955	1,571,203
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	0.870		6,300,000	6,239,827	6,221,612
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	1.000		6,820,000	6,790,563	6,776,044
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	1.120		2,500,000	2,511,080	2,506,160
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	1.250		2,000,000	2,023,570	2,019,170
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	1.870		2,000,000	2,018,925	2,030,895
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	2.000		3,070,656	3,021,578	3,060,165
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	2.500		26,865,884	26,839,545	27,222,627
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	3.000		95,195,641	95,989,938	97,164,567
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	3.500		108,609,159	113,027,514	113,575,682
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	4.000		125,952,543	133,986,796	134,962,013
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	4.500		73,977,938	78,586,774	80,627,898
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	5.000		18,913,940	19,129,621	20,910,319
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	5.500		15,010,990	15,305,921	16,843,767
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	6.000		11,494,280	12,029,163	13,029,182
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	6.500		3,368,591	3,486,015	3,879,223
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	7.000		1,590,052	1,668,911	1,803,625
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	7.500		367,388	392,974	410,636
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	8.000		183,047	197,247	210,488
FINANCING CORPORATION	09/26/2019	8.600		300,000	413,757	390,252
FLORIDA HURRICANE CATASTROPHE FUND	07/01/2016	1.290		1,270,000	1,276,655	1,276,858
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	12/15/2030	9.000		19,553	21,166	20,532
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	11/15/2031	8.000		36,166	39,071	43,748
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	06/16/2037	1.350		891,789	893,565	876,548
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	02/16/2047	1.990		919,836	939,138	895,184
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	2.000		1,489,443	1,544,757	1,531,044
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	2.500		5,135,851	5,248,637	5,240,680
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	3.000		47,298,147	48,497,329	48,546,117
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	3.500		67,247,304	70,393,927	70,656,940
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	4.000		50,129,761	53,057,678	53,822,856
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	4.500		36,084,852	38,613,554	39,497,887
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	5.000		19,474,352	20,310,325	21,593,188
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	5.500		6,736,562	6,766,191	7,596,170
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	6.000		4,217,965	4,356,854	4,831,163
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	6.500		516,955	319,697	645,639
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	7.000		1,030,012	1,079,205	1,201,990
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	7.500		465,804	496,728	563,023
LOS ANGELES DEPARTMENT OF WATER AND POWER	07/01/2045	6.570		175,000	242,659	254,266
LOS ANGELES UNIFIED SCHOOL DISTRICT	07/01/2034	6.750		400,000	523,060	557,344
METROPOLITAN TRANSPORTATION AUTHORITY NEW YORK	11/15/2039	7.330		600,000	796,338	915,606
MUNICIPAL ELECTRIC AUTHORITY OF GEORGIA	04/01/2057	6.650		1,000,000	1,198,779	1,318,100
NEW JERSEY TRANSPORTATION TRUST FUND AUTHORITY	12/15/2028	5.750		1,285,000	1,416,494	1,468,485
NEW YORK CITY MUNICIPAL WATER FINANCE AUTHORITY	06/15/2044	5.880		1,000,000	1,304,140	1,350,410
PORT AUTHORITY OF NEW YORK & NEW JERSEY	10/01/2062	4.450		1,240,000	1,240,223	1,316,173
SAN ANTONIO TEXAS ELECTRIC AND GAS REVENUE	02/01/2041	5.710		500,000	655,650	658,410
STATE OF CALIFORNIA	04/01/2034	7.500		950,000	944,452	1,412,251
STATE OF CALIFORNIA	04/01/2039	7.550		1,000,000	1,073,010	1,543,190
STATE OF CALIFORNIA	11/01/2040	7.600		1,000,000	1,220,220	1,560,330
STATE OF CONNECTICUT	03/15/2032	5.850		165,000	206,494	208,185
STATE OF ILLINOIS	03/01/2018	5.660		500,000	557,965	547,515
STATE OF ILLINOIS	06/01/2033	5.100		2,100,000	1,946,786	2,084,649
STATE OF MASSACHUSETTS	12/01/2021	4.200		500,000	559,650	548,725
STATE OF TEXAS	04/01/2039	5.510		1,000,000	1,159,230	1,321,780
TENNESSEE VALLEY AUTHORITY	11/01/2025	6.750		1,055,000	1,290,582	1,431,888
TENNESSEE VALLEY AUTHORITY	04/01/2036	5.880		1,500,000	1,949,085	2,046,120
TENNESSEE VALLEY AUTHORITY	04/01/2056	5.370		1,200,000	1,272,540	1,577,964
TEXAS STATE TRANSPORTATION COMMISSION	04/01/2026	5.020		700,000	791,420	820,841
TREASURY INFLATION PROTECTED SECURITIES	07/15/2024	0.120		3,615,108	3,497,581	3,481,511
U.S.A. TREASURY BONDS	08/15/2015	10.620		1,225,000	1,633,451	1,303,290
U.S.A. TREASURY BONDS	11/15/2016	7.500		2,000,000	2,294,772	2,254,380
U.S.A. TREASURY BONDS	02/15/2021	7.870		1,000,000	1,364,453	1,351,020
U.S.A. TREASURY BONDS	11/15/2021	8.000		1,975,000	2,771,730	2,747,719
U.S.A. TREASURY BONDS	11/15/2022	7.620		2,500,000	3,589,658	3,529,500
U.S.A. TREASURY BONDS	02/15/2023	7.120		1,215,000	1,670,389	1,679,458
U.S.A. TREASURY BONDS	08/15/2025	6.870		1,208,000	1,714,879	1,745,463
U.S.A. TREASURY BONDS	02/15/2026	6.000		2,430,000	3,244,463	3,330,437
U.S.A. TREASURY BONDS	08/15/2026	6.750		1,800,000	2,622,089	2,626,596
U.S.A. TREASURY BONDS	11/15/2026	6.500		1,190,000	1,644,440	1,712,946
U.S.A. TREASURY BONDS	08/15/2027	6.370		1,650,000	2,339,197	2,383,607
U.S.A. TREASURY BONDS	08/15/2028	5.500		2,070,000	2,703,251	2,826,192
U.S.A. TREASURY BONDS	11/15/2028	5.250		2,000,000	2,496,562	2,681,400
U.S.A. TREASURY BONDS	05/15/2030	6.250		165,000	198,425	246,520
U.S.A. TREASURY BONDS	02/15/2031	5.370		10,760,000	14,876,580	14,997,611
U.S.A. TREASURY BONDS	05/15/2037	5.000		525,000	719,664	748,865
U.S.A. TREASURY BONDS	02/15/2039	3.500		180,000	164,981	206,734
U.S.A. TREASURY BONDS	02/15/2040	4.620		3,580,000	4,308,885	4,866,580
U.S.A. TREASURY BONDS	08/15/2040	3.870		3,140,000	2,887,163	3,833,249
U.S.A. TREASURY BONDS	05/15/2043	2.870		6,815,000	5,892,098	6,970,450
U.S.A. TREASURY BONDS	05/15/2044	3.370		3,135,000	3,231,395	3,529,320
U.S.A. TREASURY BONDS	VARIOUS	2.750		10,805,000	9,104,099	10,799,641
U.S.A. TREASURY BONDS	VARIOUS	3.000		7,960,000	8,419,853	8,365,977

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  
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<u>IDENTITY OF ISSUE</u>	<u>DESCRIPTION</u>			<u>COST</u>	<u>CURRENT VALUE</u>
	<u>MATURITY</u>	INTEREST <u>RATE</u>	<u>PRINCIPAL</u>		
U.S.A. TREASURY BONDS	VARIOUS	3.120 %	\$ 40,381,000	\$ 41,252,006	\$ 43,474,470
U.S.A. TREASURY BONDS	VARIOUS	3.620	16,280,000	16,663,180	19,153,016
U.S.A. TREASURY BONDS	VARIOUS	3.750	8,355,000	8,578,999	10,048,590
U.S.A. TREASURY BONDS	VARIOUS	4.250	6,124,000	6,789,660	7,905,592
U.S.A. TREASURY BONDS	VARIOUS	4.370	9,894,000	11,420,563	13,029,859
U.S.A. TREASURY BONDS	VARIOUS	4.500	11,494,000	14,555,577	15,319,697
U.S.A. TREASURY BONDS	VARIOUS	4.750	2,130,000	2,650,733	2,972,372
U.S.A. TREASURY BONDS	VARIOUS	6.120	2,510,000	3,469,698	3,610,085
U.S.A. TREASURY BONDS	VARIOUS	7.250	5,000,000	6,352,929	6,168,750
U.S.A. TREASURY BONDS	VARIOUS	8.120	1,150,000	1,608,755	1,588,907
U.S.A. TREASURY BONDS	VARIOUS	8.750	3,300,000	4,280,211	4,101,928
U.S.A. TREASURY BONDS	VARIOUS	8.870	1,650,000	2,053,039	2,025,462
U.S.A. TREASURY NOTES	05/15/2015	4.120	2,015,000	2,221,938	2,044,762
U.S.A. TREASURY NOTES	01/31/2016	0.070	1,920,000	1,919,679	1,919,482
U.S.A. TREASURY NOTES	05/15/2016	5.120	4,130,000	4,727,573	4,394,568
U.S.A. TREASURY NOTES	07/31/2016	0.100	3,810,000	3,810,963	3,809,924
U.S.A. TREASURY NOTES	08/15/2016	4.870	1,690,000	1,878,151	1,808,570
U.S.A. TREASURY NOTES	08/15/2017	4.750	3,705,000	4,027,070	4,068,572
U.S.A. TREASURY NOTES	03/31/2018	2.870	3,485,000	3,693,828	3,666,325
U.S.A. TREASURY NOTES	05/15/2018	3.870	4,700,000	5,147,066	5,109,793
U.S.A. TREASURY NOTES	08/15/2018	4.000	2,722,000	3,208,568	2,985,054
U.S.A. TREASURY NOTES	11/15/2018	3.750	4,020,000	4,347,583	4,379,589
U.S.A. TREASURY NOTES	11/15/2019	3.370	5,450,000	5,904,273	5,904,312
U.S.A. TREASURY NOTES	VARIOUS	0.250	15,533,000	15,491,271	15,509,173
U.S.A. TREASURY NOTES	VARIOUS	0.370	37,485,000	37,470,337	37,468,100
U.S.A. TREASURY NOTES	VARIOUS	0.500	33,725,000	33,697,308	33,678,089
U.S.A. TREASURY NOTES	VARIOUS	0.620	58,280,000	57,941,141	57,962,325
U.S.A. TREASURY NOTES	VARIOUS	0.750	34,068,000	33,876,647	33,856,430
U.S.A. TREASURY NOTES	VARIOUS	0.870	110,240,000	110,134,084	110,032,733
U.S.A. TREASURY NOTES	VARIOUS	1.000	57,131,000	56,724,478	56,634,547
U.S.A. TREASURY NOTES	VARIOUS	1.120	10,545,000	10,014,862	10,247,470
U.S.A. TREASURY NOTES	VARIOUS	1.250	18,735,000	18,567,270	18,507,393
U.S.A. TREASURY NOTES	VARIOUS	1.370	28,886,000	28,439,598	28,717,866
U.S.A. TREASURY NOTES	VARIOUS	1.500	58,384,000	58,636,641	58,575,959
U.S.A. TREASURY NOTES	VARIOUS	1.620	39,641,000	39,295,532	39,565,073
U.S.A. TREASURY NOTES	VARIOUS	1.750	19,687,000	19,178,581	19,552,366
U.S.A. TREASURY NOTES	VARIOUS	1.870	23,474,000	23,753,097	23,812,113
U.S.A. TREASURY NOTES	VARIOUS	2.000	50,375,000	50,224,068	50,715,359
U.S.A. TREASURY NOTES	VARIOUS	2.120	27,505,000	27,589,814	27,872,959
U.S.A. TREASURY NOTES	VARIOUS	2.250	40,060,000	40,549,758	40,791,054
U.S.A. TREASURY NOTES	VARIOUS	2.370	47,121,000	47,780,868	48,115,597
U.S.A. TREASURY NOTES	VARIOUS	2.500	27,265,000	27,843,630	28,167,487
U.S.A. TREASURY NOTES	VARIOUS	2.620	37,312,000	38,660,229	38,798,766
U.S.A. TREASURY NOTES	VARIOUS	2.750	36,848,000	38,727,869	38,600,505
U.S.A. TREASURY NOTES	VARIOUS	3.000	13,980,000	14,805,591	14,583,471
U.S.A. TREASURY NOTES	VARIOUS	3.120	27,480,000	29,847,526	29,094,229
U.S.A. TREASURY NOTES	VARIOUS	3.250	12,440,000	13,278,699	13,015,360
U.S.A. TREASURY NOTES	VARIOUS	3.500	13,407,000	13,907,495	14,487,273
U.S.A. TREASURY NOTES	VARIOUS	3.620	24,800,000	27,115,519	27,210,404
U.S.A. TREASURY NOTES	VARIOUS	4.500	5,700,000	6,225,712	6,070,812
U.S.A. TREASURY NOTES	VARIOUS	4.620	9,616,000	10,654,754	10,365,858
UNIVERSITY OF CALIFORNIA REVENUE BONDS	07/01/2019	1.790	500,000	500,580	495,720
UNIVERSITY OF CALIFORNIA REVENUE BONDS	05/15/2043	5.770	950,000	948,148	1,221,064
TOTAL U.S.A. GOVERNMENT SECURITIES				\$ 2,313,541,533	\$ 2,354,744,578

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND  
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NOTES	IDENTITY OF ISSUE	DESCRIPTION			COST	CURRENT VALUE
		MATURITY	INTEREST RATE	PRINCIPAL		
	<u>U.S. CORPORATE</u>					
	3M COMPANY	09/29/2016	1.370 %	\$ 1,250,000	\$ 1,272,175	\$ 1,263,987
	ABBAY NATIONAL TREASURY SERVICES PLC	03/13/2017	1.370	1,000,000	999,190	998,800
	ABBAY NATIONAL TREASURY SERVICES PLC	08/23/2018	3.050	2,850,000	2,964,969	2,950,662
	ABBOTT LABORATORIES	04/01/2019	5.120	1,000,000	1,150,290	1,120,910
	ABBVIE INC.	11/06/2017	1.750	1,000,000	1,009,420	1,002,170
	ABBVIE INC.	11/06/2017	4.400	600,000	649,884	619,002
	ACCESS MIDSTREAM PARTNERS, L.P.	11/15/2021	4.000	1,000,000	1,049,240	1,002,450
	ACCESS MIDSTREAM PARTNERS, L.P.	03/15/2024	4.870	4,150,000	4,168,406	4,212,250
	ACCESS MIDSTREAM PARTNERS, L.P.	01/15/2045	4.900	1,000,000	990,983	936,560
	ACCO BRANDS CORP.	04/30/2020	6.750	4,315,000	4,453,787	4,515,647
	ACE INA HOLDINGS INC.	06/15/2019	5.900	1,000,000	1,217,880	1,148,490
	ACI WORLDWIDE INC.	08/15/2020	6.370	600,000	600,000	627,000
	ACTAVIS PLC	06/15/2019	2.450	1,000,000	997,880	982,950
	ACTAVIS PLC	10/01/2042	4.620	1,000,000	930,250	979,930
	ADELPHIA COMMUNICATIONS CORPORATION	03/01/2007	9.075	975,000	-	7,312
	ADELPHIA COMMUNICATIONS CORPORATION	05/01/2009	7.870	700,000	-	5,250
	ADELPHIA COMMUNICATIONS CORPORATION	09/21/2012	7.500	12,447,000	-	93,352
	ADOBE SYSTEMS INC.	02/01/2020	4.750	1,000,000	1,131,470	1,097,730
	ADVANCED MICRO DEVICES INC.	08/15/2022	7.500	7,000,000	6,850,015	6,300,000
	ADVANTAGE SALES & MARKETING INC.	07/25/2022	7.500	2,450,000	2,435,843	2,418,150
	AECOM TECHNOLOGY CORPORATION	10/15/2022	5.750	4,865,000	4,898,975	4,974,462
	AERCAP IRELAND CAPITAL LIMITED	10/01/2021	5.000	4,850,000	4,858,031	5,030,100
	AETNA INC.	11/15/2022	2.750	1,000,000	932,140	970,030
	AGILENT TECHNOLOGIES, INC.	07/15/2023	3.870	1,000,000	963,920	993,620
	AGRIUM INC.	01/15/2045	5.250	750,000	791,062	810,090
	AHERN RENTALS INC.	06/15/2018	9.500	2,320,000	2,363,175	2,401,200
	AINSWORTH LUMBER CO. LTD.	12/15/2017	7.500	2,575,000	2,736,619	2,652,250
	AIR LEASE CORPORATION	09/15/2024	4.250	750,000	744,495	755,625
	AIR PRODUCTS AND CHEMICALS, INC.	01/22/2015	0.010	11,190,000	11,188,769	11,188,769
	ALABAMA POWER COMPANY	10/01/2020	3.370	500,000	478,800	522,665
	ALABAMA POWER COMPANY	01/15/2042	4.100	300,000	329,739	310,191
	ALASKA COMMUNICATIONS SYSTEMS GROUP INC.	10/21/2016	0.385	42,448	41,769	42,076
	ALERIS INTERNATIONAL, INC.	12/15/2014	9.000	1,965,000	1,901,491	196
	ALERIS INTERNATIONAL, INC.	11/01/2020	7.870	2,775,000	2,814,848	2,761,125
	ALEXANDRIA REAL ESTATE EQUITIES, INC.	01/15/2020	2.750	500,000	501,220	495,220
	ALFA HOLDINGS S.A.	03/25/2024	5.250	392,000	391,125	407,680
	ALLIANCE ONE INTERNATIONAL, INC.	07/15/2021	9.875	3,315,000	3,264,975	2,958,637
	ALLIANT HOLDINGS I, LLC	12/15/2020	7.870	2,900,000	2,990,534	2,958,000
	ALLISON TRANSMISSION HOLDINGS, INC.	05/15/2019	7.120	4,535,000	4,892,562	4,744,743
	ALLY FINANCIAL INC.	09/15/2020	7.500	1,961,000	2,305,307	2,299,272
	ALPHA NATURAL RESOURCES, INC.	06/01/2019	6.000	420,000	420,000	130,200
	ALPHA NATURAL RESOURCES, INC.	08/01/2020	7.500	2,420,000	2,420,000	1,524,600
	ALPHA NATURAL RESOURCES, INC.	06/01/2021	6.250	500,000	502,238	140,000
	ALPHABET HOLDING COMPANY, INC.	11/01/2017	7.750	2,880,000	2,936,537	2,440,800
	ALPINE SECURITIZATION CORP.	02/10/2015	0.180	8,950,000	8,945,077	8,945,077
	ALTA MESA HOLDINGS, L.P.	10/15/2018	9.620	4,200,000	4,399,500	3,486,000
	ALTICE S.A.	05/15/2022	7.750	7,395,000	7,484,300	7,408,902
	ALTRIA GROUP, INC.	08/06/2019	9.250	455,000	547,867	582,215
	ALTRIA GROUP, INC.	01/31/2024	4.000	500,000	527,390	521,290
	ALTRIA GROUP, INC.	11/10/2038	3.125	2,325,000	3,933,978	3,977,261
	ALTRIA GROUP, INC.	01/31/2044	5.375	500,000	539,635	569,160
	AMAZON.COM, INC.	12/05/2019	2.600	4,572,000	4,572,500	4,621,482
	AMAZON.COM, INC.	12/05/2034	4.800	1,000,000	1,037,270	1,049,740
	AMERICA MOVIL, S.A.B. DE C.V.	09/08/2016	2.370	1,000,000	1,035,000	1,013,720
	AMERICA MOVIL, S.A.B. DE C.V.	03/30/2020	5.000	500,000	549,490	551,370
	AMERICA MOVIL, S.A.B. DE C.V.	03/30/2040	6.120	1,000,000	1,158,130	1,183,210
	AMERICAN ACHIEVEMENT CORPORATION	04/15/2016	10.870	2,610,000	2,607,375	2,499,075
	AMERICAN AIRLINES, INC.	04/01/2028	3.700	750,000	750,465	753,750
	AMERICAN EXPRESS COMPANY	08/28/2017	6.150	2,200,000	2,363,503	2,451,240
	AMERICAN EXPRESS COMPANY	12/05/2024	3.620	1,500,000	1,508,670	1,512,495
	AMERICAN EXPRESS CREDIT CORPORATION	08/15/2019	2.250	750,000	751,717	750,120
	AMERICAN HONDA FINANCE CORPORATION	03/25/2015	0.140	13,294,292	13,294,292	13,294,292
	AMERICAN HONDA FINANCE CORPORATION	10/07/2016	1.120	750,000	753,592	753,465
	AMERICAN INTERNATIONAL GROUP, INC.	01/16/2018	5.850	2,000,000	2,263,878	2,236,200
	AMERICAN INTERNATIONAL GROUP, INC.	07/16/2019	2.300	6,125,000	6,139,490	6,131,247
	AMERICAN INTERNATIONAL GROUP, INC.	05/15/2068	8.170	1,000,000	1,390,000	1,355,000
	AMERICAN TOWER CORPORATION	02/15/2024	5.000	1,350,000	1,329,925	1,431,634
	AMERIGAS FINANCE LLC	05/20/2022	7.000	1,355,000	1,378,712	1,402,425
	AMERIGAS PARTNERS, L.P.	08/20/2019	6.250	470,000	470,000	485,275
	AMERIGAS PARTNERS, L.P.	05/20/2021	6.500	4,166,000	4,332,250	4,270,150
	AMERISOURCEBERGEN CORPORATION	05/15/2017	1.150	500,000	499,915	495,775
	AMERISTAR CASINOS, INC.	04/15/2021	7.500	1,030,000	1,027,418	1,073,764
	AMGEN INC.	05/15/2017	2.120	1,000,000	1,036,390	1,013,120
	AMGEN INC.	02/01/2019	5.700	450,000	525,091	506,196
	AMGEN INC.	11/15/2021	3.870	500,000	530,040	528,255
	AMGEN INC.	02/01/2039	6.400	575,000	667,741	730,043
	AMGEN INC.	11/15/2041	5.150	1,000,000	1,147,780	1,127,150
	AMSURG CORP.	07/15/2022	5.620	2,610,000	2,644,485	2,675,250
	ANADARKO PETROLEUM CORPORATION	07/15/2024	3.450	750,000	749,857	732,180
	ANADARKO PETROLEUM CORPORATION	03/15/2040	6.200	1,000,000	1,221,210	1,171,450
	ANGLOGOLD ASHANTI HOLDINGS PLC	04/15/2020	5.370	223,000	224,672	213,596
	ANHEUSER-BUSCH COMPANIES, INC.	10/15/2016	5.050	485,000	530,095	518,644
	ANHEUSER-BUSCH INBEV FINANCE INC.	02/01/2019	2.150	750,000	755,738	753,022
	ANHEUSER-BUSCH INBEV FINANCE INC.	02/01/2044	4.625	750,000	787,440	815,752
	ANHEUSER-BUSCH INBEV WORLDWIDE INC.	07/15/2017	1.375	1,500,000	1,499,610	1,498,665
	ANHEUSER-BUSCH INBEV WORLDWIDE INC.	04/15/2020	5.000	1,000,000	1,142,910	1,118,070
	ANHEUSER-BUSCH INBEV WORLDWIDE INC.	07/15/2022	2.500	1,000,000	1,002,270	971,880
	ANIXTER INTERNATIONAL INC.	10/01/2021	5.120	1,435,000	1,435,000	1,435,000
	ANR PIPELINE CO.	11/01/2021	9.620	1,500,000	2,122,350	2,056,920
	ANTERO RESOURCES FINANCE CORPORATION	12/01/2020	6.000	3,440,000	3,544,951	3,431,400
	AON PLC	06/14/2024	3.500	1,000,000	1,000,400	1,002,050
	AON PLC	05/24/2043	4.450	200,000	192,824	199,334
	APACHE CORPORATION	04/15/2043	4.750	1,250,575	1,200,575	1,172,237
	APPLE INC.	05/05/2017	1.050	1,000,000	1,001,740	1,002,230
	APPLE INC.	05/03/2023	2.400	1,000,000	958,520	972,000
	APPLE INC.	05/06/2024	3.450	1,000,000	1,011,690	1,047,280
	APPLE INC.	05/04/2043	3.850	1,000,000	926,520	1,000,720
	ARCELORMITTAL	04/03/2023	5.000	327,000	335,564	314,933
	ARCELORMITTAL	08/05/2015	4.250	1,580,000	1,628,176	1,603,700
	ARCELORMITTAL	03/01/2021	6.000	2,685,000	2,788,250	2,792,400
	ARCELORMITTAL	02/25/2022	6.750	6,300,000	6,611,276	6,725,250
	ARCH CAPITAL GROUP INC.	11/01/2043	5.140	375,000	379,027	416,647

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NOTES	IDENTITY OF ISSUE	DESCRIPTION			COST	CURRENT VALUE
		MATURITY	INTEREST RATE	PRINCIPAL		
	ARCH COAL INC.	01/15/2019	8.000 %	\$ 2,745,000	\$ 2,730,637	\$ 1,523,475
	ARCH COAL INC.	06/15/2019	7.000	1,300,000	1,043,250	383,500
	ARCHER-DANIELS-MIDLAND COMPANY	04/15/2017	8.370	550,000	734,822	636,652
	ARCHER-DANIELS-MIDLAND COMPANY	09/15/2035	5.370	250,000	272,505	302,797
	ARDAGH PACKAGING FINANCE PLC	01/31/2019	6.250	2,775,000	2,786,625	2,712,562
	ARROW ELECTRONICS INC.	03/01/2018	3.000	500,000	503,210	512,720
	ARROW ELECTRONICS INC.	03/01/2023	4.500	500,000	502,490	516,835
	ASSTEAD CAPITAL INC.	07/15/2022	6.500	3,785,000	3,949,087	4,021,562
	ASSOCIATED BANC-CORP.	01/15/2025	4.250	500,000	499,490	501,380
	ASTRAZENECA PLC	09/15/2037	6.450	625,000	666,868	842,187
	AT&T INC.	05/15/2016	2.950	1,000,000	1,063,840	1,025,250
	AT&T INC.	02/01/2018	5.500	1,000,000	1,133,050	1,103,890
	AT&T INC.	02/15/2019	5.800	1,500,000	1,732,920	1,703,760
	AT&T INC.	03/11/2024	3.900	1,500,000	1,516,725	1,541,490
	AT&T INC.	09/01/2037	6.500	500,000	634,890	617,725
	AT&T INC.	02/15/2039	6.550	500,000	639,615	616,290
	AT&T INC.	09/01/2040	5.350	800,000	748,120	866,256
	AT&T INC.	06/15/2044	4.800	1,000,000	1,017,400	1,018,960
	ATLANTIC ASSET SECURITIZATION LLC	02/12/2015	0.200	7,815,000	7,803,472	7,803,472
	ATMOS ENERGY CORPORATION	01/15/2043	4.150	1,000,000	995,520	1,004,030
	AUDATEX NORTH AMERICA, INC.	06/15/2021	6.000	3,045,000	3,077,693	3,136,350
	AUSTRALIA AND NEW ZEALAND BANKING GROUP LTD.	04/29/2015	0.140	7,520,605	7,512,605	7,512,605
	AUSTRALIA AND NEW ZEALAND BANKING GROUP LTD.	06/13/2017	1.250	1,000,000	1,001,210	997,350
	AUTONATION, INC.	04/15/2018	6.750	400,000	463,500	448,648
	AVALONBAY COMMUNITIES, INC.	10/01/2020	3.625	500,000	521,890	520,045
	AVALONBAY COMMUNITIES, INC.	09/15/2022	2.950	500,000	463,600	487,060
	AVANTI COMMUNICATIONS GROUP PLC	10/01/2019	10.000	4,275,000	4,465,848	4,104,000
	AVAYA INC.	04/01/2019	9.000	4,000,000	4,052,043	4,090,000
	AVAYA INC.	03/01/2021	10.500	3,150,000	2,899,820	2,693,250
	AVIANCA HOLDINGS S.A.	05/10/2020	8.370	4,600,000	4,991,000	4,738,000
	AVIS BUDGET CAR RENTAL, LLC	06/01/2022	5.120	2,190,000	2,190,000	2,211,900
	AXA	12/15/2030	8.600	350,000	445,063	475,485
	AXIALL CORPORATION	05/15/2023	4.875	1,000,000	953,125	943,750
	AXIS SPECIALTY FINANCE PLC	04/01/2045	5.150	750,000	759,990	812,355
	B&G FOODS, INC.	06/01/2021	4.620	1,540,000	1,548,737	1,503,194
	BAIDU, INC.	11/28/2017	2.250	500,000	500,640	500,345
	BAIDU, INC.	06/09/2019	2.750	2,950,000	2,958,142	2,937,020
	BAKER HUGHES INCORPORATED	11/15/2018	7.500	500,000	614,215	596,820
	BAKER HUGHES INCORPORATED	09/15/2040	5.120	250,000	289,240	274,220
	BANCO DO BRASIL S.A. (CAYMAN)	06/29/2049	0.530	1,200,000	1,195,457	1,116,000
	BANK OF AMERICA CORPORATION	08/01/2016	6.500	1,000,000	1,131,250	1,077,330
	BANK OF AMERICA CORPORATION	11/14/2016	1.120	1,000,000	1,001,710	956,390
	BANK OF AMERICA CORPORATION	03/22/2017	3.870	2,000,000	1,975,400	2,092,600
	BANK OF AMERICA CORPORATION	12/01/2017	5.750	70,000	71,323	77,343
	BANK OF AMERICA CORPORATION	04/01/2019	2.650	500,000	509,030	503,670
	BANK OF AMERICA CORPORATION	07/01/2020	5.620	500,000	577,845	569,295
	BANK OF AMERICA CORPORATION	05/13/2021	5.000	2,000,000	2,268,060	2,231,700
	BANK OF AMERICA CORPORATION	01/11/2023	3.300	1,500,000	1,418,800	1,500,120
	BANK OF AMERICA CORPORATION	08/26/2024	4.200	3,900,000	3,962,234	3,973,008
	BANK OF AMERICA CORPORATION	02/07/2042	5.870	1,000,000	1,183,660	1,251,360
	BANK OF MONTREAL	07/15/2016	0.750	1,955,000	1,955,000	1,963,934
	BANK OF MONTREAL	01/11/2017	2.500	500,000	522,350	512,080
	BANK OF NOVA SCOTIA	07/15/2016	0.750	1,815,000	1,815,000	1,819,138
	BANK OF NOVA SCOTIA	04/25/2018	1.450	1,250,000	1,224,312	1,236,362
	BARCLAYS BANK PLC	02/17/2017	0.810	1,570,000	1,570,000	1,571,287
	BARCLAYS BANK PLC	02/20/2019	2.500	1,000,000	1,009,020	1,013,290
	BARCLAYS BANK PLC	01/08/2020	5.120	1,600,000	1,742,208	1,793,968
	BARRICK GOLD CORPORATION	04/01/2019	6.950	1,000,000	1,200,760	1,138,710
	BARRICK GOLD CORPORATION	04/01/2022	3.850	500,000	482,760	481,170
	BARRICK NORTH AMERICA FINANCE LLC	05/01/2043	5.750	750,000	775,320	744,172
	BAXTER INTERNATIONAL INC.	06/15/2023	3.200	500,000	482,230	503,820
	BAXTER INTERNATIONAL INC.	06/15/2043	4.500	500,000	487,925	536,940
	BAYVIEW COMMERCIAL ASSET TRUST	04/25/2036	0.425	1,483,806	1,324,296	1,301,312
	BBVA BANCOMER, S.A. TEXAS AGENCY	09/30/2022	6.750	2,650,000	2,986,550	2,915,000
	BC MOUNTAIN, LLC	02/01/2021	7.000	4,040,000	4,036,806	3,454,200
	BECTON, DICKINSON AND COMPANY	12/15/2044	4.680	1,056,200	1,056,200	1,076,960
	BED BATH & BEYOND INC.	08/01/2034	4.910	750,000	782,427	773,910
	BERKSHIRE HATHAWAY ENERGY COMPANY	02/01/2045	4.500	500,000	517,450	523,175
	BERKSHIRE HATHAWAY FINANCE CORPORATION	08/15/2016	0.950	1,000,000	1,005,840	1,003,290
	BERKSHIRE HATHAWAY FINANCE CORPORATION	05/15/2017	1.600	650,000	665,743	655,557
	BERKSHIRE HATHAWAY FINANCE CORPORATION	01/15/2040	5.750	1,000,000	1,003,590	1,279,670
	BERKSHIRE HATHAWAY INC.	01/31/2022	3.400	500,000	504,395	520,610
	BERRY PETROLEUM COMPANY	09/15/2022	6.370	440,000	450,450	334,400
	BERRY PLASTICS GROUP, INC.	05/15/2022	5.500	3,115,000	3,114,129	3,161,725
	BEVERAGES & MORE, INC.	11/15/2018	10.000	4,225,000	4,259,150	3,929,250
	BHARTI AIRTEL INTERNATIONAL (NETHERLANDS) B.V.	05/20/2024	5.350	213,000	212,821	230,448
	BHP BILLITON FINANCE LIMITED	11/21/2016	1.870	1,000,000	1,023,530	1,015,790
	BHP BILLITON FINANCE LIMITED	09/30/2023	3.850	1,250,000	1,258,525	1,315,937
	BHP BILLITON FINANCE LIMITED	02/24/2042	4.120	1,000,000	975,710	977,490
	BIOMET, INC.	10/01/2020	6.500	1,890,000	1,936,960	1,993,950
	BLUELINE RENTAL, LLC	02/01/2019	7.000	2,665,000	2,790,274	2,731,625
	BLUESCOPE STEEL LIMITED	05/01/2018	7.120	1,685,000	1,815,587	1,743,975
	BNP PARIBAS FINANCE, INC.	02/12/2015	7.250	7,535,000	7,525,788	7,525,788
	BNP PARIBAS S.A.	02/23/2016	3.600	1,176,000	1,240,138	1,208,763
	BNP PARIBAS S.A.	08/20/2018	2.700	1,000,000	997,230	1,022,020
	BNP PARIBAS S.A.	03/03/2023	3.250	1,000,000	922,410	1,019,490
	BNZ INTERNATIONAL FUNDING LIMITED	03/04/2015	0.007	11,820,000	11,815,324	11,815,324
	BOART LONGYEAR MANAGEMENT PTY LTD	10/01/2018	10.000	513,000	520,162	533,520
	BOART LONGYEAR MANAGEMENT PTY LTD	04/01/2021	7.000	1,775,000	1,813,125	1,402,250
	BOEING CAPITAL CORPORATION	08/15/2016	2.125	1,500,000	1,550,970	1,528,425
	BOMBARDIER INC.	10/15/2022	6.000	2,430,000	2,395,575	2,454,300
	BOMBARDIER INC.	01/15/2023	6.120	2,700,000	2,781,000	2,754,000
	BONANZA CREEK ENERGY, INC.	04/15/2021	6.750	6,555,000	6,765,289	5,768,400
	BONANZA CREEK ENERGY, INC.	02/01/2023	5.750	2,250,000	2,250,000	1,777,500
	BOSTON PROPERTIES LIMITED PARTNERSHIP	05/15/2021	4.125	1,000,000	960,420	1,064,420
	BOSTON SCIENTIFIC CORPORATION	10/01/2018	2.650	1,000,000	1,002,900	1,001,180
	BOXER PARENT COMPANY, INC.	10/15/2019	9.000	4,700,000	4,632,312	3,995,000
	BP CAPITAL MARKETS P.L.C.	03/11/2016	3.200	2,980,000	3,063,559	3,060,340
	BP CAPITAL MARKETS P.L.C.	11/01/2016	2.240	2,100,000	2,188,347	2,140,530
	BP CAPITAL MARKETS P.L.C.	10/01/2020	4.500	1,350,000	1,415,961	1,460,659
	BP CAPITAL MARKETS P.L.C.	11/01/2021	3.560	1,000,000	1,099,350	1,021,690
	BPCE S.A.	07/15/2019	2.500	750,000	749,580	752,955
	BPCE S.A.	04/15/2024	4.000	750,000	749,685	783,877
	BRANCH BANKING & TRUST COMPANY	10/03/2016	1.450	1,000,000	1,007,760	1,005,920
	BRANCH BANKING & TRUST COMPANY	12/01/2016	1.050	1,290,000	1,295,147	1,286,426
	BRASKEM AMERICA FINANCE COMPANY	07/22/2041	7.120	437,000	465,842	432,630

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, 2014

NOTES	IDENTITY OF ISSUE	DESCRIPTION	COST		CURRENT VALUE		
			MATURITY	INTEREST RATE		PRINCIPAL	
	BRF S.A.	05/22/2024	4.750 %	\$ 332,000	\$ 326,761	\$ 322,455	
	BRIGHTSTAR CORP.	12/01/2016	9.500	2,410,000	2,604,227	2,527,487	
	BRISTOL-MYERS SQUIBB COMPANY	11/15/2036	5.870	700,000	883,883	895,349	
	BRISTOW GROUP INC.	10/15/2022	6.250	1,930,000	2,008,642	1,920,350	
	BRITISH TELECOMMUNICATIONS PLC	01/15/2018	5.950	1,500,000	1,802,895	1,672,785	
	BUCKEYE PARTNERS, L.P.	10/15/2024	4.350	500,000	499,120	490,045	
	BUILDING MATERIALS CORPORATION OF AMERICA	05/01/2021	6.750	2,560,000	2,745,600	2,707,200	
	BUILDING MATERIALS CORPORATION OF AMERICA	11/15/2024	5.370	135,000	135,000	134,662	
	BUNGE LIMITED FINANCE CORP.	03/15/2016	4.100	4,800,000	4,972,560	4,948,608	
	BURLINGTON NORTHERN SANTA FE, LLC	09/15/2021	3.450	1,750,000	1,773,625	1,826,125	
	BURLINGTON NORTHERN SANTA FE, LLC	03/15/2023	3.000	500,000	502,270	498,410	
	BURLINGTON NORTHERN SANTA FE, LLC	03/15/2043	4.450	1,000,000	907,280	1,044,750	
	CABLEVISION SYSTEMS CORPORATION	04/15/2020	8.000	1,000,000	1,100,000	1,130,000	
	CABLEVISION SYSTEMS CORPORATION	09/15/2022	5.870	1,285,000	1,291,625	1,301,062	
	CAESARS ENTERTAINMENT OPERATING COMPANY, INC.	06/01/2017	11.250	6,657,000	6,788,543	6,879,581	
	CAESARS ENTERTAINMENT OPERATING COMPANY, INC.	04/15/2018	12.750	3,725,000	2,435,983	559,750	
	CALIFORNIA RESOURCES CORPORATION	01/15/2020	5.000	1,565,000	1,565,000	1,357,637	
	CALIFORNIA RESOURCES CORPORATION	09/15/2021	5.500	2,560,000	2,560,000	2,188,800	
	CALPINE CORPORATION	01/15/2023	5.370	400,000	400,000	404,000	
	CALPINE CORPORATION	01/15/2023	7.870	1,465,000	1,625,736	1,615,162	
	CALPINE CORPORATION	01/15/2025	5.750	2,725,000	2,782,906	2,759,062	
	CANADIAN NATIONAL RAILWAY COMPANY	11/21/2024	2.950	100,000	99,161	99,795	
	CANADIAN NATURAL RESOURCES LIMITED	05/15/2017	5.700	1,000,000	970,582	1,084,040	
	CANADIAN NATURAL RESOURCES LIMITED	03/15/2038	6.250	375,000	394,717	417,071	
	CAPITAL AUTO RECEIVABLES TRUST	03/20/2018	1.090	1,000,000	1,002,031	999,910	
	CAPITAL ONE FINANCIAL CORPORATION	09/05/2017	1.500	500,000	498,925	495,970	
	CAPITAL ONE FINANCIAL CORPORATION	07/15/2019	8.800	950,000	1,172,892	1,184,555	
	CAPITAL ONE FINANCIAL CORPORATION	09/05/2019	2.400	1,000,000	1,008,640	995,120	
	CAPITAL ONE FINANCIAL CORPORATION	02/15/2023	3.370	500,000	504,720	497,220	
	CAPSUGEL HOLDINGS US, INC.	08/01/2018	3.500	5,734,978	5,670,460	5,584,435	
	CARDINAL HEALTH INC.	03/15/2018	1.700	600,000	604,632	596,124	
	CARDINAL HEALTH INC.	03/15/2043	4.600	300,000	311,415	315,840	
	CAREFUSION CORPORATION	08/01/2019	6.370	950,000	1,036,222	1,099,150	
	CARGILL INCORPORATED	11/27/2017	6.000	2,885,000	3,246,952	3,223,929	
	CARGILL INCORPORATED	03/06/2019	7.350	815,000	986,084	978,440	
	CARMAX AUTO OWNER TRUST	11/15/2018	0.840	870,000	864,290	862,561	
	CARROLS RESTAURANT GROUP, INC.	05/15/2018	11.250	2,550,000	2,871,567	2,741,250	
	CASCADES INC.	07/15/2022	5.500	3,326,975	3,326,975	3,303,400	
	CASE NEW HOLLAND INC.	12/01/2017	7.870	2,060,000	2,424,739	2,266,000	
	CATERPILLAR FINANCIAL SERVICES CORPORATION	11/25/2016	1.000	500,000	504,725	500,385	
	CATERPILLAR FINANCIAL SERVICES CORPORATION	08/18/2017	1.250	750,000	750,240	746,910	
	CATERPILLAR FINANCIAL SERVICES CORPORATION	09/06/2018	2.450	1,020,800	1,020,800	1,023,460	
	CATERPILLAR INC.	05/27/2021	3.900	1,650,000	1,692,900	1,786,768	
	CATERPILLAR INC.	05/27/2041	5.200	300,000	317,778	355,848	
	CATERPILLAR INC.	05/15/2064	4.750	500,000	517,870	544,060	
	CATHOLIC HEALTH INITIATIVES	11/01/2042	4.350	500,000	448,785	496,405	
	CBL & ASSOCIATES PROPERTIES, INC.	10/15/2024	4.600	500,000	507,830	506,380	
	CBS CORPORATION	07/30/2030	7.870	400,000	439,240	559,048	
	CCO HOLDINGS CAPITAL CORP.	06/01/2020	7.370	130,000	130,000	137,800	
	CCO HOLDINGS CAPITAL CORP.	04/30/2021	6.500	5,365,000	5,555,109	5,633,250	
	COH SAFARI, LLC.	12/01/2022	5.500	4,030,593	4,032,593	4,090,450	
	COH SAFARI, LLC.	12/01/2024	5.750	2,725,000	2,745,437	2,755,656	
	CDR DB SUB, INC.	10/15/2020	7.750	4,160,000	4,039,925	3,536,000	
	CDS CORP.	08/15/2044	4.900	1,100,000	1,123,304	1,117,006	
	CEDC FINANCE CORP INTERNATIONAL	04/30/2018	10.000	1,819,562	1,658,106	1,564,823	
	CELGENE CORPORATION	08/15/2023	4.000	450,000	446,116	473,638	
	CELGENE CORPORATION	05/15/2044	4.620	500,000	497,260	518,635	
	CELULOSA ARAUCO Y CONSTITUCION S.A.	08/01/2024	4.500	282,000	278,793	280,333	
	CEMEX FINANCE LLC.	04/01/2024	6.000	6,434,000	6,478,430	6,273,150	
	CEMEX, S.A.B. DE C.V.	01/11/2025	5.700	65,000	58,523	63,050	
	CENGAGE LEARNING ACQUISITIONS, INC.	03/31/2020	7.000	6,208,087	6,240,691	6,138,246	
	CENGAGE LEARNING ACQUISITIONS, INC.	04/15/2020	11.500	7,309	174,528	174,528	
	CENOVUS ENERGY INC.	09/15/2023	3.800	1,000,000	989,170	976,500	
	CENTERPOINT ENERGY RESOURCES CORP.	05/01/2016	6.150	1,000,000	1,013,870	1,065,960	
	CENTERPOINT ENERGY TRANSITION BOND COMPANY II, LLC	08/01/2019	5.170	155,444	155,500	163,353	
	CENVEO, INC.	05/15/2017	11.500	1,475,000	1,435,835	1,342,250	
	CENVEO, INC.	08/01/2019	6.000	1,050,000	1,050,000	950,250	
	CENVEO, INC.	09/15/2022	8.500	4,000,000	4,000,000	3,000,000	
	CEQUEL COMMUNICATIONS HOLDINGS I, LLC	12/15/2021	5.120	2,860,000	2,781,350	2,774,200	
	CF INDUSTRIES, INC.	06/01/2023	3.450	600,000	594,930	586,530	
	CF INDUSTRIES, INC.	06/01/2043	4.950	600,000	597,384	598,104	
	CHAPARRAL ENERGY, INC.	11/15/2022	7.620	2,415,000	2,644,352	1,581,825	
	CHARTA, LLC	03/03/2015	0.210	7,340,000	7,330,825	7,330,825	
	CHASE ISSUANCE TRUST	04/16/2018	5.160	1,000,000	974,843	1,049,010	
	CHASE ISSUANCE TRUST	01/15/2019	1.150	650,000	651,878	649,681	
	CHESAPEAKE ENERGY CORPORATION	11/15/2020	6.870	4,805,000	5,446,065	5,165,375	
	CHESAPEAKE ENERGY CORPORATION	06/15/2021	5.370	1,125,000	1,129,293	1,124,302	
	CHESAPEAKE ENERGY CORPORATION	04/15/2022	4.870	2,325,000	2,325,000	2,261,062	
	CHESAPEAKE OILFIELD FINANCE INC.	11/15/2019	6.620	575,000	575,000	437,000	
	CHEVRON CORPORATION	11/09/2016	0.330	2,690,000	2,690,000	2,690,403	
	CHEVRON CORPORATION	11/15/2017	1.340	500,000	501,885	500,405	
	CHEVRON CORPORATION	12/05/2017	1.100	1,250,000	1,226,625	1,242,275	
	CHEVRON CORPORATION	06/24/2023	3.190	1,250,000	1,223,562	1,273,337	
	CHRYSLER GROUP LLC	06/15/2019	8.000	4,100,000	4,414,812	4,310,125	
	CHRYSLER GROUP LLC	06/15/2021	8.250	1,585,000	1,751,425	1,755,387	
	CHS/COMMUNITY HEALTH SYSTEMS, INC.	07/15/2020	7.120	850,000	862,094	906,312	
	CHS/COMMUNITY HEALTH SYSTEMS, INC.	08/01/2021	5.120	2,650,000	2,696,375	2,749,375	
	CHS/COMMUNITY HEALTH SYSTEMS, INC.	02/01/2022	6.870	5,309,850	5,469,850	5,614,714	
	CIGNA CORPORATION	11/15/2016	2.750	1,000,000	1,038,400	1,026,870	
	CIGNA CORPORATION	05/01/2019	8.500	3,415,000	4,256,330	4,221,452	
	CIGNA CORPORATION	02/15/2022	4.000	876,000	921,122	923,058	
	CISCO SYSTEMS, INC.	02/22/2016	5.500	1,000,000	1,101,490	1,055,020	
	CISCO SYSTEMS, INC.	03/03/2017	1.100	497,000	498,345	497,208	
	CISCO SYSTEMS, INC.	03/01/2019	2.120	1,500,000	1,528,020	1,507,065	
	CISCO SYSTEMS, INC.	02/15/2039	5.900	450,000	562,248	566,401	
	CIT GROUP INC.	02/15/2019	5.500	1,860,000	1,868,437	1,962,300	
	CIT GROUP INC.	05/15/2020	5.370	835,000	835,000	882,511	
	CIT GROUP INC.	08/15/2022	5.000	475,000	483,582	488,062	
	CITGO PETROLEUM CORPORATION	08/15/2022	6.250	6,070,000	6,120,225	6,161,050	
	CITIBANK CREDIT CARD ISSUANCE TRUST	07/23/2018	1.110	605,000	609,442	606,651	
	CITIBANK CREDIT CARD ISSUANCE TRUST	07/15/2021	2.150	650,000	653,224	650,442	
	CITIBANK CREDIT CARD ISSUANCE TRUST	01/23/2023	2.880	2,000,000	2,040,937	2,050,960	
	CITIGROUP COMMERCIAL MORTGAGE TRUST	04/10/2046	1.980	1,300,000	1,310,613	1,304,953	
	CITIGROUP COMMERCIAL MORTGAGE TRUST	03/10/2047	1.190	1,335,637	1,333,759	1,326,301	
	CITIGROUP COMMERCIAL MORTGAGE TRUST	03/10/2047	4.020	1,000,000	1,067,031	1,071,110	
	CITIGROUP COMMERCIAL MORTGAGE TRUST	07/10/2047	3.620	1,500,000	1,581,914	1,568,325	

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	
	CITIGROUP COMMERCIAL MORTGAGE TRUST	12/10/2049	5.710 %	\$ 5,550,000	\$ 5,430,996	\$ 5,384,314	
	CITIGROUP INC.	06/15/2016	3.950	1,100,000	1,164,746	1,141,877	
	CITIGROUP INC.	01/10/2017	4.450	1,000,000	1,103,430	1,057,080	
	CITIGROUP INC.	02/15/2017	5.500	2,750,000	2,984,575	2,956,195	
	CITIGROUP INC.	11/21/2017	6.120	1,500,000	1,730,400	1,672,620	
	CITIGROUP INC.	09/26/2018	2.500	1,500,000	1,530,390	1,517,520	
	CITIGROUP INC.	05/22/2019	8.500	1,250,000	1,604,800	1,557,587	
	CITIGROUP INC.	07/30/2022	4.050	500,000	519,325	517,330	
	CITIGROUP INC.	03/01/2023	3.370	1,500,000	1,468,965	1,513,410	
	CITIGROUP INC.	02/22/2033	5.870	1,371,000	1,572,054	1,581,434	
	CITIGROUP INC.	08/25/2036	6.120	2,550,000	3,025,651	3,039,778	
	CITIGROUP INC.	07/15/2039	8.120	1,000,000	1,520,020	1,530,930	
	CLEAN HARBORS, INC.	08/01/2020	5.250	2,070,000	2,126,925	2,080,350	
	CLEAN HARBORS, INC.	06/01/2021	5.120	2,725,000	2,790,906	2,718,187	
	CLEAR CHANNEL COMMUNICATIONS, INC.	01/15/2018	10.000	2,640,000	2,592,025	2,263,800	
	CLEAR CHANNEL WORLDWIDE HOLDINGS, INC.	11/15/2022	6.500	12,150,000	12,622,345	12,395,750	
	CNA FINANCIAL CORPORATION	08/15/2016	6.500	1,000,000	1,055,070	1,081,630	
	CNH INDUSTRIAL CAPITAL LLC	07/15/2019	3.370	1,365,000	1,357,164	1,303,575	
	CNOOC FINANCE (2013) LIMITED	05/09/2018	1.750	500,000	496,290	492,000	
	CNOOC FINANCE (2013) LIMITED	05/09/2043	4.250	500,000	477,640	490,635	
	CNOOC NEXEN FINANCE (2014) LLC	04/30/2024	4.250	1,500,000	1,537,650	1,552,020	
	COCA-COLA FEMSA, S.A.B. DE C.V.	11/26/2018	2.370	1,000,000	1,009,920	1,018,210	
	COLGATE-PALMOLIVE COMPANY	05/01/2018	0.900	500,000	497,080	488,560	
	COLGATE-PALMOLIVE COMPANY	03/15/2024	3.250	500,000	525,600	516,720	
	COLLATERALIZED COMMERCIAL PAPER CO. LLC	05/20/2015	0.200	11,300,000	11,284,443	11,284,443	
	COMCAST CORPORATION	05/15/2018	5.700	1,000,000	1,149,760	1,126,050	
	COMCAST CORPORATION	03/01/2020	5.150	1,305,000	1,460,340	1,477,938	
	COMCAST CORPORATION	02/15/2025	3.370	750,000	757,447	766,200	
	COMCAST CORPORATION	01/15/2033	4.250	1,650,000	1,563,358	1,747,234	
	COMCAST CORPORATION	08/15/2034	4.200	500,000	521,725	522,825	
	COMCAST CORPORATION	03/01/2044	4.750	1,000,000	1,113,090	1,114,390	
	COMERICA, INC.	07/22/2026	3.800	500,000	500,140	503,540	
	COMMERCIAL MORTGAGE TRUST	07/10/2045	1.340	787,248	791,246	791,830	
	COMMERCIAL MORTGAGE TRUST	10/10/2046	5.160	1,000,000	1,063,281	1,127,290	
	COMMERCIAL MORTGAGE TRUST	02/10/2047	2.920	2,200,000	2,285,929	2,264,482	
	COMMERCIAL MORTGAGE TRUST	06/10/2047	3.810	1,200,000	1,265,296	1,272,072	
	COMMERCIAL MORTGAGE TRUST	12/11/2049	5.320	470,000	459,553	497,617	
	COMMONWEALTH BANK OF AUSTRALIA	03/13/2017	1.120	500,000	497,705	498,235	
	COMMONWEALTH BANK OF AUSTRALIA	09/20/2018	2.500	1,000,000	1,012,730	1,017,000	
	COMMONWEALTH EDISON COMPANY	03/15/2036	5.900	1,000,000	1,252,190	1,304,480	
	COMMSCOPE HOLDING CO, INC.	06/01/2020	6.620	2,405,000	2,568,786	2,477,150	
	COMMSCOPE, INC.	06/15/2021	5.000	1,050,000	1,050,000	1,034,250	
	COMMSCOPE, INC.	06/15/2024	5.500	1,095,000	1,095,000	1,078,575	
	CONAGRA FOODS, INC.	01/25/2016	1.300	1,000,000	1,008,480	999,830	
	CONAGRA FOODS, INC.	10/01/2028	7.000	600,000	691,500	767,946	
	CONCHO RESOURCES INC.	01/15/2022	6.500	475,000	518,937	496,375	
	CONCHO RESOURCES INC.	04/01/2023	5.500	1,705,000	1,768,937	1,713,013	
	CONOCO FUNDING COMPANY	12/15/2022	2.400	800,000	783,688	765,536	
	CONOCO FUNDING COMPANY	10/15/2031	7.250	1,000,000	1,173,910	1,393,470	
	CONOCOPHILLIPS	11/15/2034	4.150	750,000	759,915	769,560	
	CONSOLIDATED CONTAINER COMPANY LLC	07/15/2020	10.120	3,450,000	3,741,335	3,208,500	
	CONSOLIDATED EDISON, INC.	04/01/2019	6.650	1,195,000	1,446,667	1,406,598	
	CONSOLIDATED EDISON, INC.	03/01/2035	5.300	650,000	737,841	786,025	
	CONSTELLUM N.V.	05/15/2024	5.750	1,415,000	1,415,000	1,231,050	
	CONSUMERS ENERGY COMPANY	02/15/2017	5.150	1,350,000	1,314,778	1,457,770	
	CONTINENTAL RESOURCES, INC.	06/01/2044	4.900	1,000,000	1,025,730	866,660	
	CORNING INCORPORATED	08/15/2020	4.250	500,000	550,175	545,535	
	CORNING INCORPORATED	03/15/2042	4.750	500,000	496,470	533,710	
	COSTCO WHOLESALE CORP.	12/15/2019	1.700	1,000,000	968,920	981,960	
	COTT BEVERAGES, INC.	07/01/2022	5.370	2,605,000	2,607,993	2,390,087	
	COUNCIL OF EUROPE DEVELOPMENT BANK	02/16/2016	2.620	1,500,000	1,570,245	1,535,715	
	COUNTRY GARDEN HOLDINGS COMPANY LIMITED	02/23/2018	11.120	141,000	155,693	149,531	
	COUNTRY GARDEN HOLDINGS COMPANY LIMITED	04/04/2021	7.250	45,000	42,840	42,615	
	COVANTA HOLDING CORPORATION	12/01/2020	7.250	1,610,000	1,619,582	1,710,625	
	COVANTA HOLDING CORPORATION	10/01/2022	6.370	1,135,000	1,207,137	1,203,100	
	COVANTA HOLDING CORPORATION	03/01/2024	5.870	2,800,000	2,858,524	2,849,000	
	COVIDIEN INTERNATIONAL FINANCE S.A.	06/15/2023	2.950	1,000,000	991,370	981,340	
	CPG LLC	10/01/2021	8.000	2,805,000	2,809,280	2,868,112	
	CPPIB CAPITAL INC.	02/06/2015	0.090	6,630,000	6,624,427	6,624,427	
	CRC FUNDING, LLC.	02/05/2015	0.100	5,625,000	5,622,529	5,622,529	
	CREDIT SUISSE AG (NEW YORK BRANCH)	01/14/2020	5.400	1,000,000	1,094,870	1,118,290	
	CREDIT SUISSE AG (NEW YORK BRANCH)	08/05/2020	4.370	500,000	555,715	542,015	
	CREDIT SUISSE AG (NEW YORK BRANCH)	09/09/2024	3.620	500,000	504,366	508,620	
	CREDIT SUISSE COMMERCIAL MORTGAGE TRUST	06/15/2038	5.800	3,282,448	3,348,354	3,429,896	
	CREDIT SUISSE COMMERCIAL MORTGAGE TRUST	09/15/2039	5.890	10,000,000	10,903,125	10,820,700	
	CRH AMERICA, INC.	09/30/2016	6.000	1,000,000	1,128,660	1,076,310	
	CROWN CASTLE INTERNATIONAL CORP.	01/15/2023	5.250	2,685,000	2,729,426	2,738,700	
	CSC HOLDINGS, LLC.	11/15/2021	6.750	3,425,000	3,661,138	3,784,625	
	CSC HOLDINGS, LLC.	06/01/2024	5.250	1,175,000	1,175,000	1,180,875	
	CST BRANDS, INC.	05/01/2023	5.000	2,950,000	2,971,651	2,979,500	
	CSX CORPORATION	05/01/2037	6.150	1,025,000	1,269,774	1,325,735	
	CUBESMART L.P.	12/15/2023	4.375	750,000	737,910	794,565	
	CUMMINS INC.	10/01/2043	4.870	500,000	517,375	581,500	
	CVS CAREMARK CORPORATION	12/05/2018	2.250	1,000,000	1,004,380	1,008,950	
	CVS CAREMARK CORPORATION	06/01/2027	6.250	1,250,000	1,342,869	1,576,987	
	CVS PASS THROUGH TRUST	01/10/2032	7.500	2,679,163	3,416,067	3,416,684	
	CYTEC INDUSTRIES INC.	05/01/2025	3.950	150,000	150,813	151,821	
	DANA HOLDING CORPORATION	02/15/2021	6.750	620,000	620,000	655,650	
	DANA HOLDING CORPORATION	09/15/2021	5.375	1,829,000	1,829,412	1,883,870	
	DANAHER CORPORATION	06/23/2021	3.900	1,000,000	1,092,560	1,078,110	
	DAVITA HEALTHCARE PARTNERS INC.	08/15/2022	5.750	3,675,000	3,768,925	3,895,500	
	DBS BANK LTD.	03/13/2015	0.220	7,165,000	7,156,577	7,156,577	
	DCP MIDSTREAM PARTNERS, L.P.	04/01/2019	2.700	300,000	300,078	293,667	
	DDR CORP.	05/15/2023	3.375	400,000	388,992	387,804	
	DEERE & COMPANY	06/08/2022	2.600	1,000,000	979,730	983,780	
	DELHAIZE GROUP S.A.	04/10/2019	4.120	210,000	222,087	220,531	
	DELTA AIR LINES, INC.	01/02/2020	6.200	996,586	1,124,896	1,096,245	
	DENALI BORROWER LLC	10/15/2020	5.620	4,660,000	4,715,000	4,848,730	
	DENBURY RESOURCES INC.	08/15/2021	6.370	635,000	635,000	603,250	
	DENBURY RESOURCES INC.	05/01/2022	5.500	2,275,000	2,275,000	2,081,625	
	DEUTSCHE BANK AG	09/01/2017	6.000	500,000	564,940	555,445	
	DEUTSCHE BANK AG	02/13/2019	2.500	1,500,000	1,519,835	1,518,360	
	DEUTSCHE MORTGAGE & ASSET RECEIVING CORPORATION	06/10/2044	5.110	138,010	136,306	139,481	
	DEUTSCHE MORTGAGE & ASSET RECEIVING CORPORATION	10/15/2045	2.850	1,000,000	1,016,367	1,000,890	
	DEUTSCHE TELEKOM INTERNATIONAL FINANCE B.V.	06/15/2030	8.750	790,000	953,111	1,166,956	
	DEVON ENERGY CORPORATION	05/15/2042	4.750	1,000,000	1,021,690	1,006,680	

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CORPORATE DEBT SECURITIES  
DECEMBER 31, 2014

NOTES	IDENTITY OF ISSUE	DESCRIPTION	COST		CURRENT VALUE	
			INTEREST			
			MATURITY	RATE		PRINCIPAL
	DFC GLOBAL CORP.	06/15/2020	10.500 %	\$ 3,790,000	\$ 3,720,500	\$ 3,212,025
	DIAGEO CAPITAL PLC	05/11/2017	1.500	750,000	757,680	750,997
	DIAGEO CAPITAL PLC	07/15/2020	4.828	310,000	347,587	345,411
	DIAGEO CAPITAL PLC	04/29/2023	2.625	1,300,000	1,198,691	1,263,951
	DIGICEL GROUP LIMITED	09/30/2020	8.250	8,700,000	9,300,000	8,439,000
	DIGICEL GROUP LIMITED	04/01/2022	7.120	2,293,000	2,295,439	2,132,490
	DIRECTV HOLDINGS LLC	03/15/2017	2.400	4,968,000	5,074,122	5,061,746
	DIRECTV HOLDINGS LLC	10/01/2019	5.870	1,250,000	1,398,500	1,429,787
	DIRECTV HOLDINGS LLC	08/15/2040	6.000	1,000,000	1,127,130	1,120,780
	DISCOVER CARD EXECUTION NOTE TRUST	03/16/2020	5.650	3,000,000	3,383,085	3,329,790
	DISCOVER FINANCIAL SERVICES	03/13/2026	4.250	1,100,000	1,139,721	1,140,260
	DISCOVERY COMMUNICATIONS, LLC	04/01/2023	3.250	600,000	608,094	582,462
	DISCOVERY COMMUNICATIONS, LLC	06/01/2040	6.350	415,000	443,846	494,020
	DISH DBS CORPORATION	07/15/2022	5.870	8,605,000	9,038,495	8,820,125
	DISH DBS CORPORATION	03/15/2023	5.000	1,780,000	1,757,699	1,722,150
	DISH DBS CORPORATION	01/06/2015	0.120	6,455,000	6,447,938	6,447,938
	DOLLAR GENERAL CORPORATION	04/15/2018	1.870	1,000,000	1,003,960	966,290
	DOMINION GAS HOLDINGS, LLC	11/01/2023	3.550	250,000	257,487	255,242
	DOMINION GAS HOLDINGS, LLC	12/15/2044	4.600	1,180,000	1,222,515	1,236,073
	DOMINION RESOURCES, INC.	12/01/2019	2.500	753,000	753,330	752,190
	DOMINION RESOURCES, INC.	09/15/2022	2.750	1,500,000	1,492,695	1,454,880
	DOMINION RESOURCES, INC.	06/15/2035	5.950	650,000	674,472	826,520
	DOVER CORPORATION	03/15/2018	5.450	800,000	798,448	890,592
	DREAMWORKS ANIMATION SKG, INC.	08/15/2020	6.870	4,300,000	4,560,689	4,407,500
	DRESSER-RAND GROUP INC.	05/01/2021	6.500	2,465,000	2,485,418	2,649,875
	DTE ELECTRIC COMPANY	10/01/2020	3.450	1,000,000	1,050,560	1,048,160
	DTE ENERGY COMPANY	04/15/2033	6.370	655,000	736,298	842,755
	DU PONT (E. I.) DE NEMOURS AND COMPANY	03/15/2019	5.750	500,000	584,060	571,460
	DU PONT (E. I.) DE NEMOURS AND COMPANY	02/15/2023	2.800	1,000,000	1,004,170	983,640
	DU PONT (E. I.) DE NEMOURS AND COMPANY	02/15/2043	4.150	500,000	515,680	503,670
	DUKE ENERGY CORP.	08/15/2017	1.620	1,000,000	1,006,170	1,000,670
	DUKE ENERGY INDIANA, INC.	04/01/2039	6.450	475,000	537,367	671,707
	DUKE ENERGY PROGRESS INC.	09/15/2021	3.000	1,000,000	995,600	1,025,800
	DUKE ENERGY PROGRESS INC.	03/30/2044	4.370	1,000,000	1,025,060	1,098,010
	DUKE REALTY L.P.	04/15/2023	3.625	580,000	581,513	582,250
	DUQUESNE LIGHT HOLDINGS, INC.	09/15/2020	6.400	800,000	945,464	934,248
	DUQUESNE LIGHT HOLDINGS, INC.	12/01/2021	5.900	1,750,000	2,032,387	2,029,492
	DYNEGY INC.	11/01/2019	6.750	2,115,000	2,115,000	2,152,012
	DYNEGY INC.	06/01/2023	5.870	820,000	817,550	779,000
	DYNEGY INC.	11/01/2024	7.620	2,780,000	2,833,775	2,835,600
	E*TRADE FINANCIAL CORPORATION	11/15/2019	6.370	2,600,000	2,669,444	2,756,000
	EAGLE SPINCO INC.	02/15/2021	4.625	4,120,000	4,176,306	3,903,700
	EASTMAN CHEMICAL COMPANY	06/01/2017	2.400	1,000,000	1,016,100	1,016,610
	EASTMAN CHEMICAL COMPANY	10/15/2044	4.650	2,900,000	2,905,858	2,967,570
	EATON CORPORATION	11/02/2017	1.500	1,000,000	1,000,320	994,210
	EATON CORPORATION	11/02/2022	2.750	1,000,000	939,030	982,400
	EBAY INC.	07/15/2042	4.000	1,000,000	1,005,870	890,310
	ECO SERVICES OPERATIONS LLC	11/01/2022	8.500	2,490,000	2,501,250	2,527,350
	ECOLAB, INC.	12/08/2021	4.350	1,000,000	1,059,730	1,089,590
	ECOPETROL S.A.	09/18/2023	5.870	265,000	262,437	280,568
	ECOPETROL S.A.	09/18/2043	7.370	1,000,000	1,242,500	1,080,000
	EDUCATION MANAGEMENT LLC	03/28/2018	9.250	2,023,668	1,921,120	899,682
	EDUCATION MANAGEMENT LLC	07/01/2018	16.000	1,488,296	1,429,065	148,829
	ELDERADO GOLD CORPORATION	12/15/2020	6.120	3,060,000	3,094,425	2,968,200
	ELI LILLY AND COMPANY	03/15/2037	5.550	500,000	619,470	605,315
	ELWOOD ENERGY LLC	07/05/2026	8.150	329,011	339,704	357,799
	EMC CORP.	06/01/2020	2.650	1,200,000	1,202,469	1,194,228
	EMERSON ELECTRIC COMPANY	02/15/2023	2.620	440,000	443,704	434,007
	EMPRESA DE ENERGIA DE BOGOTA S.A. ESP. (EEB)	11/10/2021	6.120	292,000	298,570	309,578
	EMPRESA DE TRANSPORTE	02/04/2024	4.750	309,000	306,670	325,034
	EMPRESA ELECTRICA ANGAMOS S.A.	05/25/2029	4.870	280,000	275,878	275,100
	EMPRESA NACIONAL DEL PETROLEO	10/30/2024	4.370	225,000	223,488	220,088
	ENABLE MIDSTREAM PARTNERS, LP	05/15/2024	3.900	1,000,000	1,001,730	963,890
	ENCANA CORP.	11/15/2021	3.900	500,000	524,830	492,765
	ENCANA CORP.	08/15/2034	6.500	750,000	814,350	814,140
	ENDO FINANCE CO.	01/15/2022	5.750	4,275,000	4,346,400	4,275,000
	ENDO FINANCE CO.	01/15/2023	5.370	5,100,000	5,069,654	4,958,000
	ENERGY FUTURE INTERMEDIATE HOLDING COMPANY LLC	12/01/2020	10.000	4,755,000	5,241,931	439,837
	ENERGY TRANSFER PARTNERS, L.P.	02/15/2017	6.120	1,650,000	1,625,316	1,786,900
	ENERGY TRANSFER PARTNERS, L.P.	02/01/2042	6.500	1,000,000	1,237,290	1,149,450
	ENERGY XXI GULF COAST, INC.	03/15/2024	6.870	5,995,000	5,637,012	3,237,300
	ENERGYSOLUTIONS, LLC	05/29/2020	1.000	2,736,250	2,681,525	2,723,416
	ENLINK MIDSTREAM PARTNERS, L.P.	04/01/2045	5.050	500,000	502,090	483,045
	ENSCO PLC	03/15/2016	3.250	500,000	515,500	509,145
	ENTERGY ARKANSAS, INC.	02/15/2021	3.750	1,300,000	1,429,649	1,379,846
	ENTERPRISE PRODUCTS OPERATING LLC	01/31/2019	6.500	475,000	521,255	544,426
	ENTERPRISE PRODUCTS OPERATING LLC	03/15/2023	3.350	1,500,000	1,479,840	1,483,635
	ENTERPRISE PRODUCTS OPERATING LLC	02/15/2043	4.450	1,000,000	1,026,380	988,010
	ENTERPRISE PRODUCTS OPERATING LLC	10/15/2054	4.950	500,000	509,985	511,770
	ENVISION HEALTHCARE CORPORATION	07/01/2022	5.120	2,335,000	2,335,000	2,317,487
	EOG RESOURCES, INC.	09/15/2017	5.870	1,500,000	1,740,135	1,659,825
	EQT CORPORATION	04/01/2018	6.500	600,000	661,860	675,204
	EQUINIX, INC.	04/01/2023	5.370	1,350,000	1,359,958	1,350,000
	ERP OPERATING LIMITED PARTNERSHIP	12/15/2021	4.625	1,000,000	1,144,700	1,094,010
	ERSTE ABWICKLUNGSANSTALT	04/06/2015	0.160	6,035,000	6,030,668	6,030,668
	EUROPEAN BANK FOR RECONSTRUCTION AND DEVELOPMENT	06/08/2016	7.200	259,919	277,636	255,686
	EUROPEAN BANK FOR RECONSTRUCTION AND DEVELOPMENT	02/16/2017	1.000	1,000,000	1,000,890	1,003,640
	EUROPEAN BANK FOR RECONSTRUCTION AND DEVELOPMENT	11/15/2018	1.620	1,200,000	1,199,908	1,205,808
	EUROPEAN BANK FOR RECONSTRUCTION AND DEVELOPMENT	05/30/2017	5.120	2,250,000	2,489,512	2,470,117
	EUROPEAN INVESTMENT BANK	06/17/2019	1.750	1,000,000	1,000,710	1,002,610
	EUROPEAN INVESTMENT BANK	10/15/2024	2.500	1,500,000	1,500,645	1,521,555
	EXELON GENERATION COMPANY, LLC	06/15/2042	5.600	1,000,000	969,870	1,118,730
	EXOPACK HOLDINGS S.A.	11/01/2019	7.870	5,000,000	5,287,500	5,150,000
	EXPRESS SCRIPTS HOLDING COMPANY	05/15/2016	3.120	1,250,000	1,309,750	1,284,925
	EXPRESS SCRIPTS HOLDING COMPANY	11/15/2021	4.750	1,250,000	1,350,684	1,379,437
	EXXON MOBIL CORPORATION	03/15/2017	0.920	600,000	599,562	599,220
	FAIRWAY GROUP HOLDINGS CORP.	02/11/2015	0.150	6,400,000	6,397,413	6,397,413
	FEDERAL REALTY INVESTMENT TRUST	12/01/2044	4.500	500,000	501,360	520,360
	FEDEX CORP.	04/15/2043	4.100	1,000,000	997,410	994,050
	FIBRIA OVERSEAS FINANCE LIMITED	05/12/2024	5.250	218,000	216,478	216,583
	FIELDWOOD ENERGY LLC	09/30/2020	8.380	2,975,000	2,896,450	2,160,593
	FIFTH THIRD BANCORP	11/18/2016	1.150	1,000,000	1,006,440	998,080
	FIFTH THIRD BANCORP	03/01/2038	8.250	825,000	1,072,260	1,239,298
	FIRST AMERICAN FINANCIAL CORPORATION	11/15/2024	4.600	500,000	504,005	506,945
	FIRST DATA CORPORATION	01/15/2021	8.250	7,580,000	8,028,560	8,110,600
	FIRST QUALITY FINANCE COMPANY, INC.	05/15/2021	4.620	2,580,000	2,587,515	2,360,700

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND  
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NOTES	IDENTITY OF ISSUE	DESCRIPTION	COST		CURRENT VALUE	
			INTEREST			
			MATURITY	RATE		PRINCIPAL
	FIRST QUANTUM MINERALS LTD.	05/15/2022	7.250 %	\$ 4,320,000	\$ 4,352,000	\$ 3,888,000
	FIRST REPUBLIC BANK	06/17/2019	2.370	1,000,000	1,005,570	1,004,710
	FIRST TENNESSEE BANK, NATIONAL ASSOCIATION	12/01/2019	2.950	500,000	500,704	498,715
	FIRSTENERGY SOLUTIONS CORP.	08/15/2039	6.800	275,000	290,858	295,099
	FISERV, INC.	10/01/2022	3.500	1,000,000	943,260	1,009,930
	FLEXI-VAN LEASING INC.	08/15/2018	7.870	1,915,000	1,907,710	1,895,850
	FLORIDA POWER & LIGHT COMPANY	02/01/2038	5.950	550,000	547,008	731,043
	FLORIDA POWER & LIGHT COMPANY	02/01/2042	4.120	500,000	512,715	533,860
	FLY LEASING LTD.	12/15/2020	6.750	6,900,000	7,332,750	6,969,000
*	FORD CREDIT AUTO OWNER TRUST	05/15/2018	0.780	200,000	200,265	199,590
*	FORD MOTOR COMPANY	07/16/2031	7.450	1,000,000	1,325,740	1,357,600
*	FORD MOTOR CREDIT COMPANY LLC	08/15/2017	6.620	5,250,000	5,909,662	5,852,490
*	FORD MOTOR CREDIT COMPANY LLC	12/06/2017	1.720	1,000,000	998,230	989,670
*	FORD MOTOR CREDIT COMPANY LLC	10/01/2018	2.870	1,000,000	1,025,830	1,017,550
*	FORD MOTOR CREDIT COMPANY LLC	03/12/2019	2.370	1,000,000	1,002,330	993,040
*	FORD MOTOR CREDIT COMPANY LLC	08/02/2021	5.870	1,800,000	2,040,402	2,084,022
*	FORD MOTOR CREDIT COMPANY LLC	12/31/2017	ZERO	2,620,000	2,620,000	2,541,400
	FORMULA ONE FINANCE B.V.	07/08/2019	5.370	563,000	625,211	632,096
	FRANCE TELECOM S.A.	01/13/2042	5.370	1,500,000	1,636,710	1,705,155
	FRANCE TELECOM S.A.	03/01/2022	3.550	500,000	477,375	472,555
	FREEMONT-MCMORAN COPPER & GOLD INC.	03/15/2023	3.870	1,500,000	1,524,795	1,414,260
	FREEMONT-MCMORAN COPPER & GOLD INC.	04/15/2024	7.620	1,385,000	1,430,041	1,426,550
	FRONTIER COMMUNICATIONS CORP.	01/15/2025	6.870	1,155,000	1,155,000	1,155,000
	GATES GLOBAL LLC	07/15/2022	6.000	2,900,000	2,834,750	2,777,330
	GATX CORP.	03/30/2023	3.900	600,000	605,934	623,442
	GCB MPM ESCROW LLC.	10/15/2020	8.880	1,730,000	-	23,493
	GENERAL CABLE CORPORATION	10/01/2022	5.750	1,545,000	1,532,462	1,127,850
	GENERAL DYNAMICS CORPORATION	11/15/2042	3.600	430,000	390,698	409,200
*	GENERAL ELECTRIC CAPITAL CORPORATION	01/08/2016	5.000	1,000,000	1,065,010	1,041,880
*	GENERAL ELECTRIC CAPITAL CORPORATION	07/12/2016	1.500	340,000	345,123	343,515
*	GENERAL ELECTRIC CAPITAL CORPORATION	01/09/2017	2.900	1,500,000	1,569,345	1,552,245
*	GENERAL ELECTRIC CAPITAL CORPORATION	08/07/2019	6.000	750,000	879,960	872,377
*	GENERAL ELECTRIC CAPITAL CORPORATION	01/07/2021	4.620	2,000,000	2,146,880	2,229,180
*	GENERAL ELECTRIC CAPITAL CORPORATION	01/09/2023	3.100	1,500,000	1,491,135	1,518,735
*	GENERAL ELECTRIC CAPITAL CORPORATION	03/15/2032	6.750	1,250,000	1,379,387	1,707,350
*	GENERAL ELECTRIC CAPITAL CORPORATION	01/14/2038	5.870	1,725,000	1,560,813	2,182,746
*	GENERAL ELECTRIC CAPITAL CORPORATION	11/15/2067	6.370	2,000,000	2,117,000	2,145,000
*	GENERAL ELECTRIC COMPANY	10/09/2042	4.120	500,000	466,325	517,605
*	GENERAL ELECTRIC COMPANY	03/11/2044	4.500	500,000	551,440	549,610
	GENERAL MILLS, INC.	10/21/2019	2.200	1,000,000	996,970	991,600
	GENESIS ENERGY, L.P.	02/15/2021	5.750	4,255,000	4,349,089	3,957,150
	GENWORTH FINANCIAL, INC.	11/15/2066	6.150	3,250,000	2,556,019	2,020,275
	GEO GROUP, INC.	04/01/2023	5.125	7,015,000	6,946,442	6,892,237
	GEORGIA POWER COMPANY	03/15/2042	4.300	1,000,000	944,230	1,050,160
	GEORGIA-PACIFIC LLC	01/15/2024	8.000	1,000,000	1,336,840	1,329,290
	GETTY IMAGES INC.	10/18/2019	4.750	1,575,879	1,516,657	1,441,267
	GILEAD SCIENCES INC.	12/01/2021	4.400	1,120,000	1,208,345	1,234,968
	GILEAD SCIENCES INC.	04/01/2044	4.800	750,000	772,074	831,937
	GLAXOSMITHKLINE CAPITAL, INC.	03/18/2023	2.800	1,250,000	1,256,162	1,234,262
	GLAXOSMITHKLINE CAPITAL, INC.	04/15/2034	5.370	185,000	169,213	225,248
	GLAXOSMITHKLINE CAPITAL, INC.	05/15/2038	6.370	1,000,000	1,252,630	1,331,490
	GLOBAL BRASS & COPPER INC.	06/01/2019	9.500	2,515,000	2,515,000	2,716,200
	GLOBAL SHIP LEASE, INC.	04/01/2019	10.000	3,075,000	3,145,875	3,098,062
	GNL QUINTERO S.A.	07/31/2029	4.630	396,000	396,000	400,791
	GOLD FIELDS OROGEN HOLDING (BVI) LTD.	10/07/2020	4.870	374,000	299,200	314,160
	GOLDCORP INC.	03/15/2018	2.120	500,000	506,130	494,180
	GOLDCORP INC.	06/09/2021	3.620	200,000	204,426	200,322
	GOTHAM FUNDING CORPORATION	02/23/2015	0.180	8,450,000	8,446,368	8,446,368
	GOVCO, LLC	03/17/2015	0.180	13,600,000	13,593,880	13,593,880
	GRIFFEY INTERMEDIATE INC.	10/15/2020	7.000	485,000	384,362	380,725
	GRUPO BIMBO, S.A.B. DE C.V.	06/27/2024	3.870	3,965,000	3,959,592	3,980,582
	GS MORTGAGE SECURITIES CORP.	11/10/2039	5.560	3,353,362	3,445,318	3,550,070
	GS MORTGAGE SECURITIES CORP.	01/10/2045	3.480	1,090,000	1,173,751	1,138,755
	GS MORTGAGE SECURITIES CORP.	08/10/2045	5.790	902,830	1,004,152	977,368
	GUITAR CENTER INC.	04/15/2020	9.620	3,560,000	3,254,905	2,314,000
	HALCON RESOURCES CORPORATION	07/15/2020	9.750	1,100,000	1,127,194	825,000
	HALCON RESOURCES CORPORATION	05/15/2021	8.870	420,000	438,453	316,050
	HALLIBURTON COMPANY	09/15/2039	7.450	550,000	731,918	772,568
	HALLIBURTON COMPANY	08/01/2043	4.750	500,000	494,570	517,720
	HANNOVER FUNDING COMPANY LLC	01/15/2015	0.001	15,725,000	15,722,641	15,722,641
	HARTFORD FINANCIAL SERVICES GROUP INC.	01/15/2019	6.000	690,000	797,909	782,529
	HARTFORD FINANCIAL SERVICES GROUP INC.	04/15/2043	4.300	250,000	226,845	256,382
	HARVEST OPERATIONS CORP.	10/01/2017	6.870	2,440,000	2,650,450	2,351,550
	HCA HOLDINGS, INC.	02/15/2021	6.250	3,390,000	3,595,937	3,610,350
	HCA INC.	05/01/2023	4.750	4,000,000	4,010,000	4,070,000
	HCP, INC.	03/01/2024	4.200	1,500,000	1,541,430	1,561,770
*	HD SUPPLY, INC.	12/15/2021	5.250	2,660,000	2,660,556	2,706,550
	HDTFS INC.	10/15/2022	6.250	2,700,000	2,740,500	2,727,000
	HEALTH CARE REIT, INC.	06/01/2016	6.200	400,000	387,848	427,824
	HEALTH CARE REIT, INC.	09/15/2017	4.700	2,825,000	3,057,498	3,035,321
	HEALTH CARE REIT, INC.	01/15/2024	4.500	1,000,000	1,013,280	1,058,990
	HERCULES OFFSHORE INC.	10/01/2021	7.500	3,945,000	3,497,752	1,735,800
	HESS CORPORATION	10/01/2029	7.870	1,100,000	1,381,071	1,407,593
	HEWLETT-PACKARD COMPANY	09/15/2016	3.000	1,500,000	1,551,720	1,540,170
	HEWLETT-PACKARD COMPANY	03/01/2017	5.400	3,250,000	3,537,040	3,508,375
	HEWLETT-PACKARD COMPANY	09/15/2041	6.000	1,000,000	1,129,090	1,124,750
	HEXION US FINANCE CORP.	04/15/2020	6.625	5,700,000	5,920,875	5,586,000
	HOCKEY MERGER SUB 2 INC.	10/01/2021	7.870	2,615,000	2,685,622	2,601,925
	HONDA AUTO RECEIVABLES OWNER TRUST	06/15/2018	0.880	900,000	896,906	896,985
	HONEYWELL INTERNATIONAL INC.	03/15/2037	5.700	1,000,000	1,231,390	1,287,760
	HORIZON LINES, LLC	10/15/2016	11.000	500,000	501,250	502,500
	HOST HOTELS & RESORTS, L.P.	10/01/2021	6.000	3,575,000	4,111,593	4,111,071
	HOVNAMIAN ENTERPRISES, INC.	10/15/2020	7.250	2,625,000	2,782,500	2,716,875
	HSBC BANK USA N.A.	01/15/2039	7.000	550,000	630,140	787,385
	HSBC HOLDINGS PLC	04/05/2021	5.100	2,100,000	2,402,189	2,373,840
	HSBC HOLDINGS PLC	03/14/2024	4.250	500,000	500,995	520,290
	HSBC HOLDINGS PLC	09/15/2037	6.500	500,000	504,117	642,445
	HSBC USA INC.	11/13/2017	1.500	500,000	500,878	499,010
	HSBC USA INC.	09/24/2018	2.620	500,000	508,080	512,840
	HSBC USA INC.	07/15/2097	7.200	499,000	621,519	676,045
	HUDBAY MINERALS INC.	10/01/2020	9.500	1,395,000	1,408,659	1,353,150
	HUGHES SATELLITE SYSTEMS CORPORATION	06/15/2021	7.620	2,000,000	2,250,529	2,200,000
	HUMANA INC.	12/01/2022	3.150	500,000	492,955	486,180
	HUNTINGTON BANCSHARES INCORPORATED	04/24/2017	1.370	500,000	499,885	495,765
	HUNTINGTON INGALLS INDUSTRIES, INC.	03/15/2021	7.120	905,000	933,978	977,400
	HUNTINGTON INGALLS INDUSTRIES, INC.	12/15/2021	5.000	1,685,000	1,685,000	1,714,487



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		MATURITY	INTEREST			PRINCIPAL
			RATE			
	HYUNDAI AUTO RECEIVABLES TRUST	04/17/2017	0.530 %	\$ 1,399,457	\$ 1,399,499	
	ICAHN ENTERPRISES L.P.	08/01/2020	6.000	4,462,500	4,378,350	
	ICAHN ENTERPRISES L.P.	02/01/2022	5.870	4,100,000	4,117,958	
	ILLINOIS TOOL WORKS INC.	02/25/2017	0.900	215,000	214,056	
	ILLINOIS TOOL WORKS INC.	03/01/2024	3.500	500,000	520,445	
	ILLINOIS TOOL WORKS INC.	09/01/2042	3.900	650,000	654,810	
	IMS HEALTH INCORPORATED	11/01/2020	6.000	1,575,000	1,622,250	
	INDIANA MICHIGAN POWER CO.	03/15/2019	7.000	1,950,000	2,304,412	
	INDUSTRIAL & COMMERCIAL BANK OF CHINA LIMITED	11/13/2019	3.230	500,000	502,105	
	INGERSOLL-RAND GLOBAL HOLDING COMPANY LIMITED	08/15/2018	6.870	1,500,000	1,741,305	
	INGLES MARKETS INC.	06/15/2023	5.750	3,195,000	3,208,131	
	INGRAM MICRO INC.	12/15/2024	4.950	1,000,000	999,130	
	INNOVATION VENTURES, LLC	08/15/2019	9.500	2,650,000	2,643,375	
	INTEL CORPORATION	10/01/2021	3.300	2,500,000	2,621,575	
	INTELSAT JACKSON HOLDINGS S.A.	10/15/2020	7.250	680,000	695,749	
	INTELSAT JACKSON HOLDINGS S.A.	04/01/2021	7.500	3,155,000	3,299,900	
	INTELSAT S.A.	06/01/2021	7.750	3,250,000	3,394,437	
	INTERACTIVE DATA CORPORATION	04/15/2019	5.870	2,965,000	2,942,762	
	INTER-AMERICAN DEVELOPMENT BANK	08/20/2015	0.009	560,324	551,044	
	INTER-AMERICAN DEVELOPMENT BANK	09/12/2016	0.620	1,500,000	1,497,465	
	INTER-AMERICAN DEVELOPMENT BANK	08/15/2017	2.370	1,000,000	1,034,440	
	INTER-AMERICAN DEVELOPMENT BANK	08/24/2018	1.750	3,600,000	3,632,292	
	INTER-AMERICAN DEVELOPMENT BANK	02/21/2024	3.000	500,000	532,410	
	INTERNATIONAL BUSINESS MACHINES CORPORATION	01/02/2015	0.010	2,713,995	2,712,995	
	INTERNATIONAL BUSINESS MACHINES CORPORATION	09/14/2017	5.700	1,000,000	1,114,440	
	INTERNATIONAL BUSINESS MACHINES CORPORATION	11/01/2019	8.370	600,000	768,000	
	INTERNATIONAL BUSINESS MACHINES CORPORATION	02/12/2024	3.620	1,000,000	1,041,820	
	INTERNATIONAL BUSINESS MACHINES CORPORATION	11/30/2039	5.600	1,000,000	1,207,770	
	INTERNATIONAL FINANCE CORPORATION	11/23/2016	1.120	1,000,000	1,005,340	
	INTERNATIONAL FINANCE CORPORATION	09/04/2018	1.750	1,500,000	1,513,500	
	INTERNATIONAL FINANCE CORPORATION	09/16/2019	1.750	1,500,000	1,493,355	
	INTERNATIONAL PAPER COMPANY	06/15/2024	3.650	1,000,000	1,001,530	
	INTERNATIONAL PAPER COMPANY	06/15/2044	4.800	500,000	501,780	
	INTERSTATE POWER & LIGHT COMPANY	12/01/2024	3.250	500,000	508,745	
	INTESA SANPAOLO S.P.A.	01/13/2017	2.370	1,500,000	1,513,125	
	INTESA SANPAOLO S.P.A.	06/26/2024	5.010	3,025,000	2,935,792	
	INTREPID AVIATION GROUP HOLDINGS, LLC	02/15/2019	6.870	2,230,000	2,274,600	
	INVSOC FINANCE PLC	11/30/2022	3.120	1,000,000	992,480	
	IPAYMENT INC.	12/15/2019	9.500	2,830,814	2,639,734	
	ISLE OF CAPRI CASINOS, INC.	06/15/2020	8.870	2,050,000	2,049,731	
	JBS INVESTMENTS GMBH	10/28/2020	7.750	5,050,000	5,447,937	
	JBS INVESTMENTS GMBH	04/03/2024	7.250	8,250,000	8,745,000	
	JBS USA, LLC	06/01/2021	7.250	4,805,000	4,867,767	
	JEFFERIES FINANCE LLC	04/01/2020	7.370	7,050,000	7,326,500	
	JEFFERIES GROUP LLC	07/15/2019	8.500	2,500,000	3,061,900	
	JEFFERIES GROUP LLC	04/15/2021	6.870	1,500,000	1,667,220	
	JERSEY CENTRAL POWER & LIGHT COMPANY	06/01/2037	6.150	600,000	614,538	
	JLL/DELTA DUTCH NEWCO B.V.	02/01/2022	7.500	2,575,000	2,658,687	
	JO-ANN STORES HOLDINGS INC.	10/15/2019	9.750	2,500,000	2,516,262	
	JOHN DEERE CAPITAL CORPORATION	10/11/2016	1.050	1,000,000	1,005,829	
	JOHN DEERE CAPITAL CORPORATION	09/10/2018	5.750	1,000,000	1,093,610	
	JOHNSON & JOHNSON	12/05/2023	3.370	1,000,000	996,050	
	JOHNSON & JOHNSON	08/15/2037	5.950	750,000	836,572	
	JOHNSON CONTROLS, INC.	11/02/2017	1.400	1,000,000	999,380	
	JONES ENERGY HOLDINGS, LLC	04/01/2022	6.750	3,670,000	3,809,875	
	JP MORGAN CHASE & CO.	01/15/2018	6.000	2,800,000	3,195,068	
	JP MORGAN CHASE BANK, NATIONAL ASSOCIATION	07/05/2017	6.000	1,025,000	1,016,994	
	JP MORGAN CHASE COMMERCIAL MORTGAGE SECURITIES CORP.	05/15/2045	3.500	1,000,000	1,005,585	
	JP MORGAN CHASE COMMERCIAL MORTGAGE SECURITIES CORP.	11/15/2045	4.130	1,000,000	1,042,265	
	JP MORGAN CHASE COMMERCIAL MORTGAGE SECURITIES CORP.	06/12/2047	5.440	1,926,441	2,133,834	
	JP MORGAN CHASE COMMERCIAL MORTGAGE SECURITIES CORP.	06/12/2047	5.460	11,967,000	12,963,665	
	JP MORGAN CHASE COMMERCIAL MORTGAGE SECURITIES CORP.	12/15/2047	2.840	805,000	798,679	
	JP MORGAN CHASE COMMERCIAL MORTGAGE SECURITIES CORP.	02/12/2049	5.690	1,000,000	1,123,437	
	JP MORGAN CHASE COMMERCIAL MORTGAGE SECURITIES CORP.	06/15/2049	5.780	3,800,000	4,108,343	
	JP MORGAN CHASE COMMERCIAL MORTGAGE SECURITIES CORP.	05/15/2018	1.620	750,000	741,750	
	JPMORGAN CHASE & CO.	04/23/2019	6.300	4,650,000	5,433,347	
	JPMORGAN CHASE & CO.	10/15/2020	4.250	1,200,000	1,339,092	
	JPMORGAN CHASE & CO.	01/24/2022	4.500	800,000	843,272	
	JPMORGAN CHASE & CO.	02/01/2024	3.870	1,000,000	1,017,570	
	JPMORGAN CHASE & CO.	09/10/2024	3.870	1,500,000	1,511,745	
	JPMORGAN CHASE & CO.	05/15/2038	6.400	4,450,000	5,664,849	
	JPMORGAN CHASE & CO.	08/16/2043	5.620	1,000,000	1,001,720	
	JSC NATIONAL COMPANY KAZMUNAYGAS	11/07/2044	6.000	451,000	444,825	
	KAISA GROUP HOLDINGS LTD.	03/19/2018	8.870	64,000	64,544	
	KANSAS CITY SOUTHERN DE MEXICO, S.A. DE C.V.	05/15/2020	2.350	500,000	478,865	
	KELLOGG COMPANY	04/01/2031	7.450	770,000	847,377	
	KERR-MCGEE CORPORATION	09/15/2031	7.870	915,000	1,227,792	
	KERRY GROUP FINANCIAL SERVICES	04/09/2023	3.200	3,775,000	3,705,200	
	KEYSIGHT TECHNOLOGIES, INC.	10/30/2024	4.550	1,000,000	1,003,750	
	KIMBERLY-CLARK CORPORATION	06/01/2023	2.400	250,000	241,455	
	KIMBERLY-CLARK CORPORATION	08/01/2037	6.620	300,000	420,060	
	KIMBERLY-CLARK CORPORATION	06/01/2043	3.700	250,000	242,895	
	KIMCO REALTY CORPORATION	06/01/2023	3.125	400,000	389,712	
	KINDER MORGAN ENERGY PARTNERS, L.P.	02/15/2020	6.850	1,000,000	1,195,070	
	KINDER MORGAN ENERGY PARTNERS, L.P.	09/01/2023	3.500	700,000	709,793	
	KINDER MORGAN ENERGY PARTNERS, L.P.	08/15/2033	7.300	1,500,000	1,909,035	
	KINDER MORGAN ENERGY PARTNERS, L.P.	03/01/2043	5.000	500,000	510,825	
	KINDER MORGAN, INC.	09/15/2020	6.500	1,080,000	1,221,631	
	KINETIC CONCEPTS INC.	11/01/2018	10.750	3,120,000	3,249,078	
	KINROSS GOLD CORPORATION	09/01/2021	5.120	500,000	502,950	
	KINROSS GOLD CORPORATION	03/15/2024	5.950	500,000	507,325	
	KLABIN S.A.	07/16/2024	5.250	250,000	278,850	
	KOHL'S CORPORATION	12/15/2023	4.750	500,000	519,210	
	KONINKLIJKE PHILIPS ELECTRONICS N.V.	03/11/2038	6.870	765,000	1,069,776	
	KOREA FINANCE CORPORATION	08/22/2018	2.870	500,000	511,130	
	KRAFT FOODS GROUP, INC.	06/06/2022	3.500	1,000,000	1,085,740	
	KRAFT FOODS GROUP, INC.	01/26/2039	6.870	500,000	675,400	
	KRATON POLYMERS LLC	03/01/2019	6.750	2,675,000	2,710,225	
	KRATOS DEFENSE & SECURITY SOLUTIONS, INC.	05/15/2019	7.000	2,690,000	2,720,072	
	KREDITANSTALT FUR WIEDERAUFBAU	02/16/2016	2.620	1,000,000	1,047,694	
	KREDITANSTALT FUR WIEDERAUFBAU	04/19/2016	0.500	1,000,000	994,110	
	KREDITANSTALT FUR WIEDERAUFBAU	07/15/2016	0.500	1,500,000	1,502,676	
	KREDITANSTALT FUR WIEDERAUFBAU	02/15/2017	1.250	2,000,000	2,018,280	
	KREDITANSTALT FUR WIEDERAUFBAU	09/05/2017	0.870	1,500,000	1,506,651	
	KREDITANSTALT FUR WIEDERAUFBAU	07/16/2018	4.500	2,000,000	2,274,800	
	KREDITANSTALT FUR WIEDERAUFBAU	04/01/2019	1.870	2,500,000	2,514,375	

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND  
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NOTES	IDENTITY OF ISSUE	DESCRIPTION			COST	CURRENT VALUE
		MATURITY	INTEREST			
			RATE	PRINCIPAL		
	KREDITANSTALT FUR WIEDERAUFBAU	10/15/2019	1.750 %	\$ 1,000,000	\$ 1,005,740	\$ 1,001,550
	KREDITANSTALT FUR WIEDERAUFBAU	08/25/2021	2.370	2,000,000	2,009,720	2,041,020
	KREDITANSTALT FUR WIEDERAUFBAU	01/17/2023	2.120	1,500,000	1,485,000	1,497,255
	KREDITANSTALT FUR WIEDERAUFBAU	11/20/2024	2.500	500,000	499,245	506,985
	L BRANDS, INC.	10/15/2023	5.620	2,515,000	2,552,971	2,716,200
	L-3 COMMUNICATIONS CORP.	07/15/2020	4.750	1,075,000	1,195,281	1,154,474
	LANDWIRTSCHAFTLICHE RENTENBANK	01/02/2015	0.001	3,202,000	3,201,992	3,201,992
	LANDWIRTSCHAFTLICHE RENTENBANK	05/06/2015	0.052	6,130,000	6,120,805	6,120,805
	LANDWIRTSCHAFTLICHE RENTENBANK	07/15/2016	2.120	1,004,250	1,034,250	1,022,740
	LANDWIRTSCHAFTLICHE RENTENBANK	02/01/2017	5.120	1,800,000	1,827,720	1,957,104
	LAREDO PETROLEUM, INC.	01/15/2022	5.620	2,500,000	2,537,500	2,187,500
	LB UBS COMMERCIAL MORTGAGE TRUST	04/15/2041	6.150	2,600,000	2,559,781	2,866,734
	LEAR CORPORATION ESCROW	12/01/2013	5.750	225,000	-	22
	LEAR CORPORATION ESCROW	08/01/2014	5.750	2,265,000	-	226
	LEAR CORPORATION ESCROW	12/01/2016	8.750	365,000	-	36
	LEHMAN BROTHERS HOLDINGS INC. PLAN TRUST	07/19/2017	6.500	1,169,000	1,131,334	-
	LEHMAN BROTHERS HOLDINGS INC. PLAN TRUST	11/30/2056	0.010	4,684,000	4,686,960	-
	LENDER PROCESSING SERVICES, INC.	04/15/2023	5.750	500,000	527,250	525,000
	LENNAR CORPORATION	11/15/2019	4.500	2,055,000	2,055,000	2,039,587
	LEVEL 3 COMMUNICATIONS, INC.	12/01/2022	5.750	2,765,000	2,766,050	2,782,281
	LEVEL 3 ESCROW II, INC.	08/15/2022	5.370	2,000,000	2,000,000	2,010,000
	LEVEL 3 FINANCING, INC.	01/15/2018	3.820	490,000	490,000	492,450
	LEVEL 3 FINANCING, INC.	06/01/2020	7.000	1,005,000	1,005,000	1,059,018
	LEVEL 3 FINANCING, INC.	01/15/2021	6.120	1,805,000	1,849,312	1,868,175
	LEVEL 3 FINANCING, INC.	05/01/2022	6.870	1,495,000	1,629,550	1,607,125
	LEVI STRAUSS & CO.	01/15/2015	0.180	8,875,000	8,872,818	8,872,818
	LIBERTY STREET FUNDING LLC	10/01/2016	11.000	3,150,000	3,078,771	2,622,375
	LIBERTY TIRE RECYCLING HOLDCO, LLC	03/01/2020	6.000	725,595	725,595	742,605
	LIFE TECHNOLOGIES CORPORATION	12/01/2021	5.500	3,115,000	3,208,450	3,185,087
	LIFEPOINT HOSPITALS, INC.	01/15/2021	6.370	905,000	905,000	902,737
	LIN TELEVISION CORP.	09/01/2023	4.000	1,000,000	991,510	1,037,480
	LINCOLN NATIONAL CORPORATION	06/15/2040	7.000	225,000	224,525	312,036
	LINN ENERGY, LLC	05/15/2019	6.500	1,865,000	1,863,310	1,594,575
	LINN ENERGY, LLC	11/01/2019	6.250	5,040,000	5,056,476	4,258,800
	LINN ENERGY, LLC	02/01/2021	7.750	2,385,000	2,517,323	2,009,362
	LLOYDS BANK PLC	01/29/2015	0.060	9,035,000	9,030,818	9,030,818
	LLOYDS BANK PLC	09/05/2019	2.350	500,000	497,340	499,640
	LLOYDS BANK PLC	09/01/2036	6.150	800,000	895,896	1,044,296
	LOCKHEED MARTIN CORPORATION	05/15/2023	2.620	400,000	381,872	377,912
	LORILLARD TOBACCO COMPANY	06/23/2019	8.125	1,000,000	1,239,460	1,212,330
	LOUISVILLE GAS & ELECTRIC COMPANY	11/15/2040	5.120	1,000,000	1,150,890	1,225,270
	LOWE'S COMPANIES, INC.	10/15/2016	5.400	1,200,000	1,166,832	1,290,264
	LOWE'S COMPANIES, INC.	09/15/2024	3.120	750,000	737,730	756,495
	LOWE'S COMPANIES, INC.	11/15/2041	5.120	600,000	673,236	701,676
	LUKOIL INTERNATIONAL FINANCE B.V.	04/24/2018	3.410	320,000	329,785	272,000
	LYNX I CORP.	04/15/2021	5.370	5,705,000	5,807,390	5,890,412
	LYNX II CORP.	04/15/2023	6.370	575,000	575,000	602,312
	LYONDELLBASELL INDUSTRIES N.V.	04/15/2019	5.000	1,250,000	1,383,112	1,363,450
	MACY'S RETAIL HOLDINGS, INC.	12/01/2016	5.900	6,293,000	6,905,155	6,828,030
	MACY'S RETAIL HOLDINGS, INC.	01/15/2022	3.870	1,000,000	1,023,130	1,039,370
	MAGELLAN MIDSTREAM PARTNERS, L.P.	10/15/2043	5.150	500,000	514,165	530,050
	MAGELLAN MORTGAGES NO. 4 PLC	07/20/2059	0.220	1,406,692	1,690,976	1,554,193
	MAGNETATION LLC	05/15/2018	11.000	2,505,000	2,748,187	1,728,450
	MALLINCKRODT INTERNATIONAL FINANCE S.A.	08/01/2022	5.750	3,320,000	3,320,000	3,411,300
	MANITOWOC COMPANY, INC.	10/15/2022	5.870	1,385,000	1,464,512	1,405,775
	MANUFACTURERS & TRADERS TRUST COMPANY	07/25/2017	1.400	500,000	503,580	499,270
	MARATHON OIL CORPORATION	03/15/2018	5.900	500,000	598,195	555,750
	MARATHON OIL CORPORATION	11/01/2022	2.800	500,000	476,915	468,250
	MARATHON OIL CORPORATION	03/15/2032	6.800	200,000	216,920	242,072
	MARATHON PETROLEUM CORPORATION	03/01/2041	6.500	1,000,000	1,177,100	1,190,180
	MARFRIG OVERSEAS LTD.	05/04/2020	9.500	3,909,000	4,000,468	3,948,090
	MARINA DISTRICT FINANCE COMPANY, INC.	08/15/2018	9.870	2,525,000	2,643,241	2,644,937
	MARIPOSA BORROWER, INC.	10/15/2021	8.750	1,900,000	1,920,125	2,014,000
	MARKEL CORPORATION	03/30/2023	3.620	3,580,000	3,581,821	3,600,441
	MARKWEST ENERGY PARTNERS, L.P.	12/01/2024	4.870	2,760,000	2,760,000	2,697,900
	MARRIOTT INTERNATIONAL, INC.	10/15/2020	3.370	344,265	344,265	352,180
	MARRIOTT INTERNATIONAL, INC.	10/15/2021	3.120	1,000,000	1,007,850	1,005,700
	MARTIN MIDSTREAM PARTNERS L.P.	02/15/2021	7.250	2,695,000	2,742,128	2,533,300
	MASSACHUSETTS INSTITUTE OF TECHNOLOGY	07/01/2114	4.670	500,000	527,660	578,265
	MASTERCARD INCORPORATED	04/01/2019	2.000	500,000	498,085	497,250
	MCDONALD'S CORPORATION	10/15/2037	6.300	825,000	849,271	1,078,011
	MCKESSON CORPORATION	03/10/2017	1.290	500,000	499,510	497,445
	MCKESSON CORPORATION	03/01/2021	4.750	978,000	1,087,682	1,081,355
	MCKESSON CORPORATION	03/15/2024	3.790	500,000	507,235	513,640
	MEDIACOM BROADBAND LLC	04/15/2021	5.500	2,595,000	2,599,556	2,607,975
	MEDTRONIC, INC.	03/15/2018	1.500	5,550,000	5,526,939	5,523,471
	MEDTRONIC, INC.	03/15/2020	4.450	1,750,000	1,752,992	1,920,030
	MEDTRONIC, INC.	03/15/2035	4.370	1,000,000	1,041,810	1,060,860
	MEMORIAL PRODUCTION PARTNERS LP	05/01/2021	7.620	2,560,000	2,610,779	2,048,000
	MERCEDES-BENZ AUTO LEASE TRUST	02/15/2016	0.590	370,465	370,320	370,439
	MERCK & CO. INC.	05/18/2016	0.420	3,080,000	3,080,000	3,083,880
	MERCK & CO. INC.	05/18/2016	0.700	500,000	499,475	500,110
	MERCK SHARPE & DOHME CORP.	06/30/2019	5.000	1,000,000	1,142,920	1,128,900
	MERCK SHARPE & DOHME CORP.	06/30/2039	5.850	650,000	685,906	850,531
	MERRILL LYNCH & COMPANY, INC.	08/28/2017	6.400	2,300,000	2,621,096	2,562,591
	MERRILL LYNCH & COMPANY, INC.	04/25/2018	6.870	1,000,000	1,118,658	1,148,580
	MERRILL LYNCH & COMPANY, INC.	11/15/2018	6.870	2,000,000	2,360,060	2,325,180
	MERRILL LYNCH & COMPANY, INC.	01/29/2037	6.110	2,550,000	3,020,373	3,010,912
	MERRILL LYNCH & COMPANY, INC.	05/14/2038	7.750	1,000,000	1,303,470	1,412,300
	METALDYNE PERFORMANCE GROUP INC.	10/15/2022	7.370	2,500,000	2,587,500	2,575,000
	METHANEX CORPORATION	12/15/2019	3.250	500,000	509,170	495,795
	METLIFE, INC.	02/23/2015	0.015	7,800,000	7,792,301	7,792,301
	METLIFE, INC.	06/15/2035	5.700	500,000	569,210	623,095
	METLIFE, INC.	12/15/2044	4.720	1,000,000	1,068,830	1,112,260
	METLIFE, INC.	12/15/2066	6.400	1,000,000	1,039,700	1,115,000
	MEXICHEM, S.A.B. DE C.V.	09/19/2022	4.870	447,000	485,978	461,527
	MEXICHEM, S.A.B. DE C.V.	09/19/2042	6.750	275,000	257,125	285,312
	MGM RESORTS INTERNATIONAL	03/31/2020	5.250	330,000	332,475	327,525
	MGM RESORTS INTERNATIONAL	10/01/2020	6.750	730,000	730,000	766,500
	MGM RESORTS INTERNATIONAL	12/15/2021	6.620	1,390,000	1,417,606	1,459,500
	MICHAELS STORES, INC.	12/15/2020	5.870	3,065,000	3,094,500	3,095,650
	MICROSOFT CORPORATION	12/06/2018	1.620	750,000	759,067	750,817
	MICROSOFT CORPORATION	06/01/2019	4.200	1,200,000	1,328,736	1,318,368
	MICROSOFT CORPORATION	06/01/2039	5.200	400,000	382,796	476,040
	MIDAMERICAN ENERGY COMPANY	10/15/2024	3.500	750,000	759,855	776,145
	MIDSTATES PETROLEUM COMPANY, INC.	06/01/2021	9.250	2,690,000	2,772,400	1,345,000

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	MIDWEST VANADIUM PTY LTD	02/15/2018	11.500 %	\$ 1,500,000	\$ 978,750	\$ 225,000
	MILACRON LLC	02/15/2021	7.750	3,775,000	3,948,225	3,850,500
	MIRABELA NICKEL LTD.	06/24/2019	9.500	545,747	20,416	436,597
	MIRABELA NICKEL LTD.	12/31/2023	3.500	220,555	155,575	220,555
	ML-CFC COMMERCIAL MORTGAGE TRUST	06/12/2046	5.860	1,160,277	1,243,672	1,217,560
	ML-CFC COMMERCIAL MORTGAGE TRUST	08/12/2048	5.370	2,243,219	1,785,550	2,382,972
	MMI INTERNATIONAL LTD.	03/01/2017	8.000	3,000,000	3,048,750	2,992,500
	MENTENTIVE PERFORMANCE MATERIALS INC.	10/24/2021	3.880	1,730,000	1,500,775	1,466,175
	MONDELEZ INTERNATIONAL, INC.	02/01/2024	4.000	1,000,000	1,021,480	1,046,270
	MONDELEZ INTERNATIONAL, INC.	02/09/2040	6.500	693,000	943,346	923,581
	MONITRONICS INTERNATIONAL, INC.	04/01/2020	9.120	2,797,000	2,930,284	2,641,430
	MONSANTO COMPANY	07/15/2019	2.125	500,000	500,230	498,150
	MONSANTO COMPANY	11/15/2043	4.650	500,000	522,855	533,135
	MOODY'S CORPORATION	07/15/2019	2.750	1,000,000	1,009,070	1,008,230
	MORGAN STANLEY	02/25/2016	1.750	500,000	502,045	502,710
	MORGAN STANLEY	10/18/2016	5.750	1,300,000	1,434,069	1,395,823
	MORGAN STANLEY	03/22/2017	4.750	124,000	134,996	132,083
	MORGAN STANLEY	04/01/2018	6.620	1,300,000	1,354,990	1,480,752
	MORGAN STANLEY	04/25/2018	2.120	2,000,000	1,996,820	2,001,160
	MORGAN STANLEY	07/23/2019	2.370	1,500,000	1,508,925	1,494,465
	MORGAN STANLEY	09/23/2019	5.620	2,650,000	3,009,993	2,991,293
	MORGAN STANLEY	11/01/2022	4.870	3,300,000	3,520,743	3,504,864
	MORGAN STANLEY	02/25/2023	3.750	2,000,000	2,000,928	2,051,640
	MORGAN STANLEY	11/24/2025	5.000	1,000,000	1,004,460	1,067,120
	MORGAN STANLEY	08/12/2041	5.800	530,000	583,041	556,060
	MORGAN STANLEY BANK OF AMERICA MERRILL LYNCH TRUST	12/15/2048	3.130	2,800,000	2,831,890	2,838,192
	MORGAN STANLEY CAPITAL I INC. TRUST	12/15/2043	5.370	1,000,000	1,107,656	1,067,170
	MOTOROLA SOLUTIONS, INC.	09/01/2021	3.500	650,000	651,956	650,019
	MYLAN INC.	06/24/2018	2.600	230,000	232,168	233,006
	NABORS INDUSTRIES INC.	02/15/2018	6.150	1,000,000	1,087,510	1,041,570
	NATIONAL AUSTRALIA BANK LTD.	01/20/2016	0.900	1,500,000	1,508,643	1,504,215
	NATIONAL OILWELL VARCO, INC.	12/01/2022	2.600	830,000	796,102	780,233
	NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORPORATION	11/01/2018	10.370	1,200,000	1,668,120	1,563,276
	NATIONWIDE BUILDING SOCIETY	02/04/2015	0.005	9,045,000	9,040,751	9,040,751
	NATIXIS	01/08/2015	0.003	6,585,000	6,576,805	6,576,805
	NATURAL RESOURCE PARTNERS L.P.	10/01/2018	9.120	2,422,240	2,422,240	2,347,400
	NAVIENT CORPORATION	10/26/2020	5.000	1,960,000	1,955,300	1,923,250
	NAVISTAR INTERNATIONAL CORPORATION	11/01/2021	8.250	2,675,000	2,765,281	2,638,218
	NBCUNIVERSAL MEDIA, LLC	04/30/2020	5.150	5,250,000	5,973,970	5,957,700
	NBTY, INC.	10/01/2018	9.000	180,000	187,425	181,800
	NCR CORPORATION	12/15/2021	5.870	3,300,000	3,365,362	3,390,750
	NCR CORPORATION	12/15/2023	6.370	2,625,000	2,749,687	2,730,000
	NESTLE FINANCE INTERNATIONAL	05/29/2015	2.125	17,655,000	17,640,076	17,640,076
	NEUBERGER BERMAN GROUP LLC	03/15/2020	5.620	690,000	693,956	721,050
	NEUBERGER BERMAN GROUP LLC	03/15/2022	5.870	3,535,000	3,649,912	3,720,587
	NEVADA POWER CO.	03/15/2019	7.120	500,000	646,800	596,515
	NEVADA POWER CO.	04/01/2036	6.650	500,000	691,985	691,415
	NEW GOLD INC.	11/15/2022	6.250	1,860,000	1,920,450	1,822,800
	NEWELL RUBBERMAID, INC.	12/01/2019	2.870	500,000	501,395	500,190
	NEWMONT MINING CORPORATION	10/01/2039	6.250	1,100,000	1,257,179	1,115,785
	NEWS AMERICA, INC.	12/15/2034	6.200	400,000	422,364	510,756
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	12/15/2015	7.870	187,000	205,284	198,947
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	06/01/2021	4.500	1,000,000	1,087,890	1,085,320
	NIEUW AMSTERDAM RECEIVABLES CORP.	02/11/2015	0.180	5,995,000	5,992,565	5,992,565
	NII CAPITAL CORP.	08/15/2016	10.000	4,440,000	2,366,313	1,531,800
	NII CAPITAL CORP.	04/01/2021	7.625	3,145,000	1,893,710	581,825
	NII INTERNATIONAL TELECOM S.C.A.	08/15/2019	7.875	2,255,000	1,454,475	1,612,325
	NIKE INC.	05/01/2023	2.250	400,000	399,320	388,444
	NISKA GAS STORAGE CANADA ULC	04/01/2019	6.500	3,070,000	2,901,150	2,310,175
	NISOURCE FINANCE CORPORATION	03/15/2018	6.400	1,000,000	1,207,300	1,138,930
	NISOURCE FINANCE CORPORATION	02/15/2044	4.800	2,800,000	2,976,148	2,983,232
	NISSAN AUTO RECEIVABLES OWNER TRUST	08/15/2018	0.720	1,000,000	997,304	997,740
	NOBLE ENERGY, INC.	12/15/2021	4.150	1,039,760	1,039,760	1,019,700
	NOKIA CORPORATION	05/15/2039	6.620	5,529,000	5,329,977	6,160,375
	NOMURA HOLDINGS, INC.	03/04/2020	6.700	1,400,000	1,495,676	1,655,192
	NORDEA BANK AB	04/02/2015	0.230	5,029,523	5,029,523	5,029,523
	NORDIC INVESTMENT BANK	01/17/2018	0.750	1,000,000	978,000	985,160
	NORFOLK SOUTHERN CORP.	01/15/2016	5.750	1,070,000	1,193,756	1,121,306
	NORFOLK SOUTHERN CORP.	02/15/2023	2.900	619,000	623,049	611,887
	NORFOLK SOUTHERN CORP.	01/15/2024	3.850	500,000	522,630	525,725
	NORSKE SKOGINDUSTRIER ASA	10/15/2015	6.120	4,450,000	3,726,455	3,960,500
	NORTHERN STATES POWER COMPANY	07/01/2037	6.200	1,100,000	1,297,461	1,501,731
	NORTHERN TRUST CORPORATION	10/30/2025	3.950	800,000	791,264	832,608
	NORTHROP GRUMMAN CORPORATION	08/01/2019	5.050	450,000	467,437	499,464
	NORTHROP GRUMMAN CORPORATION	08/01/2023	3.250	1,000,000	938,740	1,007,530
	NORTHWESTERN CORPORATION	11/15/2044	4.170	750,000	758,272	795,127
	NOVA CHEMICALS CORPORATION	05/01/2025	5.000	2,125,000	2,124,831	2,109,062
	NOVARTIS CAPITAL CORPORATION	05/06/2044	4.400	940,000	937,952	1,053,401
	NOVARTIS SECURITIES INVESTMENT LTD.	02/10/2019	5.120	1,100,000	1,242,282	1,235,113
	NOVELIS INC.	12/15/2020	8.750	2,470,000	2,537,081	2,618,200
	NPC INTERNATIONAL, INC.	01/15/2020	10.500	5,100,000	5,719,889	5,291,250
	NRG ENERGY, INC.	05/15/2021	7.870	4,364,000	4,482,247	4,702,210
	NRG ENERGY, INC.	07/15/2022	6.250	2,590,000	2,681,256	2,648,275
	NRG ENERGY, INC.	03/15/2023	6.620	2,880,000	2,926,167	2,995,200
	NRG YIELD, INC.	08/15/2024	5.370	2,170,000	2,170,000	2,202,550
	NUFARM AUSTRALIA LIMITED	10/15/2019	6.370	2,765,000	2,859,241	2,785,737
	NUMERICABLE-SFR S.A.	05/15/2022	6.000	7,035,000	7,080,000	7,073,692
	OASIS PETROLEUM INC.	11/01/2021	6.500	1,830,000	1,847,772	1,665,300
	OASIS PETROLEUM INC.	03/15/2022	6.870	3,240,000	3,297,075	2,948,400
	OASIS PETROLEUM INC.	01/15/2023	6.870	935,000	946,406	850,850
	OCCIDENTAL PETROLEUM CORPORATION	02/15/2023	2.700	1,000,000	932,220	950,470
	ODEBRECHT FINANCE LTD.	06/27/2029	5.250	278,000	278,000	243,111
	OFFICE DEPOT DE MEXICO S.A. DE C.V.	09/20/2020	6.870	300,000	295,923	313,500
	OKLAHOMA GAS & ELECTRIC COMPANY	03/15/2044	4.550	750,000	769,477	838,200
	OLD LINE FUNDING CORP.	03/09/2015	0.250	8,624,952	8,614,952	8,614,952
	OLEODUCTO CENTRAL S.A.	05/07/2021	4.000	325,000	322,942	310,375
	OMNICOM GROUP INC.	05/01/2022	3.620	600,000	578,718	615,954
	ONCOR ELECTRIC DELIVERY COMPANY LLC	09/30/2017	5.000	1,000,000	1,114,690	1,086,320
	ONCOR ELECTRIC DELIVERY COMPANY LLC	06/01/2022	4.100	750,000	766,275	805,477
	ONEOK PARTNERS, L.P.	09/15/2023	5.000	1,000,000	1,029,240	1,044,810
	ONEOK PARTNERS, L.P.	10/01/2036	6.650	535,000	544,613	615,715
	ORACLE CORPORATION	10/15/2017	1.200	1,000,000	990,400	996,440
	ORACLE CORPORATION	01/15/2019	2.370	1,539,020	1,539,020	1,525,950
	ORACLE CORPORATION	07/08/2019	5.000	1,000,000	1,140,300	1,121,260
	ORACLE CORPORATION	07/15/2023	3.620	1,200,000	1,198,680	1,258,452
	ORACLE CORPORATION	07/15/2040	5.370	500,000	613,885	599,805

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, 2014

NOTES	IDENTITY OF ISSUE	DESCRIPTION		COST	CURRENT VALUE	
		MATURITY	INTEREST RATE			
			PRINCIPAL			
	O'REILLY AUTOMOTIVE, INC.	09/15/2021	4.620 %	\$ 3,000,000	\$ 3,272,400	\$ 3,271,020
	OVERSEA-CHINESE BANKING CORP LTD.	05/04/2015	0.220	14,570,000	14,555,757	14,555,757
	OWENS & MINOR, INC.	12/15/2024	4.370	755,550	755,550	777,075
	PAA FINANCE CORP.	01/15/2017	6.120	1,000,000	1,003,810	1,089,840
	PACIFIC GAS & ELECTRIC COMPANY	08/15/2024	3.400	750,000	754,710	758,962
	PACIFIC GAS & ELECTRIC COMPANY	03/01/2034	6.050	1,150,000	1,265,438	1,464,065
	PACIFIC GAS & ELECTRIC COMPANY	03/15/2045	4.300	750,000	749,257	769,845
	PACIFIC LIFE INSURANCE COMPANY	06/15/2039	9.250	1,690,000	2,678,497	2,658,370
	PACIFICORP	04/01/2037	5.750	450,000	422,680	578,079
	PACIFICORP	07/15/2038	6.350	1,000,000	1,247,970	1,368,220
	PARAGON OFFSHORE PLC	07/15/2022	6.750	4,000,000	3,931,200	2,440,000
	PARAGON OFFSHORE PLC	08/15/2024	7.250	2,770,000	2,620,318	1,662,000
	PARTNERRE LTD.	06/01/2020	5.500	157,000	175,384	176,455
	PARTY CITY HOLDINGS INC.	08/01/2020	8.870	690,000	702,932	736,575
	PATHEON INC.	03/11/2021	4.250	1,873,791	1,863,004	1,815,235
	PENN VIRGINIA CORPORATION	05/01/2020	8.500	8,655,000	9,104,293	6,924,000
*	PEPSICO, INC.	11/01/2018	7.900	1,000,000	1,284,780	1,216,600
*	PEPSICO, INC.	03/01/2023	2.750	500,000	509,060	491,940
*	PEPSICO, INC.	03/01/2024	3.600	500,000	526,215	522,335
*	PEPSICO, INC.	10/22/2044	4.250	500,000	500,160	521,825
	PERRIGO COMPANY PLC	11/08/2018	2.300	1,000,000	1,001,110	999,210
	PERUSAHAAN LISTRIK NEGARA (P.T.)	10/24/2042	5.250	330,000	265,650	300,712
	PETROBRAS GLOBAL FINANCE B.V.	03/17/2020	4.870	750,000	749,250	701,632
	PETROBRAS GLOBAL FINANCE B.V.	05/20/2023	4.370	1,350,000	1,238,031	1,161,108
	PETROBRAS GLOBAL FINANCE B.V.	03/17/2024	6.250	506,000	546,081	481,479
	PETROBRAS GLOBAL FINANCE B.V.	05/20/2043	5.620	524,000	470,971	427,191
	PETROBRAS INTERNATIONAL FINANCE COMPANY	01/27/2016	3.870	500,000	523,820	490,650
	PETROBRAS INTERNATIONAL FINANCE COMPANY	03/01/2018	5.870	105,000	107,126	102,529
	PETROBRAS INTERNATIONAL FINANCE COMPANY	01/20/2020	5.750	3,479,000	3,495,335	3,359,705
	PETROLEOS MEXICANOS	07/18/2018	3.500	1,000,000	1,020,170	1,012,500
	PETROLEOS MEXICANOS	01/23/2019	3.120	1,000,000	1,007,760	1,002,500
	PETROLEOS MEXICANOS	03/05/2020	6.000	500,000	590,650	561,250
	PETROLEOS MEXICANOS	01/30/2023	3.500	1,930,000	1,771,678	1,846,045
	PETROLEOS MEXICANOS	01/15/2025	4.250	269,000	267,447	267,251
	PETROLEOS MEXICANOS	06/27/2044	5.500	3,008,000	3,085,693	3,068,160
	PETROLEOS MEXICANOS	01/23/2045	6.370	383,000	417,470	433,747
	PETRONAS CAPITAL LTD.	08/12/2019	5.250	1,229,000	1,422,164	1,361,375
	PETRONAS CAPITAL LTD.	05/22/2022	7.870	345,000	485,232	446,433
	PFIZER INC.	05/15/2017	1.100	1,000,000	1,003,640	998,820
	PFIZER INC.	03/15/2039	7.200	1,465,000	1,690,411	2,129,743
	PHARMACIA CORPORATION	12/01/2018	6.500	955,000	978,664	1,116,204
	PHH CORP.	08/15/2021	6.370	1,875,000	1,879,226	1,717,968
	PHI, INC.	03/15/2019	5.250	3,680,000	3,734,000	3,128,000
	PHILIP MORRIS INTERNATIONAL INC.	05/16/2018	5.650	3,950,000	4,474,718	4,450,188
	PHILIP MORRIS INTERNATIONAL INC.	03/26/2020	4.500	1,200,000	1,316,004	1,317,012
	PHILIP MORRIS INTERNATIONAL INC.	08/22/2022	2.500	1,000,000	920,410	977,230
	PHILIP MORRIS INTERNATIONAL INC.	03/20/2042	4.500	1,000,000	1,077,130	1,055,760
	PHILLIPS 66	04/01/2022	4.300	1,500,000	1,681,740	1,583,535
	PINNACLE ENTERTAINMENT, INC.	05/15/2020	8.750	1,185,000	1,165,801	1,247,212
	PINNACLE ENTERTAINMENT, INC.	08/01/2021	6.370	515,000	515,000	530,450
	PINNACLE ENTERTAINMENT, INC.	04/01/2022	7.750	1,615,000	1,763,106	1,679,600
	PINNACLE FOODS FINANCE LLC	05/01/2021	4.870	1,975,000	1,987,396	1,925,625
	PINNACLE OPERATING CORP.	11/15/2020	9.000	2,000,000	2,021,025	2,060,000
	PIONEER NATURAL RESOURCES COMPANY	01/15/2020	7.500	1,015,000	1,195,751	1,190,148
	PITNEY BOWES INC.	03/15/2024	4.620	750,000	746,490	767,707
	PITTSBURGH GLASS WORKS LLC	11/15/2018	8.000	2,024,000	2,090,836	2,135,320
	PLAINS ALL AMERICAN PIPELINE L.P.	10/15/2023	3.850	750,000	741,727	760,687
	PLAINS ALL AMERICAN PIPELINE L.P.	02/15/2045	4.900	2,775,000	2,771,559	2,820,093
	PLASTIPAK HOLDINGS INC.	10/01/2021	6.500	2,950,750	2,976,750	2,935,250
	PNC BANK, NATIONAL ASSOCIATION	04/01/2018	6.870	2,150,000	2,210,694	2,476,585
	PNC BANK, NATIONAL ASSOCIATION	11/01/2022	2.700	1,350,000	1,227,663	1,292,841
	PNC FUNDING CORPORATION	02/01/2017	5.620	500,000	548,500	539,620
	POLYMER GROUP, INC.	02/01/2019	7.750	2,394,000	2,483,842	2,480,782
	POST HOLDINGS, INC.	12/15/2022	6.000	2,080,000	2,080,750	1,950,000
	PPL CAPITAL FUNDING, INC.	06/15/2022	4.200	750,000	800,437	794,520
	PRAXAIR, INC.	11/07/2042	3.550	1,000,000	835,550	873,440
	PRECISION CASTPARTS CORP.	01/15/2043	3.900	500,000	507,900	502,900
	PRECISION DRILLING CORPORATION	11/15/2020	6.620	650,000	659,070	585,000
	PRECISION DRILLING CORPORATION	12/15/2021	6.500	615,000	656,311	521,212
	PRESTIGE BRANDS, INC.	02/01/2020	8.120	1,622,000	1,681,701	1,727,430
	PRESTIGE BRANDS, INC.	12/15/2021	5.370	3,030,000	3,051,503	2,976,975
	PRINCIPAL FINANCIAL GROUP, INC.	05/15/2023	3.120	750,000	748,755	738,367
	PROCTER & GAMBLE CO.	11/04/2016	0.750	522,000	522,187	521,916
	PROCTER & GAMBLE CO.	03/05/2037	5.550	250,000	298,652	323,292
	PROGRESS ENERGY INC.	12/01/2019	4.870	1,000,000	1,111,080	1,105,760
	PROGRESS ENERGY INC.	03/01/2031	7.750	220,000	288,939	318,593
	PROLOGIS, INC.	03/15/2020	6.880	936,000	1,005,407	1,099,425
	PROSPECT CAPITAL CORPORATION	07/15/2019	5.000	500,000	513,495	508,775
	PROTECTIVE LIFE CORPORATION	10/15/2019	7.370	3,000,000	3,624,485	3,610,170
	PRUDENTIAL FINANCIAL, INC.	08/15/2018	2.300	660,000	670,091	667,636
	PRUDENTIAL FINANCIAL, INC.	06/15/2019	7.370	1,000,000	1,112,940	1,202,150
	PRUDENTIAL FINANCIAL, INC.	12/01/2037	6.620	500,000	652,395	659,885
	PRUDENTIAL FINANCIAL, INC.	09/15/2042	5.870	500,000	505,000	527,500
	PT PERTAMINA (PERSERO)	05/20/2023	4.300	200,000	200,000	191,000
	PUBLIC SERVICE ELECTRIC AND GAS COMPANY	05/15/2023	2.370	500,000	455,385	480,855
	PUBLIC SERVICE ELECTRIC AND GAS COMPANY	11/15/2024	3.050	1,250,000	1,249,237	1,254,850
	PUBLIC SERVICE ELECTRIC AND GAS COMPANY	03/01/2040	5.500	370,000	482,280	476,711
	PUGET SOUND ENERGY, INC.	07/15/2040	5.760	1,000,000	1,253,890	1,322,350
	PVR PARTNERS, L.P.	05/15/2021	6.500	1,315,000	1,410,012	1,328,150
	QUAD/GRAPHICS, INC.	05/01/2022	7.000	2,875,000	2,879,114	2,716,875
	QVC, INC.	04/01/2019	3.120	750,000	755,490	749,760
	QWEST CORPORATION	12/01/2021	6.750	1,250,000	1,353,162	1,445,387
	R.R. DONNELLEY & SONS CO.	02/15/2022	7.000	3,575,000	3,746,175	3,834,187
	R.R. DONNELLEY & SONS CO.	04/01/2024	6.000	905,000	907,581	891,425
	RABOBANK NEDERLAND	01/19/2017	3.370	1,000,000	1,076,860	1,043,190
	RABOBANK NEDERLAND	01/14/2019	2.250	1,000,000	1,010,770	1,007,450
	RABOBANK NEDERLAND	12/01/2043	5.750	500,000	592,530	596,730
	RABOBANK USA FINANCIAL CORPORATION	01/09/2015	0.130	7,065,000	7,057,499	7,057,499
	RANGE RESOURCES CORPORATION	03/15/2023	5.000	2,470,000	2,499,512	2,470,000
	RAYONIER A.M. PRODUCTS INC.	06/01/2024	5.500	3,250,000	2,623,790	2,669,062
	RAYTHEON COMPANY	12/15/2022	2.500	500,000	493,220	487,155
	REALTY INCOME CORPORATION	08/01/2023	4.650	1,000,000	1,029,160	1,076,870
	REGENCY ENERGY PARTNERS LP	09/01/2020	5.750	925,000	941,200	927,312
	REGENCY ENERGY PARTNERS LP	03/01/2022	5.870	2,580,000	2,551,535	2,573,550
	REGENCY ENERGY PARTNERS LP	10/01/2022	5.000	650,000	644,527	614,250
	REGENCY ENERGY PARTNERS LP	11/01/2023	4.500	1,350,000	1,262,250	1,238,625

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  
 CORPORATE DEBT SECURITIES  
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NOTES	IDENTITY OF ISSUE	DESCRIPTION	COST	CURRENT VALUE	INTEREST		
					MATURITY	RATE	PRINCIPAL
	REGENCY MARKETS NO. 1 LLC.	01/15/2015 0.160 % \$	8,020,000	\$ 8,018,895	\$ 8,018,895		
	RELIANCE INTERMEDIATE HOLDINGS LP	12/15/2019 9.500	4,650,000	5,262,203	4,859,250		
	RENT-A-CENTER, INC.	11/15/2020 6.620	535,000	544,362	513,600		
	RENT-A-CENTER, INC.	05/01/2021 4.750	2,160,000	2,025,000	1,857,600		
	REPUBLIC SERVICES, INC.	11/15/2021 5.250	1,150,000	1,324,449	1,302,122		
	RESOLUTE ENERGY CORPORATION	05/01/2020 8.500	2,640,000	2,746,771	1,329,900		
	RETAIL OPPORTUNITY INVESTMENTS CORP.	12/15/2023 5.000	750,000	751,432	812,992		
	REYNOLDS AMERICAN INC.	11/01/2042 4.750	4,215,000	4,038,387	4,090,868		
	REYNOLDS GROUP ISSUER INC.	08/15/2019 9.870	1,000,000	1,048,750	1,060,000		
	REYNOLDS GROUP ISSUER INC.	10/15/2020 5.750	575,000	575,202	589,375		
	REYNOLDS GROUP ISSUER INC.	02/15/2021 6.870	253,000	253,974	264,068		
	REYNOLDS GROUP ISSUER INC.	02/15/2021 8.250	1,899,000	2,072,943	1,946,475		
	RIO TINTO ALCAN INC.	12/15/2033 6.120	1,350,000	1,538,230	1,638,198		
	RIO TINTO FINANCE (USA) LIMITED	11/02/2020 3.500	500,000	475,575	518,785		
	RIO TINTO FINANCE (USA) PLC	08/21/2017 1.620	5,475,000	5,488,281	5,472,755		
	RITE AID CORPORATION	08/15/2020 8.000	3,465,000	3,954,442	3,703,218		
	RJS POWER HOLDINGS LLC	07/15/2019 5.120	3,345,000	3,358,228	3,303,187		
	ROC FINANCE, LLC	09/01/2018 12.120	5,100,000	5,667,881	5,380,500		
	ROCKWOOD SPECIALTIES GROUP, INC.	10/15/2020 4.625	2,715,000	2,801,657	2,803,237		
	ROGERS COMMUNICATIONS INC.	08/15/2018 6.800	200,000	250,766	230,828		
	ROGERS COMMUNICATIONS INC.	03/15/2044 5.000	750,000	754,807	820,177		
	ROLTA AMERICAS LLC	07/24/2019 8.870	3,000,000	3,092,500	2,580,000		
	ROYAL BANK OF CANADA	01/23/2017 1.200	2,250,000	2,265,640	2,248,357		
	RUBY TUESDAY, INC.	05/15/2020 7.620	3,100,000	3,100,406	3,038,000		
	RYDER SYSTEM INC.	02/26/2019 2.350	500,000	501,925	496,550		
	SABINE PASS LIQUEFACTION, LLC	02/01/2021 5.620	2,795,000	2,803,137	2,746,087		
	SABINE PASS LIQUEFACTION, LLC	05/15/2024 5.750	2,695,000	2,695,000	2,644,468		
	SABINE PASS LNG, L.P.	11/30/2016 7.500	1,045,000	1,139,809	1,086,800		
	SAFWAY GROUP HOLDING LLC	05/15/2018 7.000	4,000,000	4,150,000	3,800,000		
	SALLY HOLDINGS LLC	06/01/2022 5.750	2,500,000	2,662,500	2,618,750		
	SAMSON INVESTMENT COMPANY	02/15/2020 9.750	3,725,000	3,759,550	1,543,565		
	SAN DIEGO GAS & ELECTRIC COMPANY	08/15/2040 4.500	450,000	445,036	500,827		
	SANCHEZ ENERGY CORPORATION	01/15/2023 6.120	2,840,000	2,852,000	2,385,600		
	SANDRIDGE ENERGY, INC.	10/15/2022 8.120	2,970,000	3,005,888	1,871,100		
	SANOFI	03/29/2021 4.000	700,000	686,861	760,529		
	SANTANDER DRIVE AUTO RECEIVABLES TRUST	01/16/2018 0.870	2,808,750	2,800,840	2,800,840		
	SANTANDER HOLDINGS USA, INC.	08/27/2018 3.450	2,543,000	2,637,955	2,640,396		
	SBA COMMUNICATIONS CORPORATION	10/01/2019 5.620	1,270,000	1,270,000	1,298,575		
	SCHAEFFLER HOLDING FINANCE B.V.	08/15/2018 6.870	1,792,000	1,788,803	1,868,160		
	SCHLUMBERGER N.V. (SCHLUMBERGER LIMITED)	02/13/2015 0.160	7,680,000	7,678,144	7,678,144		
	SCIENTIFIC GAMES INTERNATIONAL, INC.	09/01/2020 6.250	3,200,000	3,360,362	2,240,000		
	SCIENTIFIC GAMES INTERNATIONAL, INC.	05/15/2021 6.620	590,000	593,611	411,525		
	SCIENTIFIC GAMES INTERNATIONAL, INC.	01/01/2022 7.000	3,150,000	3,164,325	3,189,375		
	SEAGATE TECHNOLOGY PUBLIC LIMITED COMPANY	06/01/2023 4.750	750,000	720,675	778,987		
	SEALED AIR CORPORATION	09/15/2021 8.370	480,000	485,388	536,400		
	SEMPRA ENERGY	10/01/2022 2.870	1,500,000	1,474,080	1,474,485		
	SEQUA CORPORATION	12/15/2017 7.000	2,780,000	2,776,794	2,502,000		
	SERTA SIMMONS HOLDINGS LLC	10/01/2020 8.120	2,005,000	2,023,500	2,120,287		
	SERVICE CORPORATION INTERNATIONAL	04/01/2027 7.500	3,950,000	4,330,935	4,443,750		
	SERVICIOS CORPORATIVOS JAVIER S.A.P.I. DE C.V.	04/06/2021 9.870	358,000	329,037	375,900		
	SEVENTY SEVEN ENERGY INC.	07/15/2022 6.500	1,255,000	1,255,000	734,175		
	SHELL INTERNATIONAL FINANCE B.V.	03/22/2017 5.200	1,450,000	1,565,768	1,574,134		
	SHELL INTERNATIONAL FINANCE B.V.	08/21/2022 2.370	1,000,000	925,100	972,740		
	SHELL INTERNATIONAL FINANCE B.V.	12/15/2038 6.370	1,000,000	1,400,370	1,343,820		
	SIGMA-ALDRICH CORPORATION	11/01/2020 3.375	800,000	837,656	826,400		
	SIGNODE INDUSTRIAL GROUP LLC	05/01/2022 6.370	4,275,000	4,251,250	4,168,125		
	SIMMONS FOODS, INC.	10/01/2021 7.870	1,775,000	1,743,937	1,743,937		
	SIMON PROPERTY GROUP, L.P.	05/30/2018 6.125	2,000,000	1,849,320	2,276,180		
	SIMON PROPERTY GROUP, L.P.	02/01/2019 2.200	527,000	531,653	529,777		
	SINCLAIR TELEVISION GROUP INC.	04/01/2021 5.370	1,275,000	1,289,800	1,265,437		
	SINCLAIR TELEVISION GROUP INC.	11/01/2021 6.370	950,000	950,000	978,500		
	SIV, LLC	07/01/2019 10.370	2,800,000	2,799,000	2,597,000		
	SIX FLAGS ENTERTAINMENT CORPORATION	01/15/2021 5.250	5,240,000	5,320,650	5,245,000		
	SKANDINAVISKA ENSKILDA BANKEN AB	02/11/2015 0.170	7,860,000	7,851,739	7,851,739		
	SKILLSOFT PUBLIC LIMITED COMPANY	04/22/2022 9.250	3,175,000	3,151,187	2,979,197		
	SLM CORPORATION	06/17/2019 4.870	2,510,000	2,500,149	2,522,293		
	SMURFIT KAPPA TREASURY FUNDING LIMITED	11/20/2025 7.500	4,775,000	5,142,485	5,598,687		
	SOCIETE GENERALE	02/04/2015 0.120	7,415,000	7,404,989	7,404,989		
	SOUTHERN CALIFORNIA EDISON COMPANY	02/01/2038 5.950	400,000	398,160	527,972		
	SOUTHERN CALIFORNIA EDISON COMPANY	03/15/2040 5.500	635,000	629,062	803,503		
	SOUTHERN CALIFORNIA GAS COMPANY	11/15/2035 5.750	225,000	233,793	297,753		
	SOUTHERN COPPER CORPORATION	04/16/2020 5.370	1,425,000	1,434,661	1,551,882		
	SOUTHERN COPPER CORPORATION	07/27/2035 7.500	568,000	705,030	638,994		
	SOUTHERN NATURAL GAS COMPANY	04/01/2017 5.900	250,000	279,062	268,810		
	SOUTHWESTERN ENERGY COMPANY	03/15/2022 4.100	610,000	602,863	598,647		
	SPECTRA ENERGY CAPITAL, LLC	10/01/2019 8.000	600,000	688,626	726,066		
	SPECTRUM BRANDS, INC.	11/15/2022 6.620	3,745,000	3,989,775	3,960,337		
	SPRINGS INDUSTRIES INC.	06/01/2021 6.250	2,815,000	2,860,635	2,800,925		
	SPRINT CAPITAL CORPORATION	03/15/2032 8.750	5,665,000	6,484,921	5,480,887		
	SPRINT CORPORATION	09/15/2021 7.250	5,700,000	6,176,200	5,650,125		
	SPRINT CORPORATION	09/15/2023 7.870	5,175,000	5,319,903	5,108,760		
	SPRINT NEXTEL CORPORATION	08/15/2020 7.000	3,830,000	3,975,559	3,830,000		
	SPRINT NEXTEL CORPORATION	11/15/2022 6.000	2,955,000	2,990,510	2,718,600		
	ST. JUDE MEDICAL, INC.	04/15/2023 3.250	500,000	501,550	499,845		
	STACKPOLE INTERNATIONAL INC.	10/15/2021 7.750	3,365,000	3,463,609	3,365,000		
	STANDARD PACIFIC CORP.	11/15/2024 5.870	2,725,000	2,759,062	2,725,000		
	STARBUCKS CORPORATION	12/05/2018 2.000	1,000,000	998,060	1,010,670		
	STATE GRID OVERSEAS INVESTMENT (2013) LIMITED	05/22/2023 3.120	343,000	331,596	335,536		
	STATE STREET CORP.	05/15/2023 3.100	1,000,000	981,800	985,910		
	STATOIL ASA	11/09/2017 1.250	500,000	499,494	496,955		
	STATOIL ASA	05/15/2018 1.150	700,000	692,377	686,532		
	STATOIL ASA	03/01/2024 3.700	2,000,000	1,998,095	2,070,660		
	STATOIL ASA	05/15/2043 3.950	500,000	473,900	488,660		
	STEEL DYNAMICS, INC.	10/01/2021 5.120	1,085,000	1,085,206	1,105,343		
	STEEL DYNAMICS, INC.	10/01/2024 5.500	1,035,000	1,035,000	1,060,875		
	STENA AB	02/01/2024 7.000	2,100,000	2,130,869	1,921,500		
	STENA INTERNATIONAL S.A.	03/01/2024 5.750	1,450,000	1,456,022	1,363,000		
	STONE ENERGY CORPORATION	11/15/2022 7.500	2,480,000	2,610,188	2,132,800		
	STONEMOR PARTNERS L.P.	06/01/2021 7.870	1,000,000	1,035,000	1,020,000		
	STRYKER CORPORATION	05/15/2044 4.370	500,000	497,755	520,045		
	SUBURBAN PROPANE PARTNERS, L.P.	03/15/2020 7.370	695,000	706,475	721,062		
	SUBURBAN PROPANE PARTNERS, L.P.	08/01/2021 7.370	2,938,000	3,171,040	3,077,555		
	SUBURBAN PROPANE PARTNERS, L.P.	06/01/2024 5.500	2,000,000	1,980,000	1,930,000		
	SUGARHOUSE HSP GAMING, L.P.	06/01/2021 6.370	4,725,000	4,630,000	4,299,750		
	SUMITOMO MITSUI BANKING CORPORATION	01/06/2015 0.210	7,375,000	7,367,790	7,367,790		
	SUMITOMO MITSUI BANKING CORPORATION	02/09/2015 0.200	8,850,000	8,839,498	8,839,498		

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NOTES	IDENTITY OF ISSUE	DESCRIPTION	COST	CURRENT VALUE	INTEREST		
					MATURITY	RATE	PRINCIPAL
	SUMITOMO MITSUI BANKING CORPORATION	01/10/2019 2.450 % \$ 1,250,000	\$ 1,261,450	\$ 1,255,662			
	SUMMIT MATERIALS LLC	01/31/2020 10.500 3,985,000	4,199,993	4,423,350			
	SUN MERGER SUB, INC.	08/01/2018 5.250 1,935,000	1,955,156	1,968,862			
	SUNCOKE ENERGY, INC.	08/01/2019 7.620 948,000	958,666	976,440			
	SUNCOKE ENERGY PARTNERS, L.P.	02/01/2020 7.370 910,000	958,712	945,262			
	SUNCOR ENERGY, INC.	06/15/2038 6.500 1,000,000	1,320,840	1,230,250			
	SUNGARD CAPITAL CORP.	04/01/2022 8.750 5,700,000	5,613,431	3,363,000			
	SUNGARD DATA SYSTEMS INC.	11/01/2019 6.620 2,000,000	2,035,000	2,020,000			
	SUNGARD DATA SYSTEMS INC.	11/15/2020 7.620 2,150,000	2,149,681	2,279,000			
	SUNOCO LOGISTICS PARTNERS L.P.	04/01/2024 4.250 500,000	510,590	505,625			
	SUNTRUST BANKS INC.	04/15/2016 3.600 1,500,000	1,583,925	1,547,100			
	SVENSKA HANDELSBANKEN AB	06/17/2019 2.250 1,000,000	1,005,200	1,005,340			
	SWEDBANK AB	02/18/2015 0.016 7,460,000	7,451,234	7,451,234			
	SWEDISH EXPORT CREDIT CORPORATION	03/01/2017 5.120 1,000,000	1,168,500	1,087,560			
	SYNCHRONY FINANCIAL	08/15/2024 4.250 750,000	765,172	769,597			
	SYNCREON GROUP B.V.	11/01/2021 8.620 2,800,000	2,810,845	2,632,000			
	SYSCO CORPORATION	10/02/2019 2.350 1,000,000	1,020,400	1,005,440			
	SYSCO CORPORATION	10/02/2021 3.000 2,200,000	2,230,646	2,233,374			
	SYSCO CORPORATION	10/02/2044 4.500 460,000	486,891	498,948			
	TALISMAN ENERGY INC.	05/15/2042 5.500 575,000	620,902	542,759			
	TANGAR PROPERTIES LIMITED PARTNERSHIP	12/01/2024 3.750 500,000	500,365	503,875			
	TARGA RESOURCES PARTNERS LP	08/01/2022 6.370 2,540,000	2,729,625	2,571,750			
	TARGA RESOURCES PARTNERS LP	05/01/2023 5.250 1,455,000	1,465,320	1,404,075			
	TARGET CORPORATION	01/15/2018 6.000 1,500,000	1,723,320	1,690,215			
	TARGET CORPORATION	01/15/2022 2.900 500,000	515,995	505,915			
	TAYLOR MORRISON COMMUNITIES, INC.	04/15/2020 7.750 3,075,000	3,345,860	3,259,500			
	TECK RESOURCES LIMITED	07/15/2041 6.250 1,000,000	1,141,560	921,860			
	TELECOM ITALIA CAPITAL S.A.	11/15/2033 6.370 7,250,000	7,385,937	7,431,250			
	TELECOM ITALIA S.P.A.	05/30/2024 5.300 9,465,000	9,474,093	9,583,312			
	TELEFONICA EMISIONES, S.A.U.	07/03/2017 6.220 500,000	562,750	553,550			
	TELEFONICA EMISIONES, S.A.U.	04/27/2023 4.570 3,400,000	3,651,770	3,640,176			
	TELEFONICA EMISIONES, S.A.U.	06/20/2036 7.040 1,000,000	1,130,189	1,315,480			
	TELEFONICA EUROPE B.V.	09/15/2030 8.250 500,000	697,285	695,040			
	TEMPLAR ENERGY, LLC	11/25/2020 1.000 1,970,000	1,910,900	1,410,520			
	TEMPUR SEALY INTERNATIONAL INC.	12/15/2020 6.870 2,055,000	2,131,175	2,183,437			
	TENET HEALTHCARE CORPORATION	04/01/2022 8.120 2,475,000	2,772,000	2,765,812			
	TENNECO INC.	12/15/2020 6.875 1,535,000	1,546,025	1,623,262			
	TESORO LOGISTICS, L.P.	10/15/2019 5.500 2,130,000	2,151,500	2,114,025			
	TESORO LOGISTICS, L.P.	10/15/2021 6.120 2,675,000	2,782,000	2,668,312			
	TEVA PHARMACEUTICAL FINANCE COMPANY, LLC	11/10/2016 2.400 1,000,000	1,035,520	1,020,670			
	TEVA PHARMACEUTICAL FINANCE COMPANY, LLC	02/01/2036 6.150 200,000	190,348	247,410			
	TEXAS COMPETITIVE ELECTRIC HOLDINGS COMPANY LLC	10/10/2017 4.685 3,202,194	2,374,584	2,066,760			
	TEXAS INSTRUMENTS INCORPORATED	03/12/2017 0.870 200,000	198,866	199,150			
	TEXAS INSTRUMENTS INCORPORATED	03/12/2021 2.750 800,000	811,808	803,848			
	TEXTRON INC.	10/01/2019 7.250 2,580,000	3,071,954	3,062,589			
	TEXTRON INC.	03/01/2021 3.650 1,000,000	1,020,900	1,026,590			
	THE ADT CORPORATION	03/15/2020 5.250 565,000	565,000	572,062			
	THE ADT CORPORATION	10/15/2021 6.250 3,345,000	3,453,773	3,436,987			
	THE AES CORPORATION	04/15/2016 9.750 342,000	409,114	373,635			
	THE AES CORPORATION	06/01/2019 3.230 1,625,000	1,620,937	1,584,375			
	THE ALLSTATE CORPORATION	06/15/2023 3.150 1,000,000	965,430	1,004,870			
	THE CHARLES SCHWAB CORPORATION	07/22/2020 4.450 1,000,000	1,113,580	1,098,400			
	THE CHUBB CORPORATION	05/15/2038 6.500 200,000	227,152	275,406			
	THE COCA-COLA COMPANY	02/24/2015 0.112 7,180,000	7,171,064	7,171,064			
	THE COCA-COLA COMPANY	11/01/2016 0.750 1,000,000	999,560	999,750			
	THE COCA-COLA COMPANY	11/01/2018 1.650 500,000	495,715	500,255			
	THE COCA-COLA COMPANY	04/01/2023 2.500 1,000,000	930,800	981,390			
	THE DOW CHEMICAL COMPANY	05/15/2019 8.550 1,650,000	1,858,477	2,051,362			
	THE DOW CHEMICAL COMPANY	11/01/2029 7.375 735,000	771,584	978,446			
	THE DOW CHEMICAL COMPANY	05/15/2039 9.400 1,850,000	3,003,808	3,001,680			
	THE GOLDMAN SACHS GROUP, INC.	02/07/2016 3.620 1,500,000	1,580,580	1,539,090			
	THE GOLDMAN SACHS GROUP, INC.	04/01/2018 6.150 1,500,000	1,770,090	1,683,630			
	THE GOLDMAN SACHS GROUP, INC.	07/19/2018 2.900 2,000,000	2,023,040	2,051,760			
	THE GOLDMAN SACHS GROUP, INC.	01/31/2019 2.620 1,000,000	1,011,330	1,006,110			
	THE GOLDMAN SACHS GROUP, INC.	02/15/2019 7.500 5,994,550	5,994,550	5,947,300			
	THE GOLDMAN SACHS GROUP, INC.	10/23/2019 2.550 1,000,000	996,560	996,350			
	THE GOLDMAN SACHS GROUP, INC.	01/24/2022 5.750 2,200,000	2,244,902	2,544,938			
	THE GOLDMAN SACHS GROUP, INC.	03/03/2024 4.000 1,000,000	1,002,310	1,038,150			
	THE GOLDMAN SACHS GROUP, INC.	10/01/2037 6.750 4,450,000	4,819,040	5,595,341			
	THE GOLDMAN SACHS GROUP, INC.	02/01/2041 6.250 1,000,000	1,210,430	1,264,140			
	THE GOODYEAR TIRE & RUBBER COMPANY	03/01/2021 6.500 1,030,000	1,076,687	1,091,800			
	THE GOODYEAR TIRE & RUBBER COMPANY	05/15/2022 7.000 2,135,000	2,241,950	2,305,800			
	THE HOME DEPOT, INC.	03/01/2016 5.400 1,000,000	1,133,060	1,055,310			
	THE HOME DEPOT, INC.	12/16/2036 5.870 500,000	525,540	653,000			
	THE HOME DEPOT, INC.	04/01/2041 5.950 1,000,000	1,299,890	1,306,080			
	THE HOME DEPOT, INC.	03/15/2045 4.400 200,000	214,932	218,584			
	THE INTERPUBLIC GROUP OF COMPANIES, INC.	04/15/2024 4.200 500,000	508,335	511,405			
	THE KROGER CO.	08/15/2017 6.400 500,000	571,840	558,870			
	THE KROGER CO.	01/15/2021 3.300 375,000	380,283	380,546			
	THE KROGER CO.	11/01/2021 2.950 500,000	497,930	495,900			
	THE KROGER CO.	08/01/2023 3.850 470,000	477,059	487,333			
	THE PEPSI BOTTLING GROUP, INC.	03/01/2029 7.000 500,000	639,090	689,295			
	THE PROGRESSIVE CORPORATION	04/25/2044 4.350 500,000	498,420	541,310			
	THE ROYAL BANK OF SCOTLAND PLC	01/11/2021 6.120 1,363,427	1,363,427	1,531,894			
	THE SOUTHERN COMPANY	08/15/2017 1.300 750,000	749,482	746,917			
	THE SUN PRODUCTS CORPORATION	03/23/2020 5.500 2,300,000	2,228,875	2,127,500			
	THE TRAVELERS COMPANIES, INC.	06/15/2037 6.250 700,000	757,764	929,894			
	THE WALT DISNEY COMPANY	03/25/2015 0.180 14,650,000	14,644,498	14,644,498			
	THE WALT DISNEY COMPANY	02/15/2017 1.120 1,250,000	1,261,912	1,250,425			
	THE WALT DISNEY COMPANY	06/01/2021 3.750 500,000	536,950	540,175			
	THE WALT DISNEY COMPANY	12/01/2041 4.120 250,000	254,390	263,900			
	THE WESTERN UNION COMPANY	11/17/2036 6.200 240,000	248,596	246,208			
	THERMO FISHER SCIENTIFIC INC.	08/15/2016 2.250 500,000	509,795	507,795			
	THERMO FISHER SCIENTIFIC INC.	02/01/2024 4.150 1,000,000	1,000,730	1,054,590			
	THOMSON REUTERS CORPORATION	05/23/2016 0.870 200,000	199,302	198,964			
	THOMSON REUTERS CORPORATION	04/15/2040 5.850 350,000	342,709	406,532			
	THOMSON REUTERS CORPORATION	05/23/2043 4.500 200,000	190,270	200,132			
	THUNDER BAY FUNDING LLC	02/20/2015 0.130 7,770,000	7,761,263	7,761,263			
	TIME INC.	04/15/2022 5.750 3,640,000	3,662,018	3,521,700			
	TIME WARNER CABLE, INC.	02/01/2020 5.000 1,000,000	1,014,536	1,101,990			
	TIME WARNER CABLE, INC.	02/15/2021 4.120 1,500,000	1,629,420	1,605,285			
	TIME WARNER CABLE, INC.	07/01/2038 7.300 1,250,000	1,628,962	1,723,562			
	TIME WARNER CABLE, INC.	09/01/2041 5.500 400,000	472,492	464,768			
	TIME WARNER INC.	03/15/2020 4.870 1,000,000	1,096,170	1,100,330			
	TIME WARNER INC.	06/15/2022 3.400 1,000,000	970,040	1,010,900			
	TIME WARNER INC.	04/15/2031 7.620 1,000,000	1,293,330	1,394,130			

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			MATURITY	INTEREST RATE		PRINCIPAL	
	TIME WARNER INC.	05/01/2032	7.70 %	\$ 1,000,000	\$ 1,382,660	\$ 1,412,840	
	T-MOBILE USA INC.	09/01/2018	5.250	670,000	670,000	695,125	
	T-MOBILE USA INC.	04/28/2020	6.540	1,100,000	1,100,000	1,135,750	
	T-MOBILE USA INC.	04/01/2021	6.250	1,440,000	1,532,492	1,473,840	
	T-MOBILE USA INC.	04/28/2021	6.630	2,945,000	3,095,225	3,022,306	
	T-MOBILE USA INC.	03/01/2023	6.000	2,035,000	2,036,375	2,040,087	
	T-MOBILE USA INC.	01/15/2024	6.500	5,800,000	5,908,750	5,945,000	
	T-MOBILE USA INC.	03/01/2025	6.370	2,700,000	2,757,375	2,743,200	
	TMS INTERNATIONAL CORP.	10/15/2021	7.620	4,200,000	4,528,000	4,378,500	
	TMX FINANCE LLC	09/15/2018	8.500	10,125,000	10,615,343	8,505,000	
	TORCHMARK CORPORATION	06/15/2019	9.250	1,910,000	2,447,970	2,418,117	
	TORONTO-DOMINION BANK	05/01/2015	0.410	4,615,000	4,615,000	4,617,769	
	TORONTO-DOMINION BANK	07/14/2016	2.500	1,250,000	1,299,562	1,280,512	
	TORONTO-DOMINION BANK	05/02/2017	1.120	1,000,000	997,970	994,170	
	TOTAL CAPITAL INTERNATIONAL	06/28/2017	1.550	1,500,000	1,521,105	1,505,115	
	TOTAL CAPITAL INTERNATIONAL	02/17/2022	2.870	1,800,000	1,786,374	1,781,802	
*	TOYOTA MOTOR CREDIT CORPORATION	10/05/2017	1.250	1,350,000	1,333,462	1,345,977	
*	TOYOTA MOTOR CREDIT CORPORATION	07/18/2019	2.125	500,000	499,415	501,480	
*	TOYOTA MOTOR CREDIT CORPORATION	09/15/2021	3.400	1,000,000	1,016,780	1,051,760	
	TOYS R US PROPERTY CO II, LLC.	12/01/2017	8.500	160,000	165,600	158,800	
	TOYS 'R' US, INC.	08/21/2019	6.000	2,123,550	2,102,314	2,022,023	
	TRANSCANADA PIPELINES LIMITED	01/15/2039	7.620	1,000,000	1,250,982	1,374,240	
	TRANSNIGM GROUP INCORPORATED	07/15/2022	6.000	2,755,000	2,769,100	2,748,112	
	TRANSNIGM GROUP INCORPORATED	07/15/2024	6.500	2,725,000	2,786,312	2,738,625	
	TRANSFIELD SERVICES LTD.	05/15/2020	8.370	1,445,000	1,445,000	1,538,925	
	TRANSNET SOC LTD.	07/26/2022	4.000	442,000	438,685	417,690	
	TRANSOCEAN INC.	12/15/2016	5.050	658,000	721,906	661,151	
	TRANSOCEAN INC.	03/15/2038	6.800	500,000	533,840	428,455	
	TRANSUNION HOLDING COMPANY, INC.	06/15/2018	9.620	2,505,000	2,640,856	2,562,114	
	TRINSEO MATERIALS OPERATING S.C.A.	02/01/2019	8.750	2,342,200	2,342,200	2,356,968	
	TRIUMPH GROUP, INC.	06/01/2022	5.250	5,990,000	5,956,325	5,975,025	
	TRONOX FINANCE LLC	08/15/2020	6.375	10,890,000	11,095,046	10,917,225	
	TULLOW OIL PLC	04/15/2022	6.250	3,675,000	3,656,625	3,087,000	
	TWCC HOLDING CORP.	06/26/2020	1.000	2,825,000	2,800,281	2,688,467	
	TWENTY-FIRST CENTURY FOX, INC.	03/01/2019	6.900	1,000,000	1,204,800	1,179,150	
	TWENTY-FIRST CENTURY FOX, INC.	02/15/2041	6.150	1,000,000	1,209,630	1,272,650	
	TYSON FOODS, INC.	08/15/2019	2.650	5,165,000	5,221,264	5,212,053	
	U.S. BANCORP	11/15/2018	1.950	1,000,000	1,000,350	1,003,040	
	U.S. BANCORP	07/15/2022	2.950	1,500,000	1,513,800	1,478,655	
	UBS AG, STAMFORD BRANCH	07/15/2016	5.870	500,000	546,585	534,930	
	UBS AG, STAMFORD BRANCH	12/20/2017	5.870	1,000,000	1,154,170	1,116,590	
	UBS AG, STAMFORD BRANCH	04/25/2018	5.750	350,000	407,701	393,729	
	UBS FINANCE (DELAWARE), LLC	01/26/2015	0.170	7,232,400	7,222,400	7,222,400	
	ULTRA PETROLEUM CORP.	12/15/2018	5.750	2,415,000	2,466,106	2,227,837	
	ULTRA PETROLEUM CORP.	10/01/2024	6.120	2,465,000	2,464,481	2,119,900	
*	UNILEVER CAPITAL CORPORATION	08/02/2017	0.850	526,000	517,441	518,825	
	UNION BANK, N.A.	09/26/2018	2.620	1,000,000	1,010,870	1,014,750	
	UNION ELECTRIC COMPANY	04/15/2024	3.500	650,000	687,251	677,521	
	UNION ELECTRIC COMPANY	09/15/2042	3.900	500,000	511,290	504,595	
*	UNION PACIFIC CORPORATION	04/15/2023	2.750	500,000	501,620	496,005	
*	UNION PACIFIC CORPORATION	02/15/2024	3.640	370,000	363,155	391,611	
*	UNION PACIFIC CORPORATION	01/15/2045	4.150	500,000	501,455	521,110	
	UNITED CONTINENTAL HOLDINGS, INC.	02/15/2027	4.300	1,000,000	982,500	1,035,000	
	UNITED CONTINENTAL HOLDINGS, INC.	03/03/2028	3.750	500,000	500,000	503,750	
	UNITED PARCEL SERVICE, INC.	01/15/2038	6.200	1,645,000	2,008,479	2,187,570	
	UNITED RENTALS (NORTH AMERICA), INC.	04/15/2022	7.620	4,655,000	5,061,650	5,118,172	
	UNITED RENTALS (NORTH AMERICA), INC.	06/15/2023	6.120	2,005,000	2,125,000	2,105,250	
	UNITED TECHNOLOGIES CORPORATION	06/01/2022	3.100	1,000,000	1,062,920	1,020,330	
	UNITED TECHNOLOGIES CORPORATION	04/15/2040	5.700	579,956	579,956	721,481	
	UNITED TECHNOLOGIES CORPORATION	06/01/2042	4.500	1,000,000	1,153,870	1,088,790	
	UNITED UTILITIES PLC	02/01/2019	5.370	1,000,000	985,580	1,087,730	
	UNITEDHEALTH GROUP INCORPORATED	02/15/2018	6.000	1,000,000	1,151,150	1,125,650	
	UNITEDHEALTH GROUP INCORPORATED	02/15/2023	2.750	1,000,000	939,260	981,130	
	UNITEDHEALTH GROUP INCORPORATED	02/15/2038	6.870	1,000,000	1,348,410	1,403,250	
	UNIVERSAL HOSPITAL SERVICES, INC.	08/15/2020	7.620	4,325,000	4,488,400	3,719,500	
	UNIVISION COMMUNICATIONS INC.	05/15/2019	6.870	1,365,000	1,364,138	1,421,306	
	UNIVISION COMMUNICATIONS INC.	09/15/2022	6.750	4,047,000	4,472,348	4,330,290	
	UNUM GROUP	03/15/2024	4.000	500,000	504,165	510,645	
	US COATINGS ACQUISITION INC.	05/01/2021	7.370	2,090,000	2,157,143	2,215,400	
*	USG CORPORATION	03/30/2020	7.870	485,000	481,503	518,950	
*	USG CORPORATION	11/01/2021	5.870	445,000	449,331	449,450	
	VALE OVERSEAS LIMITED	01/11/2016	6.250	1,000,000	1,104,010	1,039,600	
	VALE OVERSEAS LIMITED	01/11/2022	4.370	500,000	510,975	479,255	
	VALE OVERSEAS LIMITED	11/21/2036	6.870	1,444,000	1,682,586	1,522,250	
	VALEANT PHARMACEUTICALS INTERNATIONAL	10/15/2020	6.370	4,425,000	4,581,062	4,624,125	
	VALEANT PHARMACEUTICALS INTERNATIONAL	08/15/2021	6.750	1,480,000	1,462,437	1,546,600	
	VALEANT PHARMACEUTICALS INTERNATIONAL	12/01/2021	5.620	4,855,000	4,973,581	4,891,412	
	VALEANT PHARMACEUTICALS INTERNATIONAL	07/15/2022	7.250	1,760,000	1,730,830	1,876,600	
	VALERO ENERGY CORPORATION	06/15/2037	6.620	2,885,000	3,266,967	3,406,204	
	VALIDUS HOLDINGS, LTD.	01/26/2040	8.870	595,000	833,725	831,530	
	VECTOR GROUP LTD.	02/15/2021	7.750	7,000,000	7,520,138	7,367,500	
	VEDANTA RESOURCES PLC	01/31/2019	6.000	264,000	264,000	257,400	
	VENTAS REALTY L.P.	04/17/2017	1.250	1,000,000	997,190	990,690	
	VENTAS REALTY L.P.	04/01/2020	2.700	580,000	583,938	573,933	
	VERIZON COMMUNICATIONS INC.	11/01/2016	2.000	1,000,000	1,024,070	1,014,660	
	VERIZON COMMUNICATIONS INC.	06/09/2017	1.350	1,500,000	1,500,510	1,493,055	
	VERIZON COMMUNICATIONS INC.	04/01/2019	6.350	2,025,000	2,171,347	2,346,489	
	VERIZON COMMUNICATIONS INC.	09/15/2023	5.150	1,000,000	1,075,775	1,104,230	
	VERIZON COMMUNICATIONS INC.	12/01/2030	7.750	1,000,000	1,457,810	1,379,450	
	VERIZON COMMUNICATIONS INC.	09/15/2033	6.400	1,000,000	1,114,330	1,231,780	
	VERIZON COMMUNICATIONS INC.	03/15/2034	5.050	1,250,000	1,363,087	1,333,412	
	VERIZON COMMUNICATIONS INC.	04/01/2039	7.350	1,500,000	2,012,415	2,034,825	
	VERIZON COMMUNICATIONS INC.	09/15/2043	6.550	6,250,000	7,719,425	8,007,187	
	VIACOM INC.	04/30/2016	6.250	1,750,000	1,709,015	1,869,525	
	VIACOM INC.	09/01/2023	4.250	1,000,000	1,004,530	1,031,100	
	VIRGINIA ELECTRIC & POWER COMPANY	01/15/2043	4.000	500,000	450,665	507,140	
	VISANT CORPORATION	10/01/2017	10.000	4,005,000	3,888,713	3,474,337	
	VODAFONE GROUP PLC	07/15/2018	4.620	1,000,000	919,570	1,079,830	
	VODAFONE GROUP PLC	02/19/2023	2.950	500,000	496,110	481,940	
	VODAFONE GROUP PLC	02/19/2043	4.370	300,000	291,099	292,377	
	VOYA FINANCIAL, INC.	02/17/2015	0.300	9,555,000	9,550,360	9,550,360	
	VOYA FINANCIAL, INC.	02/15/2018	2.900	4,500,000	4,603,590	4,606,875	
	VPII ESCROW CORP.	07/15/2021	7.500	325,000	325,000	351,000	
	W.P. CAREY INC.	04/01/2024	4.600	500,000	501,285	525,000	
	W.R. GRACE & CO.	10/01/2021	5.120	5,000,000	5,106,250	5,125,000	
	WACHOVIA BANK COMMERCIAL MORTGAGE TRUST	03/15/2045	5.550	2,036,157	2,156,100	2,107,789	

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NOTES	IDENTITY OF ISSUE	DESCRIPTION	COST	CURRENT VALUE			
					MATURITY	INTEREST RATE	PRINCIPAL
	WACHOVIA BANK COMMERCIAL MORTGAGE TRUST	11/15/2048 5.360 % \$ 5,700,000	\$ 5,730,875	\$ 5,726,277			
	WALGREEN CO.	01/15/2019 5.250 900,000	977,382	1,000,431			
	WALGREENS BOOTS ALLIANCE, INC.	11/17/2017 1.750 750,000	752,760	751,860			
	WALGREENS BOOTS ALLIANCE, INC.	11/18/2021 3.300 3,000,000	3,022,170	3,020,880			
	WAL-MART STORES, INC.	04/11/2016 0.600 1,348,752	1,348,752	1,349,365			
	WAL-MART STORES, INC.	04/11/2018 1.120 1,000,000	985,790	988,530			
	WAL-MART STORES, INC.	10/25/2020 3.250 1,250,000	1,310,837	1,307,500			
	WAL-MART STORES, INC.	04/11/2023 2.550 600,000	603,090	591,000			
	WAL-MART STORES, INC.	09/01/2035 5.250 1,000,000	1,103,930	1,202,860			
	WAL-MART STORES, INC.	04/15/2038 6.200 475,000	519,213	636,177			
	WAL-MART STORES, INC.	07/08/2040 4.870 1,000,000	1,094,550	1,157,440			
	WALTER INVESTMENT MANAGEMENT CORP.	12/15/2021 7.870 2,620,000	2,615,718	2,338,350			
	WASTE MANAGEMENT, INC.	09/01/2016 2.600 1,000,000	1,035,130	1,022,970			
	WASTE MANAGEMENT, INC.	07/15/2028 7.000 500,000	558,737	653,125			
	WASTE MANAGEMENT, INC.	11/30/2039 6.120 320,000	349,241	414,220			
	WATCO COMPANIES, L.L.C.	04/01/2023 6.370 1,150,000	1,167,311	1,138,500			
	WEATHERFORD INTERNATIONAL PUBLIC LIMITED COMPANY	04/15/2022 4.500 1,000,000	1,007,790	890,030			
	WELLPOINT, INC.	01/15/2018 1.870 6,020,945	6,002,945	6,018,314			
	WELLPOINT, INC.	01/15/2043 4.650 1,000,000	1,056,310	1,040,760			
	WELLS FARGO & COMPANY	02/09/2015 0.130 7,635,000	7,626,983	7,626,983			
	WELLS FARGO & COMPANY	06/15/2016 3.670 2,200,000	2,351,235	2,282,060			
	WELLS FARGO & COMPANY	06/02/2017 1.150 1,400,000	1,398,068	1,392,356			
	WELLS FARGO & COMPANY	01/16/2018 1.500 1,393,000	1,390,815	1,385,380			
	WELLS FARGO & COMPANY	04/22/2019 2.120 1,000,000	993,120	999,740			
	WELLS FARGO & COMPANY	03/08/2022 3.500 1,000,000	1,001,400	1,043,930			
	WELLS FARGO & COMPANY	02/13/2023 3.450 1,000,000	1,013,390	1,013,490			
	WELLS FARGO & COMPANY	06/03/2026 4.100 1,500,000	1,515,990	1,533,090			
	WELLS FARGO & COMPANY	11/02/2043 5.370 1,000,000	1,019,550	1,137,710			
	WEST CORPORATION	07/15/2022 5.370 3,665,000	3,625,587	3,509,237			
	WESTPAC BANKING CORPORATION	02/06/2015 0.140 7,490,000	7,482,593	7,482,593			
	WESTPAC BANKING CORPORATION	11/25/2016 0.660 2,155,000	2,155,000	2,160,581			
	WESTPAC BANKING CORPORATION	06/01/2018 4.620 500,000	489,785	536,395			
	WESTPAC BANKING CORPORATION	07/30/2018 2.250 1,000,000	1,007,690	1,014,620			
	WESTPAC BANKING CORPORATION	11/19/2019 4.870 1,000,000	1,138,890	1,115,760			
	WEYERHAEUSER COMPANY	06/15/2019 4.370 1,050,000	1,042,086	1,035,562			
	WEYERHAEUSER COMPANY	09/15/2023 4.625 600,000	613,608	646,272			
	WEYERHAEUSER COMPANY	06/15/2024 5.870 2,700,000	2,740,500	2,700,000			
	WEYERHAEUSER COMPANY	12/15/2033 6.880 250,000	294,217	326,827			
	WFRBS COMMERCIAL MORTGAGE TRUST	08/15/2045 3.660 1,150,000	1,143,082	1,193,125			
	WFRBS COMMERCIAL MORTGAGE TRUST	06/15/2046 2.970 1,200,000	1,206,000	1,225,272			
	WFRBS COMMERCIAL MORTGAGE TRUST	05/15/2047 3.030 900,000	932,625	929,520			
	WHIRLPOOL CORPORATION	03/01/2019 2.400 3,650,000	3,647,591	3,627,625			
	WILLIAMS COMPANIES, INC.	01/15/2023 3.700 1,500,000	1,502,400	1,347,135			
	WIND ACQUISITION FINANCE S.A.	04/23/2021 7.370 17,325,000	17,831,768	16,351,335			
	WINDSTREAM CORPORATION	10/01/2021 7.750 1,075,000	1,112,625	1,096,500			
	WINDSTREAM CORPORATION	06/01/2022 7.500 2,700,000	2,854,287	2,693,250			
	WINDSTREAM CORPORATION	04/01/2023 7.500 1,335,000	1,368,525	1,328,325			
	WISCONSIN ELECTRIC POWER COMPANY	06/01/2044 4.250 440,000	450,155	473,189			
	WMG ACQUISITION CORP.	01/15/2021 6.000 2,635,000	2,690,056	2,635,000			
	WMG ACQUISITION CORP.	04/15/2022 5.620 2,705,000	2,746,590	2,623,850			
	WMG ACQUISITION CORP.	04/15/2022 6.750 5,405,000	5,401,664	4,918,550			
	WOLVERINE WORLD WIDE INC.	10/15/2020 6.120 2,620,000	2,741,940	2,751,000			
	WPP PLC	09/19/2024 3.750 500,000	494,660	501,845			
	WPX ENERGY, INC.	01/15/2022 6.000 4,230,000	4,526,003	4,071,375			
	WYNDHAM WORLDWIDE CORP.	03/01/2018 2.500 500,000	503,880	499,145			
	WYNDHAM WORLDWIDE CORP.	03/01/2023 3.900 500,000	503,155	493,320			
	XCEL ENERGY INC.	05/09/2016 0.750 998,000	995,301	996,213			
	XEROX CORPORATION	05/15/2018 6.350 4,300,000	4,962,811	4,862,096			
	XILINX, INC.	03/15/2019 2.120 225,686	225,686	223,553			
	XTO ENERGY INC.	12/15/2018 6.500 500,000	574,450	587,915			
	YALE UNIVERSITY	04/15/2019 2.080 400,000	403,444	401,952			
	YUM! BRANDS, INC.	11/01/2023 3.870 750,000	773,812	763,762			
	YUM! BRANDS, INC.	11/15/2037 6.870 65,000	65,768	83,961			
	ZACHRY HOLDINGS INC.	02/01/2020 7.500 2,530,000	2,650,326	2,542,650			
	ZEBRA TECHNOLOGIES CORPORATION	10/15/2022 7.250 2,600,000	2,782,000	2,730,000			
	ZOETIS INC.	02/01/2016 1.150 1,500,000	1,508,382	1,498,860			
	TOTAL U.S. CORPORATE		2,780,236,277	2,705,806,859			
	NON-U.S. CORPORATE						
	ABENGOA FINANCE, S.A.U.	02/05/2018 8.870 2,500,000	2,719,688	2,890,506			
	ABJA INVESTMENT CO. PTE LTD.	07/31/2024 5.950 213,000	215,130	212,574			
	ADRIA BIDCO B.V.	11/15/2020 7.870 3,905,109	4,423,049	4,132,853			
	AFRICAN DEVELOPMENT BANK	09/02/2016 1.250 1,000,000	1,013,880	1,009,540			
	AFRICAN DEVELOPMENT BANK	10/18/2016 0.750 660,000	661,485	660,099			
	AGROKOR D.D.	02/01/2020 8.870 2,670,000	2,949,100	2,880,930			
	ALPEK, S.A.B. DE C.V.	11/20/2022 4.500 431,000	458,799	434,232			
	ALTICE S.A.	05/15/2022 7.250 4,257,908	4,799,998	4,288,114			
	AMERICA MOVIL S.A.B. DE C.V.	06/09/2019 6.000 304,720	346,440	302,876			
	ANDRADE GUTIERREZ INTERNATIONAL S.A.	04/30/2018 4.000 327,000	325,168	282,855			
	ARDAGH PACKAGING FINANCE PLC	01/15/2022 4.250 5,748,175	6,071,597	5,648,590			
	ASIAN DEVELOPMENT BANK	03/15/2016 2.500 1,000,000	1,041,580	1,024,100			
	ASIAN DEVELOPMENT BANK	06/20/2016 0.500 2,000,000	1,994,120	1,997,980			
	ASIAN DEVELOPMENT BANK	09/11/2018 1.750 1,500,000	1,517,520	1,513,185			
	AUBURN SECURITIES	11/01/2039 1.150 1,089,701	1,134,111	1,080,477			
	BAKKAVOR FINANCE 2 PLC	02/15/2018 8.250 2,211,838	2,299,800	2,258,550			
	BANCO DE RESERVAS DE LA REPUBLICA DOMINICANA	02/01/2023 7.000 170,000	172,040	167,732			
	BANCO DEL ESTADO DE CHILE	02/08/2022 3.870 330,000	351,120	333,138			
	BANK OF MONTREAL	04/09/2018 1.450 1,000,000	1,000,760	987,670			
	BANKINTER 13 FONDO DE TITULIZACION DE ACTIVOS	07/17/2049 0.230 9,234,922	9,357,538	8,848,661			
	BOPARAN FINANCE PLC	07/15/2019 5.250 3,115,265	3,099,739	2,681,910			
	BOPARAN FINANCE PLC	07/15/2021 9.875 2,145,262	2,145,270	1,835,782			
	BP CAPITAL MARKETS P.L.C.	11/06/2015 0.560 1,405,000	1,405,000	1,406,264			
	BRAZIL LOAN TRUST	07/24/2023 5.470 1,198,591	1,239,292	1,216,959			
	CABOT FINANCIAL (LUXEMBOURG) S.A.	04/01/2021 6.500 2,803,738	2,844,667	2,629,831			
	CEMENTOS PACASMAYO S.A.	02/08/2023 4.500 322,000	318,987	296,562			
	CEMEX FINANCE LLC	10/12/2022 9.370 2,977,000	3,242,157	3,319,355			
	CHINA SHANSHUI CEMENT GROUP	04/27/2017 10.500 307,000	333,478	319,540			
	CIMPOR FINANCIAL OPERATIONS B.V.	07/17/2024 5.750 223,000	221,048	195,660			
	CITIGROUP FUNDING INC.	07/27/2020 11.000 611,144	1,068,983	741,138			
	CITIGROUP FUNDING INC. - COLOMBIA	07/27/2020 11.000 526,848	921,532	638,912			
	CITIGROUP INC.	05/05/2022 7.000 144,567	185,019	145,066			
	COLUMBUS MCKINNON CORPORATION	03/30/2021 7.370 4,902,000	5,236,247	5,098,080			
	CORPORACION NACIONAL DEL COBRE DE CHILE	11/03/2021 3.870 694,000	760,549	712,744			
	CORPORACION NACIONAL DEL COBRE DE CHILE	07/17/2022 3.000 2,279,000	2,190,441	2,186,290			



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			MATURITY	INTEREST RATE		
				PRINCIPAL		
	CORPORACION NACIONAL DEL COBRE DE CHILE	08/13/2023	4.500 %	\$ 1,465,000	\$ 1,508,049	\$ 1,547,699
	CORPORACION NACIONAL DEL COBRE DE CHILE	10/24/2036	6.150	557,000	723,658	662,206
	COSAN LUXEMBOURG S.A.	03/14/2023	5.000	769,000	769,602	684,410
	DEUTSCHE BANK AG	07/19/2021	8.250	404,858	430,168	415,285
	DEUTSCHE BANK AG	05/17/2022	7.000	1,668,016	1,791,149	1,603,092
	DEUTSCHE BANK AG	05/17/2023	5.625	242,915	204,233	211,284
	DEUTSCHE BANK AG	06/17/2032	6.625	412,955	504,647	414,383
	DEUTSCHE BANK AG	06/17/2032	8.250	493,927	518,561	495,635
	DEUTSCHE BANK AG	05/17/2033	6.625	631,579	586,980	536,774
	DEUTSCHE BANK AG	03/17/2034	8.375	161,943	172,533	164,521
	DEVELOPMENT BANK OF KAZAKHSTAN	12/10/2022	4.120	2,824,000	2,708,972	2,372,160
	ECOPETROL S.A.	05/28/2045	5.870	2,707,000	2,495,541	2,503,975
	EDCON LTD.	03/01/2018	9.500	4,775,000	5,272,459	4,576,620
	EIRCUM FINANCE LTD.	05/15/2020	9.250	5,025,000	7,313,932	6,559,340
	EMGESA S.A. E.S.P.	01/25/2021	8.750	818,511	1,262,580	879,681
	EMPRESAS PUBLICAS DE MEDELLIN E.S.P.	02/01/2021	8.375	359,943	551,031	377,607
	EMPRESAS PUBLICAS DE MEDELLIN E.S.P.	09/10/2024	7.625	160,162	196,739	154,894
	ESAL GMBH	02/05/2023	6.250	437,000	424,263	414,057
	EUROPEAN INVESTMENT BANK	04/15/2016	0.620	1,500,000	1,508,310	1,502,385
	EUROPEAN INVESTMENT BANK	08/15/2016	0.500	2,000,000	1,987,340	1,995,700
	EUROPEAN INVESTMENT BANK	03/15/2018	1.000	2,500,000	2,499,500	2,475,325
	EUROPEAN INVESTMENT BANK	06/15/2018	1.000	2,000,000	1,944,180	1,972,300
	EUROPEAN INVESTMENT BANK	03/15/2019	1.870	2,500,000	2,512,475	2,525,175
	EUROPEAN INVESTMENT BANK	04/15/2021	2.500	1,250,000	1,283,191	1,284,450
	EXPORT-IMPORT BANK OF KOREA	09/15/2021	4.370	442,000	486,067	484,370
	FINANCIERA DE DESARROLLO TERRITORIAL S.A.	08/12/2024	7.875	96,940	119,511	97,835
	FONDO DE TITULIZACION DE ACTIVOS	06/16/2049	0.230	6,285,331	7,468,189	6,946,687
	GC PASTOR HIPOTECARIO 5	06/21/2046	0.240	2,868,651	3,381,140	3,129,008
	GERDAU TRADE INC.	01/30/2021	5.750	344,000	372,517	349,332
	GRIFONAS FINANCE PLC	08/28/2039	0.550	4,697,909	5,439,948	4,388,836
	GRP ISOLUX CORSAN, S.A.	04/15/2021	6.620	3,350,000	4,421,085	3,502,368
	HIPOCAT 11 FONDO DE TITULIZACION DE ACTIVOS	01/15/2050	0.210	3,559,889	4,237,321	3,892,640
	HIPOCAT 11 FONDO DE TITULIZACION DE ACTIVOS	01/15/2050	0.240	1,138,397	1,376,514	1,284,100
	HYDRO-QUEBEC	07/07/2024	8.050	1,000,000	1,356,760	1,404,690
	IM PASTOR 3, FTH	03/22/2043	0.210	2,670,292	3,148,208	2,890,425
	IM PASTOR 4 FONDO DE TITULIZACION DE ACTIVOS	03/22/2044	0.210	3,644,975	4,326,809	3,926,326
	INFINITY 2007-1 SO SOPRANO	11/05/2019	0.260	4,426,300	5,503,403	5,163,226
	INTERGAS FINANCE B.V.	05/14/2017	6.370	725,000	819,250	740,442
	JAPAN BANK FOR INTERNATIONAL COOPERATION	07/19/2017	1.120	1,000,000	995,920	998,120
	JAPAN BANK FOR INTERNATIONAL COOPERATION	11/13/2018	1.750	1,000,000	990,630	1,004,460
	JPMORGAN CHASE BANK, NATIONAL ASSOCIATION - INDONESIA	04/19/2017	6.250	558,704	745,616	545,872
	JPMORGAN CHASE & CO.	05/17/2028	6.130	129,555	164,469	108,944
	JPMORGAN CHASE BANK N.A.	05/06/2022	7.000	400,405	574,415	401,786
	JPMORGAN CHASE BANK N.A.	05/17/2023	5.625	6,129,555	7,930,417	5,331,711
	JSC NATIONAL COMPANY KAZMUNAYGAS	05/05/2020	7.000	978,000	1,186,020	1,016,386
	JSC NATIONAL COMPANY KAZMUNAYGAS	04/30/2023	4.400	939,000	926,478	834,301
	JSC NATIONAL COMPANY KAZMUNAYGAS	05/07/2025	4.870	175,000	173,936	156,287
	JSC NATIONAL COMPANY KAZMUNAYGAS	04/30/2043	5.750	445,000	436,608	373,800
	KAZMUNAIGAZ FINANCE SUB B.V.	04/09/2021	6.370	1,941,000	2,150,752	1,962,836
	KOREA DEVELOPMENT BANK	01/22/2016	1.000	1,500,000	1,504,635	1,497,690
	LUSITANO MORTGAGES NO. 2 PLC	11/16/2046	1.030	1,875,000	2,267,393	2,134,078
	MAJAPAHIT HOLDING B.V.	06/29/2037	7.870	213,000	283,013	249,210
	MARFRIG HOLDINGS EUROPE B.V.	05/09/2018	8.370	523,000	488,711	515,155
	MCE FINANCE LTD.	02/15/2021	5.000	151,000	143,137	141,185
	MINERVA LUXEMBOURG S.A.	01/31/2023	7.750	433,000	471,537	424,340
	MONGOLIAN MINING CORPORATION	03/29/2017	8.870	472,000	311,520	309,160
	MYRIAD INTERNATIONAL HOLDINGS B.V.	07/18/2020	6.000	250,000	250,000	273,125
	NEWGATE FUNDING PLC	12/15/2050	0.520	3,000,000	3,176,925	2,821,868
	NORDIC INVESTMENT BANK	04/14/2016	0.500	1,000,000	996,430	999,670
	NOSTRUM OIL & GAS FINANCE B.V.	02/14/2019	6.370	187,000	161,792	160,820
	ODEBRECHT DRILLING NORBE VIII/IX LTD.	06/30/2021	6.350	55,250	52,142	51,658
	ODEBRECHT OFFSHORE DRILLING FINANCE LTD.	10/01/2022	6.750	143,260	133,318	131,082
	OFFICE CHERIFIEN DES PHOSPHATES	04/25/2024	5.620	539,000	539,053	565,950
	OI S.A.	02/10/2022	5.750	1,691,000	1,643,187	1,547,265
	PACIFIC RUBIALES ENERGY CORP.	03/28/2023	5.120	403,000	376,453	317,362
	PEMEX PROJECT FUNDING MASTER TRUST	06/15/2035	6.620	365,000	456,250	421,575
	PETROBRAS GLOBAL FINANCE B.V.	03/17/2044	7.250	798,000	813,340	788,025
	PETROBRAS INTERNATIONAL FINANCE COMPANY	01/27/2021	5.370	716,000	725,612	663,424
	PETROBRAS INTERNATIONAL FINANCE COMPANY	01/20/2040	6.870	106,000	97,991	98,110
	PETROLEOS DE VENEZUELA, S.A.	04/12/2017	5.250	1,328,800	1,070,817	597,960
	PETROLEOS DE VENEZUELA, S.A.	11/02/2017	8.500	7,976,500	2,140,762	4,562,557
	PETROLEOS DE VENEZUELA, S.A.	11/17/2021	9.000	1,314,731	766,459	575,194
	PETROLEOS DE VENEZUELA, S.A.	05/16/2024	6.000	3,987,700	2,190,440	1,495,387
	PETROLEOS DE VENEZUELA, S.A.	11/15/2026	6.000	2,014,540	1,093,126	735,307
	PETROLEOS DE VENEZUELA, S.A.	05/17/2035	9.750	652,986	535,306	290,578
	PETROLEOS MEXICANOS	06/02/2041	6.500	347,000	429,412	398,182
	PETROLEOS MEXICANOS	06/27/2044	5.500	36,000	39,416	36,720
	POTASH CORPORATION OF SASKATCHEWAN INC.	05/15/2019	6.500	265,000	316,860	309,292
	POTASH CORPORATION OF SASKATCHEWAN INC.	03/15/2024	3.620	170,000	170,686	174,426
	POWER SECTOR ASSETS & LIABILITIES MANAGEMENT CORP.	05/27/2019	7.250	213,000	270,190	254,535
	PT PERUSAHAAN LISTRIK NEGARA	11/22/2021	5.500	443,000	493,236	461,827
	RELIANCE HOLDINGS USA, INC.	02/14/2022	5.400	547,000	612,640	592,570
	RMAC SECURITIES	06/12/2044	0.350	3,000,000	3,458,327	3,276,874
	RURAL HIPOTECARIO IX, FTA	02/17/2050	0.210	3,269,802	4,133,168	3,845,984
	RURAL HIPOTECARIO V, FTA	03/15/2035	0.330	1,145,524	1,444,719	1,359,827
	SINOCEM OFFSHORE CAPITAL COMPANY LIMITED	04/29/2019	3.250	358,000	357,377	362,421
	SINOCEM OVERSEAS CAPITAL COMPANY LIMITED	11/12/2020	4.500	1,349,000	1,472,197	1,424,705
	SINOCEM OVERSEAS CAPITAL COMPANY LIMITED	11/12/2040	6.300	498,000	605,213	630,328
	SINOPEC CAPITAL (2013) LIMITED	04/24/2023	3.120	560,000	534,075	533,898
	SINOPEC GROUP OVERSEAS DEVELOPMENT (2014) LTD.	04/10/2024	4.370	210,000	209,510	220,277
	TESORERIA GENERAL DE LA REPUBLICA	01/01/2034	6.000	446,173	446,173	552,286
	THE ISRAEL ELECTRIC CORPORATION LTD.	11/12/2024	5.000	240,000	237,674	241,800
	THE STATE OIL COMPANY OF THE AZERBAIJAN REPUBLIC	02/09/2017	5.450	1,225,000	1,293,023	1,258,687
	THE STATE OIL COMPANY OF THE AZERBAIJAN REPUBLIC	03/13/2023	4.750	918,000	875,036	885,929
	TITULIZACION DE ACTIVOS	06/22/2040	0.200	2,095,815	2,156,467	1,992,968
	TITULIZACION DE ACTIVOS	02/26/2049	0.210	9,693,608	9,755,069	9,013,679
	TITULIZACION DE ACTIVOS	04/28/2050	0.270	6,899,766	6,912,326	6,376,600
	TITULIZACION DE ACTIVOS	04/28/2050	0.280	9,469,097	9,471,595	8,756,579
	TITULIZACION DE ACTIVOS	12/28/2050	0.220	4,695,536	4,828,927	4,476,680
	TRANSNET LTD.	03/30/2029	10.000	302,611	420,296	293,511
	TRANSPORTADORA DE GAS INTERNACIONAL S.A. E.S.P.	03/20/2022	5.700	441,000	487,260	463,005
	TULLOW OIL PLC	11/01/2020	6.000	132,000	121,065	109,560
	TURKIYE HALK BANKASI A.S.	02/05/2020	3.870	429,000	425,782	413,212
	TURKIYE HALK BANKASI A.S.	10/24/2022	6.000	275,000	269,156	275,962
	VEDANTA RESOURCES PLC	06/07/2016	6.750	516,000	541,391	532,769
	VEDANTA RESOURCES PLC	01/31/2019	6.000	250,000	249,843	243,750

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND  
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<u>NOTES</u>	<u>IDENTITY OF ISSUE</u>	<u>DESCRIPTION</u>			<u>COST</u>	<u>CURRENT VALUE</u>
		<u>MATURITY</u>	<u>INTEREST RATE</u>	<u>PRINCIPAL</u>		
	VIRGIN MEDIA SECURED FINANCE PLC	01/15/2025	5.500 %	\$ 6,285,047	\$ 6,630,256	\$ 6,480,320
	VIRGOLINO DE OLIVEIRA FINANCE S.A.	01/28/2018	10.500	646,000	593,286	25,840
	VIRIDIAN GROUP FUNDCO II LIMITED	04/01/2017	11.120	3,788,321	4,381,590	4,039,398
	VTR FINANCE B.V.	01/15/2024	6.870	360,000	379,811	367,200
	WIND ACQUISITION FINANCE S.A.	07/15/2020	4.000	316,000	431,534	375,091
	WIND ACQUISITION FINANCE S.A.	07/15/2020	4.750	25,000	25,312	23,375
	YPF SOCIEDAD ANONIMA	04/04/2024	8.750	357,000	359,946	362,801
	ZHAIKMUNAI INTERNATIONAL B.V.	11/13/2019	7.120	170,000	169,598	146,782
	TOTAL NON-U.S. CORPORATE DEBT				<u>254,784,759</u>	<u>235,599,886</u>
	TOTAL CORPORATE DEBT SECURITIES				\$ <u>3,035,021,036</u>	\$ <u>2,941,406,745</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  
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NOTES	IDENTITY OF ISSUE	NUMBER OF SHARES	COST	CURRENT VALUE
	<u>PREFERRED STOCKS - DOMESTIC</u>			
	AMERIKING, INC.	17	\$ 97	\$ 17
	BANK OF AMERICA CORPORATION	2,950,000	2,883,625	2,844,921
	CITIGROUP INC.	3,000,000	2,988,750	2,955,000
	COUNTRYWIDE CAPITAL SECURITIES	109,000	2,788,550	2,806,750
*	J.P. MORGAN CHASE & CO.	2,900,000	2,943,500	2,892,721
	MORGAN STANLEY	2,950,000	2,979,500	2,955,310
	WELLS FARGO & COMPANY	2,800,000	<u>2,891,000</u>	<u>2,821,000</u>
	TOTAL DOMESTIC PREFERRED STOCKS		<u>17,475,022</u>	<u>17,275,719</u>
	<u>COMMON STOCKS - DOMESTIC</u>			
	ABAXIS, INC.	40,662	893,679	2,310,821
	ABBOTT LABORATORIES	300,746	9,653,610	13,539,584
*	ABM INDUSTRIES, INC.	43,470	1,227,782	1,245,416
	ACADIA HEALTHCARE COMPANY, INC.	33,671	1,363,944	2,061,002
	ACI WORLDWIDE, INC.	133,600	2,052,347	2,694,712
	ACTAVIS PLC	83,443	16,395,649	21,479,063
	ACUITY BRANDS, INC.	18,426	1,789,279	2,580,930
	ADOBE SYSTEMS INC.	77,866	4,573,211	5,660,858
	ADVANCE AUTO PARTS, INC.	21,000	3,026,676	3,344,880
	AECOM TECHNOLOGY CORPORATION	52,542	1,736,335	1,595,701
	AERCAP HOLDINGS N.V.	92,430	4,265,161	3,588,133
	AERIE PHARMACEUTICALS, INC.	20,694	537,153	604,058
	AETNA INC.	68,300	2,044,068	6,067,089
	AFFILIATED MANAGERS GROUP, INC.	41,490	6,231,332	8,805,838
	AFLAC INCORPORATED	35,300	1,177,746	2,156,477
	AGCO CORPORATION	128,500	5,446,797	5,808,200
	AGIOS PHARMACEUTICALS, INC.	7,564	882,016	847,471
	AKAMAI TECHNOLOGIES, INC.	139,547	7,217,607	8,785,879
	ALCOA INC.	700,694	9,890,782	11,063,958
	ALEXION PHARMACEUTICALS, INC.	42,464	4,461,066	7,857,114
	ALIBABA GROUP HOLDING LIMITED	116,690	9,733,251	12,128,759
	ALIGN TECHNOLOGY, INC.	62,400	3,264,862	3,488,784
	ALKERMES PLC	81,800	4,314,118	4,790,208
	ALLERGAN, INC.	18,727	1,446,372	3,981,173
	ALLIANCE DATA SYSTEMS CORPORATION	15,854	4,497,885	4,535,037
	ALLIED WORLD ASSURANCE COMPANY HOLDINGS LIMITED AG	184,125	5,619,919	6,982,020
	ALLISON TRANSMISSION HOLDINGS, INC.	262,350	7,898,224	8,893,665
	ALNYLAM PHARMACEUTICALS, INC.	10,777	675,887	1,045,369
	ALROSA-NYURBA OAO A.D.R.	1,213,659	1,298,019	1,373,533
	ALTRA INDUSTRIAL MOTION CORP.	66,616	1,835,817	1,891,228
	AMAZON.COM, INC.	29,360	3,457,588	9,111,876
	AMBEV S.A. A.D.R.	388,173	3,000,715	2,414,436
	AMC ENTERTAINMENT HOLDINGS, INC.	50,540	1,240,778	1,323,137
	AMDOCS LIMITED	70,000	2,318,816	3,265,850
	AMEREN CORPORATION	263,210	8,582,143	12,141,877
	AMERICA MOVIL A.D.R.	53,111	1,255,099	1,178,002
	AMERICAN AIRLINES GROUP INC.	163,070	6,994,691	8,745,444
	AMERICAN EAGLE OUTFITTERS, INC.	316,475	4,468,824	4,392,673
	AMERICAN ELECTRIC POWER CO., INC.	115,900	4,545,162	7,037,448
	AMERICAN FINANCIAL GROUP, INC.	49,300	1,444,318	2,993,496
	AMERICAN INTERNATIONAL GROUP, INC.	206,493	6,024,734	11,565,673
	AMERICAN TOWER CORPORATION	40,967	2,348,975	4,049,588
	AMERIKING, INC.	375	405,000	3,750
	AMERIPRISE FINANCIAL, INC.	120,800	12,194,598	15,975,800
	AMETEK, INC.	99,900	4,152,461	5,257,737
	AMKOR TECHNOLOGY, INC.	421,100	2,385,946	2,989,810
	AMPHENOL CORP.	75,300	2,528,971	4,051,893
	ANACOR PHARMACEUTICALS, INC.	37,010	834,310	1,193,572
	ANGLOGOLD ASHANTI LIMITED	55,500	847,673	482,850
	ANTHEM, INC.	51,480	5,990,419	6,469,492
	AON PLC	28,500	2,574,827	2,702,655
	APPLE COMPUTER, INC.	391,778	13,778,231	43,244,456
	APPLIED INDUSTRIAL TECHNOLOGIES, INC.	39,719	1,790,788	1,810,789
	APPLIED MATERIALS, INC.	67,286	1,600,421	1,676,767
	ARCHER-DANIELS-MIDLAND COMPANY	284,900	8,682,673	14,814,800
	ARGO GROUP INTERNATIONAL HOLDINGS, LTD.	37,620	1,954,851	2,086,781
	ARISTA NETWORKS, INC.	12,736	852,788	773,839
	ARM HOLDINGS PLC	85,249	3,072,417	3,947,029
	ARRIS GROUP, INC.	182,575	5,631,108	5,511,939
	ARTHUR J. GALLAGHER & CO.	45,600	2,199,005	2,146,848
	ASHFORD HOSPITALITY PRIME, INC.	14,280	304,878	245,045
	ASHFORD HOSPITALITY TRUST, INC.	147,900	1,963,228	1,549,992

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<u>NOTES</u>	<u>IDENTITY OF ISSUE</u>	<u>NUMBER OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
	ASHFORD INC.	1,700	\$ 95,200	\$ 159,800
	ASML HOLDING N.V.	64,850	6,377,582	6,992,775
	ASPEN INSURANCE HOLDINGS LIMITED	78,400	2,871,399	3,431,568
	ASSOCIATED BANC-CORP	58,000	988,689	1,080,540
	ASSURANT, INC.	53,700	1,785,663	3,674,691
	ASSURED GUARANTY LTD.	52,525	1,320,396	1,365,125
	ASTRONICS CORPORATION	24,295	1,179,666	1,343,756
	AT&T CORP.	294,100	9,442,635	9,878,819
	ATHENAHEALTH, INC.	21,337	1,691,127	3,108,801
	ATMEL CORPORATION	165,300	1,547,722	1,387,693
	ATMOS ENERGY CORPORATION	112,435	5,297,823	6,267,127
	ATWOOD OCEANICS, INC.	36,000	976,946	1,021,320
	AUTOLIV, INC.	19,700	964,931	2,090,564
	AVAGO TECHNOLOGIES LIMITED	43,100	3,690,735	4,335,429
	AXIS CAPITAL HOLDINGS LTD.	224,687	7,011,672	11,479,259
	BAIDU, INC.	30,888	4,908,744	7,041,537
	BAKER HUGHES, INC.	109,100	4,606,083	6,117,237
	BANCO LATINOAMERICANO DE COMERCIO EXTERIOR, S.A. A.D.R.	92,000	1,502,168	2,769,200
	BANCO MACRO S.A. A.D.R.	12,418	263,128	543,039
	BANCO SANTANDER BRASIL S.A. A.D.R.	153,256	1,466,027	769,345
	BANCO SANTANDER CHILE A.D.R.	33,378	763,090	658,214
	BANCOLUMBIA S.A. A.D.R.	12,198	527,293	584,040
	BANK OF AMERICA CORPORATION	1,636,640	30,842,988	29,279,490
	BANK OF THE OZARKS	38,570	414,249	1,462,574
	BAXTER INTERNATIONAL, INC.	243,550	15,130,937	17,849,779
	BB&T CORPORATION	278,000	11,204,390	10,811,420
	BEACON ROOFING SUPPLY, INC.	89,720	1,655,207	2,494,216
	BED BATH & BEYOND INC.	26,045	1,825,967	1,983,848
	BELDEN INC.	9,800	475,822	772,338
	BGC PARTNERS, INC.	86,080	490,392	787,632
	BIG LOTS, INC.	48,000	1,587,267	1,920,960
	BIOCRYST PHARMACEUTICALS, INC.	83,593	1,032,440	1,016,491
	BIOGEN, INC.	50,906	7,722,072	17,280,042
	BIOMARIN PHARMACEUTICAL, INC.	86,099	6,255,637	7,783,350
	BIOMED REALTY TRUST, INC.	311,250	6,140,687	6,704,325
	BIO-REFERENCE LABORATORIES, INC.	63,738	1,124,017	2,047,902
	BIO-TECHNE CORPORATION	53,229	4,391,670	4,918,360
	BLOOMIN' BRANDS, INC.	127,393	2,945,621	3,154,251
	BOINGO WIRELESS, INC.	68,417	556,210	524,758
	BONANZA CREEK ENERGY, INC.	36,500	809,388	876,000
	BOOZ ALLEN HAMILTON HOLDING CORPORATION	80,400	2,105,035	2,133,012
	BORGWARNER INC.	98,277	5,940,317	5,400,321
	BOSTON SCIENTIFIC CORPORATION	360,075	4,653,193	4,770,994
	BP PLC	373,280	16,855,386	14,229,434
	BRANDYWINE REALTY TRUST	182,500	2,089,187	2,916,350
	BRF S.A.	74,805	1,787,083	1,746,697
	BRIGHT HORIZONS FAMILY SOLUTIONS INC.	43,800	1,932,274	2,059,038
	BRINKER INTERNATIONAL, INC.	45,500	1,233,792	2,670,395
	BRISTOL-MYERS SQUIBB COMPANY	405,657	19,454,062	23,945,933
	BRISTOW GROUP INC.	38,050	2,203,493	2,503,309
	BROADCOM CORP.	402,385	14,337,594	17,435,342
	BROCADE COMMUNICATIONS SYSTEMS, INC.	328,900	3,290,440	3,894,176
	BROOKDALE SENIOR LIVING, INC.	44,200	1,542,319	1,620,814
	BROOKFIELD ASSET MANAGEMENT INC.	37,069	1,635,873	1,858,269
	BROWN SHOE COMPANY, INC.	72,600	1,389,302	2,334,090
	BROWN-FORMAN CORPORATION	27,900	2,622,084	2,450,736
	BRUNSWICK CORP.	58,800	2,853,802	3,014,088
	BUFFALO WILD WINGS INC.	6,876	811,193	1,240,293
	BUNGE LIMITED	19,300	729,102	1,754,563
	CA INCORPORATED	113,500	2,994,270	3,456,075
	CABOT CORP.	51,200	1,922,917	2,245,632
	CABOT MICROELECTRONICS CORPORATION	48,059	1,614,013	2,274,152
	CABOT OIL & GAS CORPORATION	39,100	1,303,821	1,157,751
	CADENCE DESIGN SYSTEMS	202,563	3,802,355	3,842,620
	CAIRN ENERGY PLC	134,800	789,373	750,432
	CALAVO GROWERS, INC.	15,792	410,039	746,962
	CAMERON INTERNATIONAL CORPORATION	118,600	7,356,203	5,924,070
	CANADIAN NATIONAL RAILWAY COMPANY	16,376	742,889	1,128,470
	CANADIAN PACIFIC RAILWAY LIMITED	73,118	8,583,539	14,089,107
	CAPITAL ONE FINANCIAL CORP.	65,100	5,210,945	5,374,005
	CARDINAL FINANCIAL CORPORATION	58,100	968,990	1,152,123
	CARDINAL HEALTH, INC.	139,500	5,776,216	11,261,835
	CARRIZO OIL & GAS, INC.	69,800	3,616,066	2,903,680
	CASEY'S GENERAL STORES INCORPORATED	22,820	1,239,483	2,061,102
	CASH AMERICA INTERNATIONAL, INC.	41,200	1,007,980	931,944

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	CASS INFORMATION SYSTEMS	29,673	\$ 836,080	\$ 1,580,087
	CBIZ, INC.	261,849	1,831,672	2,241,427
	CBL & ASSOCIATES PROPERTIES, INC.	453,155	7,351,882	8,800,270
	CBRE GROUP, INC.	230,550	6,872,770	7,896,337
	CELANESE CORPORATION	104,230	6,154,772	6,249,631
	CELGENE CORPORATION	83,934	7,602,868	9,388,857
*	CEMEX S.A.B. DE C.V. A.D.R.	598,723	6,350,427	6,100,987
	CENGAGE LEARNING HOLDINGS II, L.P.	22,777	837,055	612,132
	CENTENE CORPORATION	44,200	4,128,939	4,590,170
	CEPHEID, INC.	111,691	2,751,244	6,046,951
	CERNER CORP.	33,600	1,355,187	2,172,576
	CF INDUSTRIES HOLDINGS, INC.	16,300	3,428,227	4,442,402
	CHANNELADVISOR CORPORATION	43,770	1,520,889	944,557
	CHECK POINT SOFTWARE TECHNOLOGIES LTD.	101,466	7,202,605	7,972,184
	CHEMED CORPORATION	22,100	994,752	2,335,307
	CHESAPEAKE ENERGY CORPORATION	85,100	2,299,538	1,665,407
	CHEVRONTXACO CORP.	88,200	9,083,898	9,894,276
	CHINA PETROLEUM & CHEMICAL CORP. INC.	16,524	1,403,940	1,338,609
	CHIPOTLE MEXICAN GRILL, INC.	17,509	8,110,632	11,985,086
	CHURCH & DWIGHT CO., INC.	55,200	3,638,750	4,350,312
	CIGNA CORPORATION	148,700	10,383,865	15,302,717
	CINEMARK HOLDINGS INC.	32,500	862,449	1,156,350
	CISCO SYSTEMS, INC.	421,700	7,465,547	11,729,585
	CIT GROUP INC.	95,635	4,663,687	4,574,222
	CITIGROUP INC.	513,536	18,801,407	27,787,433
	CITY MAIN STREET TECHNOLOGIES, INC.	100	1	1
	CLIFFS NATURAL RESOURCES INC.	54,300	4,872,241	387,702
	COBALT INTERNATIONAL ENERGY, INC.	105,300	1,180,343	936,117
	COGEN COMMUNICATIONS HOLDINGS, INC.	62,800	2,199,670	2,222,492
	COGNEX CORPORATION	49,008	1,833,425	2,025,501
	COGNIZANT TECHNOLOGY SOLUTIONS CORPORATION	59,056	2,329,464	3,109,889
	COLUMBIA BANKING SYSTEM, INC.	62,500	1,359,598	1,725,625
	COMCAST CORP.	384,250	20,119,051	22,290,342
	COMERICA, INC.	95,000	4,073,866	4,449,800
	COMMERCIAL INTERNATIONAL BANK (EGYPT) S.A.E.	100,094	524,772	660,620
	COMMUNITY BANK SYSTEM, INC.	28,050	704,549	1,069,546
	COMPANHIA BRASILEIRA DE DISTRIBUICA A.D.R.	43,821	2,022,990	1,613,927
	COMPASS MINERALS INTERNATIONAL, INC.	31,319	2,354,282	2,719,429
	COMSTOCK RESOURCES INC.	92,240	1,653,730	628,154
	COMVERSE, INC.	52,300	1,253,363	982,194
*	CONAGRA FOODS, INC.	140,000	4,355,200	5,079,200
	CONCHO RESOURCES INC.	71,239	7,996,876	7,106,090
	CONOCOPHILLIPS	140,000	8,204,335	9,668,400
	CONSTANT CONTACT INC.	51,828	1,331,377	1,902,088
	CONSTELLATION BRANDS, INC.	42,375	3,320,482	4,159,954
	CONSTELLATION SOFTWARE INC.	1,421	357,013	423,803
	CONTINENTAL RESOURCES, INC.	48,100	2,655,769	1,845,116
	CONVERGYS CORPORATION	240,480	2,701,635	4,898,578
*	CON-WAY INC.	213,530	9,708,783	10,501,405
	COOPER TIRE & RUBBER COMPANY	67,432	1,862,989	2,336,519
	COPA HOLDINGS S.A.	46,115	4,780,646	4,779,359
	COPART, INC.	70,197	2,349,855	2,561,489
	CORELOGIC, INC.	56,250	1,815,781	1,776,937
	CORNING, INC.	558,350	9,207,488	12,802,965
	COSTAR GROUP, INC.	49,522	5,438,311	9,093,725
	COSTCO WHOLESALE CORP.	51,472	3,378,049	7,296,156
	CRANE CO.	29,200	1,589,446	1,714,040
	CREDICORP LTD.	19,243	2,688,675	3,082,344
	CROWN HOLDINGS, INC.	29,050	1,497,611	1,478,645
	CST BRANDS, INC.	30,338	1,269,656	1,323,040
	CUBIC CORPORATION	59,252	2,812,390	3,119,025
	CURTISS WRIGHT CORP.	33,680	1,307,976	2,377,471
	CVENT, INC.	46,167	1,273,043	1,285,289
*	CVS CAREMARK CORPORATION	128,200	5,593,725	12,346,942
	CYTEC INDUSTRIES INC.	47,100	2,279,471	2,174,607
	DEALERTRACK HOLDINGS, INC.	91,173	2,113,123	4,039,876
*	DEAN FOODS COMPANY	279,130	4,476,353	5,409,539
	DECKERS OUTDOOR CORPORATION	40,850	3,625,892	3,718,984
	DEL FRISCO'S RESTAURANT GROUP, INC.	43,200	931,925	1,025,568
	DELTA AIR LINES, INC.	224,361	4,453,090	11,036,318
	DEMANDWARE, INC.	20,221	1,069,708	1,163,516
	DEUTSCHE BANK AG - CALL WARRANTS	53,722	674,772	1,097,766
	DEXCOM, INC.	47,861	1,340,021	2,634,748
	DIAMOND RESORTS INTERNATIONAL, INC.	89,329	2,123,277	2,492,279
	DIAMONDBACK ENERGY, INC.	20,291	981,642	1,212,996

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	DIGI INTERNATIONAL INC.	104,785	\$ 962,121	\$ 973,453
	DIGITALGLOBE, INC.	64,483	1,957,655	1,997,039
	DILLARD'S, INC.	28,500	594,890	3,567,630
	DIODES INCORPORATED	59,600	1,471,290	1,643,172
	DISCOVER FINANCIAL SERVICES	253,362	9,959,295	16,592,677
	DISCOVERY COMMUNICATIONS, INC.	22,074	863,707	744,335
	DISCOVERY COMMUNICATIONS, INC. - CLASS A	21,649	879,364	745,808
	DOLLAR GENERAL CORPORATION	102,542	5,706,403	7,249,719
	DOMTAR INC.	66,800	2,589,218	2,686,696
	DONNELLEY (R.R.) & SONS CO.	294,900	6,646,293	4,955,795
	DORMAN PRODUCTS, INC.	30,785	1,810,915	1,485,992
	DSW INC.	86,800	3,519,808	3,237,640
	DTE ENERGY COMPANY	37,990	2,884,388	3,281,196
	DU PONT (E.I.) DE NEMOURS AND COMPANY	150,600	7,797,044	11,135,364
	DUNKIN' BRANDS GROUP, INC.	68,256	2,706,809	2,911,118
	DUPONT FABROS TECHNOLOGY, INC.	390,730	10,385,014	12,987,865
	DYNEGY INC.	97,150	3,296,327	2,948,502
	E*TRADE FINANCIAL CORPORATION	110,625	2,522,478	2,683,209
	EAGLE MATERIALS, INC.	44,779	3,979,991	3,404,547
	EASTMAN CHEMICAL COMPANY	46,700	2,536,404	3,542,662
	ECHO GLOBAL LOGISTICS, INC.	58,140	751,943	1,697,688
	EDISON INTERNATIONAL	252,900	11,289,247	16,559,892
	EDUCATION REALTY TRUST, INC.	62,290	1,848,616	2,279,191
	EDWARDS LIFESCIENCES CORPORATION	20,800	2,492,506	2,649,504
	EL PASO ELECTRIC COMPANY	42,400	1,359,448	1,698,544
	ELECTRONIC ARTS INC.	218,470	8,236,433	10,271,367
	EMBOTELLADORA ANDINA S.A.	5,510	84,952	93,670
	EMBOTELLADORA ANDINA S.A. A.D.R.	8,050	56,109	115,115
	EMBRAER S.A. A.D.R.	71,800	2,120,909	2,646,548
	EMPLOYERS HOLDINGS, INC.	13,100	276,392	307,981
	ENCANA CORPORATION	206,370	4,695,891	2,862,352
	ENDOLOGIX, INC.	54,950	798,470	840,185
	ENDURANCE SPECIALTY HOLDINGS LTD.	80,950	3,223,852	4,844,048
	ENGILITY HOLDINGS, INC.	13,766	250,587	589,185
	ENPRO INDUSTRIES, INC.	16,300	1,030,487	1,022,988
	ENTERGY CORPORATION	93,300	6,502,800	8,161,884
	ENVESTNET, INC.	17,688	631,547	869,188
	ENVISION HEALTHCARE HOLDINGS, INC.	58,179	1,797,408	2,018,230
	EOG RESOURCES, INC.	44,736	2,779,828	4,118,844
	EP ENERGY CORPORATION	78,900	1,180,660	823,716
	EPR PROPERTIES	25,900	1,043,668	1,492,617
	EQUIFAX INC.	87,037	5,459,096	7,038,682
	EQUITY COMMONWEALTH	148,200	3,471,578	3,804,294
	EURASIA DRILLING COMPANY LIMITED	30,686	865,547	546,211
	EVEREST REINSURANCE HOLDINGS, INC.	27,100	3,543,851	4,615,130
	EXAMWORKS GROUP, INC.	74,541	2,553,157	3,100,160
	EXELIS INC.	94,800	1,195,962	1,661,844
	EXELON CORPORATION	356,300	12,623,906	13,211,604
	EXPRESS SCRIPTS HOLDING COMPANY	121,250	8,738,370	10,266,237
	EXTREME NETWORKS, INC.	105,500	502,958	372,415
	EXXON MOBIL CORP.	113,128	8,020,010	10,458,684
	F5 NETWORKS, INC.	17,375	1,903,128	2,266,829
	FACEBOOK, INC.	302,195	14,956,502	23,577,254
	FIFTH THIRD BANCORP	308,200	4,552,559	6,279,575
	FINANCIAL ENGINES, INC.	63,608	1,663,236	2,324,872
	FIREEYE, INC.	53,138	2,427,782	1,678,098
	FIRST BANCORP	99,400	532,585	583,478
	FIRST CASH FINANCIAL SERVICES, INC.	10,000	543,567	556,700
	FIRST HORIZON NATIONAL CORPORATION	458,600	5,455,597	6,227,788
	FIRST NIAGARA FINANCIAL GROUP, INC.	210,400	1,770,577	1,773,672
	FIRSTMERIT CORPORATION	107,900	1,955,852	2,038,231
	FIVE BELOW, INC.	56,880	2,170,789	2,322,410
	FLEETCOR TECHNOLOGIES, INC.	39,066	4,273,505	5,809,505
	FLEETMatics GROUP PLC	31,521	940,456	1,118,680
	FMC TECHNOLOGIES, INC.	50,600	2,836,354	2,370,104
	FOOT LOCKER, INC.	90,220	4,591,083	5,068,560
*	FORD MOTOR COMPANY	974,875	14,863,951	15,110,562
	FORTINET, INC.	108,800	2,957,382	3,335,808
	FORTUNE BRANDS HOME & SECURITY, INC.	96,700	4,193,380	4,377,609
	FORWARD AIR CORPORATION	25,791	790,639	1,299,093
	FRANKLIN RESOURCES INC.	127,219	4,576,686	7,044,116
	FREESCALE SEMICONDUCTOR, LTD.	35,217	722,709	888,525
	FXCM INC.	158,630	2,765,958	2,628,499
	G&K SERVICES, INC.	32,610	1,975,699	2,310,418
	GAMESTOP CORP.	67,000	1,577,684	2,264,600

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	GANNETT COMPANY, INC.	192,075	\$ 5,391,664	\$ 6,132,955
	GARMIN LTD.	65,300	3,725,450	3,449,799
	GARTNER, INC.	111,490	7,695,408	9,388,573
	GATX CORPORATION	91,655	5,816,110	5,273,829
	GAZPROM OAO-SPON A.D.R.	200,089	1,954,323	930,414
	GENERAC HOLDINGS INC.	39,126	1,695,832	1,829,532
*	GENERAL ELECTRIC COMPANY	888,400	18,400,237	22,449,868
	GENERAL MARITIME CORPORATION	904	9	9
	GENPACT LTD.	208,047	3,492,839	3,938,330
	GENTEX CORP.	82,359	1,433,278	2,975,631
	GENTHERM INC.	33,565	1,390,164	1,229,150
	GERDAU S.A.	54,479	313,962	193,400
	GILEAD SCIENCES, INC.	216,578	7,279,662	20,414,642
	GLOBAL INDEMNITY PLC	39,100	1,018,530	1,109,267
	GLOBAL PAYMENTS, INC.	48,836	4,077,601	3,942,530
	GLOBAL PORTS INVESTMENTS PLC - CLASS A	15,897	238,455	39,027
	GLOBAL PORTS INVESTMENTS PLC - CLASS S	16,026	236,803	39,344
	GLOBUS MEDICAL, INC.	73,000	1,108,244	1,735,210
	GNC HOLDINGS, INC.	43,565	1,881,148	2,045,812
	GOL LINHAS AEREAS INTELIGENTES S.A. A.D.R.	108,440	746,021	623,530
	GOLUB CAPITAL BDC, INC.	61,800	1,165,991	1,108,074
	GOOGLE INC.	36,107	12,679,529	19,112,824
	GRAND CANYON EDUCATION, INC.	76,313	1,519,837	3,560,765
	GRANITE REAL ESTATE INVESTMENT TRUST	44,400	1,719,246	1,578,420
*	GRAPHIC PACKAGING HOLDING COMPANY	150,400	1,940,770	2,048,448
	GREAT PLAINS ENERGY INCORPORATED	121,800	3,089,041	3,460,338
	GREENHILL & CO.	81,500	4,094,458	3,553,400
	GREIF, INC.	55,360	2,777,693	2,614,653
	GRUPO AEROPORTUARIO DEL SURESTE A.D.R.	12,232	1,447,844	1,612,667
	GRUPO AVAL ACCIONES Y VALORES S.A.	14,500	195,750	150,655
	GRUPO FINANCIERO SANTANDER MEXICO, S.A.B. DE C.V.	62,200	797,994	644,392
	GRUPO TELEVISIA S.A.B. A.D.R.	41,059	1,260,226	1,398,470
	GUARANTY TRUST BANK PLC	33,425	251,386	229,957
	GUARANTY TRUST BANK PLC G.D.R.	204,941	1,136,240	1,330,067
	GUIDEWIRE SOFTWARE, INC.	97,400	3,777,546	4,931,362
	HALLIBURTON COMPANY	188,100	5,925,895	7,397,973
	HALYARD HEALTH, INC.	10,285	449,304	467,659
	HANCOCK HOLDING COMPANY	42,920	1,382,157	1,317,644
	HANESBRANDS INC.	25,590	1,826,549	2,856,356
	HANGER, INC.	140,600	3,506,442	3,079,140
	HARLEY-DAVIDSON, INC.	79,180	5,200,478	5,218,754
	HARMAN INTERNATIONAL INDUSTRIES, INC.	20,841	2,239,789	2,223,943
	HARRIS CORPORATION	59,600	2,276,504	4,280,472
	HARTFORD FINANCIAL SERVICES GROUP, INC.	299,600	10,044,667	12,490,324
	HCA HOLDINGS, INC.	244,290	15,377,592	17,928,443
*	HD SUPPLY HOLDINGS, INC.	75,628	1,795,085	2,230,270
	HEADWATERS INCORPORATED	123,907	1,647,389	1,857,366
	HEALTHCARE SERVICES GROUP, INC.	66,870	1,917,472	2,068,289
	HEARTLAND PAYMENT SYSTEMS, INC.	30,422	1,028,158	1,641,267
	HEARTWARE INTERNATIONAL, INC.	21,949	1,905,987	1,611,715
	HEIDRICK & STRUGGLES INTERNATIONAL, INC.	19,900	367,550	458,695
	HELEN OF TROY LIMITED	26,200	1,448,065	1,704,572
	HELMERICH & PAYNE, INC.	26,500	2,090,052	1,786,630
	HERCULES TECHNOLOGY GROWTH CAPITAL, INC.	82,423	817,657	1,226,454
	HERSHA HOSPITALITY TRUST	276,900	1,680,717	1,946,607
	HESS CORPORATION	28,100	1,383,586	2,074,342
	HEWLETT-PACKARD CO.	385,894	10,914,876	15,485,926
	HFF, INC.	54,847	1,711,433	1,970,104
	HMS HOLDINGS CORP.	203,902	5,171,294	4,310,488
	HLOGIC, INC.	180,375	4,359,457	4,823,227
	HORACE MANN EDUCATORS CORP.	143,300	3,036,618	4,754,694
	HORSEHEAD HOLDING CORP.	104,400	1,646,496	1,652,652
	HOSPITALITY PROPERTIES TRUST	133,000	3,404,328	4,123,000
	HSBC HOLDINGS PLC	28,479	313,533	442,604
	HSN, INC.	20,122	1,034,040	1,529,272
	HUBSPOT, INC.	18,164	540,832	610,492
	HUDSON GLOBAL, INC.	72,800	277,995	225,316
	HUMANA INC.	27,643	3,716,590	3,970,364
	HUNTINGTON BANCSHARES INCORPORATED	429,700	2,140,659	4,520,444
	HUNTINGTON INGALLS INDUSTRIES, INC.	13,200	1,446,603	1,484,472
	HUNTSMAN CORPORATION	345,950	6,078,338	7,880,741
	HYSTER-YALE MATERIALS HANDLING, INC.	52,590	2,678,135	3,849,588
	IAC/INTERACTIVECORP	31,900	1,050,645	1,939,201
	IBERIABANK CORPORATION	36,960	1,916,669	2,396,856
	ICIC LTD. A.D.R.	871,478	8,813,629	10,065,571

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	ICON PLC	8,751	\$ 498,758	\$ 446,213
	IDEXX LABORATORIES, INC.	23,199	2,016,941	3,439,716
	IDREAMSKY TECHNOLOGY LIMITED	13,600	239,851	232,288
	IHS INC.	28,600	2,862,600	3,256,968
	ILLUMINA, INC.	72,125	10,640,432	13,312,832
	IMAX CORPORATION	154,319	4,415,413	4,768,457
	INCYTE CORPORATION	51,100	3,584,583	3,735,921
	INDITEX S.A.	396,513	4,070,908	5,686,789
	INFOSYS TECHNOLOGIES LIMITED A.D.R.	22,192	619,279	698,160
	INGREDION INCORPORATED	31,300	1,106,683	2,655,492
	INNERWORKINGS, INC.	108,950	881,019	848,720
	INNOPHOS HOLDINGS, INC.	21,799	909,185	1,274,152
	INNOSPEC INC.	38,470	1,573,734	1,642,669
	INSULET CORPORATION	44,113	1,262,061	2,031,845
	INTEGRATED DEVICE TECHNOLOGY, INC.	99,850	1,562,078	1,957,060
	INTEL CORPORATION	629,195	15,944,606	22,833,487
	INTERCONTINENTALEXCHANGE GROUP, INC.	21,900	4,833,418	4,802,451
	INTERDIGITAL, INC.	46,000	1,694,961	2,433,400
	INTERNATIONAL FLAVORS & FRAGRANCES INC.	28,482	2,830,233	2,886,936
	INTERSECT ENT, INC.	20,955	283,789	388,715
	INTERSIL CORPORATION	153,857	1,746,302	2,226,311
	INTUITIVE SURGICAL, INC.	6,920	3,525,159	3,660,265
	INVACARE CORPORATION	107,800	1,790,607	1,806,728
	INVESCO LTD.	134,600	3,793,884	5,319,392
	INVESTORS BANCORP, INC.	55,100	575,045	618,497
	IPATH MSCI INDIA INDEX ETN	6,211	350,187	432,596
	IPC THE HOSPITALIST COMPANY, INC.	36,100	956,261	1,656,629
	IPG PHOTONICS CORPORATION	40,700	2,692,685	3,049,244
	IRONWOOD PHARMACEUTICALS, INC.	43,155	667,581	661,135
	ISHARES CORE MSCI EMERGING MARKETS	21,200	981,437	997,036
	ISHARES MSCI EMERGING MARKETS FINANCIALS	40,656	1,719,895	1,597,374
	ISHARES MSCI INDIA ETF	63,437	1,599,273	1,899,938
	ITAU UNIBANCO HOLDING S.A. A.D.R.	370,247	5,085,052	4,816,913
	ITT CORPORATION	95,545	4,035,833	3,865,751
	J.B. HUNT TRANSPORT SERVICES, INC.	31,627	2,211,755	2,664,575
*	J.P. MORGAN CHASE & CO.	145,761	6,007,769	9,121,723
*	J.P. MORGAN INTERNATIONAL BANK LIMITED	264,300	1,338,362	1,545,925
*	J.P. MORGAN STRUCTURED PRODUCTS B.V. - CALL WARRANTS (AXIS BANK)	117,335	951,391	935,180
*	J.P. MORGAN STRUCTURED PRODUCTS B.V. - CALL WARRANTS (INDIA)	13,541	80,973	77,720
*	J.P. MORGAN STRUCTURED PRODUCTS B.V. - CALL WARRANTS (NETHERLANDS)	201,231	1,075,092	1,125,949
*	J.P. MORGAN STRUCTURED PRODUCTS B.V. - CALL WARRANTS (RELIANCE BANK)	118,429	1,645,774	1,674,277
*	J.P. MORGAN STRUCTURED PRODUCTS B.V. - CALL WARRANTS (UNITED BANK)	408,885	688,783	718,785
	J2 GLOBAL COMMUNICATIONS, INC.	92,310	3,365,955	5,723,220
	JACK HENRY & ASSOCIATES, INC.	34,100	2,070,545	2,118,974
	JD.COM, INC.	115,073	2,420,330	2,662,789
	JOHNSON & JOHNSON	101,500	6,462,221	10,613,855
*	JOHNSON CONTROLS, INC.	511,250	15,521,323	24,713,825
	KAISER ALUMINUM CORPORATION	46,000	3,139,264	3,285,780
	KAMAN CORP.	66,261	1,512,592	2,656,403
	KAPSTONE PAPER AND PACKAGING CORPORATION	20,920	365,581	613,165
	KAR AUCTION SERVICES, INC.	157,800	3,240,902	5,467,770
	KATE SPADE & COMPANY	47,086	1,500,568	1,507,223
	KBR, INC.	82,500	1,434,132	1,398,375
	KENNEDY-WILSON HOLDINGS, INC.	73,685	1,725,979	1,864,230
	KEURIG GREEN MOUNTAIN, INC.	34,375	2,552,969	4,551,078
	KEYCORP	422,600	5,394,970	5,874,140
	KIRBY CORPORATION	16,000	1,698,354	1,291,840
	KNOWLES CORPORATION	63,800	1,453,208	1,502,490
	KOHL'S CORP.	166,900	9,002,905	10,187,576
	KOSMOS ENERGY LTD.	183,716	1,659,532	1,541,377
	KRAFT FOODS GROUP, INC.	191,333	8,276,382	11,988,926
	KRISPY KREME DOUGHNUTS, INC.	77,000	1,325,993	1,519,980
	L BRANDS, INC.	135,871	9,870,746	11,759,635
	L-3 COMMUNICATIONS HOLDINGS, INC.	15,800	1,157,259	1,994,118
	LABORATORY CORP. OF AMERICA HOLDINGS	63,205	6,085,940	6,819,819
	LAKES ENTERTAINMENT, INC.	32,450	317,382	218,096
	LAM RESEARCH CORPORATION	140,762	8,525,772	11,168,057
	LANDSTAR SYSTEM, INC.	26,923	1,722,962	1,952,725
	LANNETT COMPANY, INC.	17,675	773,468	757,904
	LAS VEGAS SANDS CORP.	110,514	6,893,245	6,427,494
	LATAM AIRLINES GROUP S.A.	63,019	980,789	754,968
	LAZAR LTD.	48,985	2,477,901	2,450,720
	LENDINGCLUB CORPORATION	7,879	118,185	199,339
	LEVEL 3 COMMUNICATIONS, INC.	131,540	5,199,513	6,495,445
	LEXINGTON REALTY TRUST	300,600	1,980,517	3,300,588



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NOTES	IDENTITY OF ISSUE	NUMBER OF SHARES	COST	CURRENT VALUE
	LEXMARK INTERNATIONAL GROUP, INC.	54,900	\$ 2,808,670	\$ 2,265,723
	LIBERTY GLOBAL PLC - CLASS C SHARES	124,264	4,914,499	6,003,194
	LIBERTY MEDIA CORPORATION	174,350	6,197,275	6,107,480
	LIBERTY PROPERTY TRUST	213,325	7,767,850	8,027,420
	LIFEPOINT HOSPITALS, INC.	31,300	1,811,064	2,250,783
	LIGAND PHARMACEUTICALS INCORPORATED	58,341	3,021,171	3,104,325
	LINCOLN NATIONAL CORP.	174,220	7,388,266	10,047,267
	LINKEDIN CORPORATION	28,849	2,722,994	6,626,904
	LKQ CORPORATION	119,300	2,788,215	3,354,716
	LOUISIANA-PACIFIC CORPORATION	90,200	1,258,744	1,493,712
	LOWE'S COMPANIES, INC.	195,400	6,064,508	13,443,520
	LPL FINANCIAL HOLDINGS, INC.	103,373	4,207,566	4,605,267
	LSR GROUP	3,296	77,965	27,118
	LSR GROUP OAO G.D.R.	88,946	729,735	138,756
	LUKOIL OIL COMPANY A.D.R.	51,791	3,153,350	2,061,282
	LULULEMON ATHLETICA INC.	125,980	7,029,020	7,028,424
	LYONDELLBASELL INDUSTRIES	66,190	4,018,459	5,254,824
	M/I HOMES, INC.	59,700	1,297,176	1,370,712
	MACK-CALI REALTY CORPORATION	104,100	2,006,682	1,984,146
	MACY'S, INC.	75,960	4,209,442	4,994,370
	MAGNA INTERNATIONAL INC.	36,270	3,133,667	3,942,186
	MAGNIT G.D.R.	17,185	1,030,695	780,199
	MAIL.RU GROUP LIMITED	33,922	1,163,002	552,929
	MALLINCKRODT PUBLIC LIMITED COMPANY	31,300	2,759,039	3,099,639
	MANPOWERGROUP INC.	42,200	3,420,814	2,876,774
*	MARATHON OIL CORPORATION	292,900	8,692,510	8,286,141
*	MARATHON PETROLEUM CORPORATION	58,400	2,831,414	5,271,184
	MARKETO, INC.	49,699	1,450,224	1,626,151
	MARKIT LTD.	34,654	875,329	915,905
	MARRIOTT INTERNATIONAL, INC.	141,056	8,660,828	11,006,600
	MARSH & MCLENNAN COMPANIES, INC.	203,200	6,566,267	11,631,168
	MASCO CORPORATION	316,652	4,277,554	7,979,630
	MASONITE INTERNATIONAL CORPORATION	135,308	7,033,908	8,313,324
	MASTEC, INC.	60,361	1,532,041	1,364,762
	MASTERCARD INCORPORATED	405,714	17,901,783	34,956,318
	MATSON, INC.	92,600	2,212,528	3,196,552
	MAXIMUS, INC.	138,791	2,480,952	7,611,298
	MCDERMOTT INTERNATIONAL, INC.	141,900	1,010,750	412,929
	MCGRAW HILL FINANCIAL, INC.	78,196	7,025,310	6,957,880
	MCKESSON CORP.	51,629	8,887,633	10,717,148
	MDC PARTNERS INCORPORATED	148,635	1,610,489	3,376,987
	MEAD JOHNSON NUTRITION COMPANY	79,524	6,281,965	7,995,343
	MEDIA GENERAL, INC.	48,028	824,154	803,502
	MEDICAL PROPERTIES TRUST, INC.	191,800	2,171,803	2,643,004
	MEDIVATION, INC.	56,025	5,246,748	5,580,650
	MEDNAX, INC.	210,300	11,390,445	13,902,933
	MEDTRONIC, INC.	217,695	14,042,577	15,717,579
	MERCADOLIBRE, INC.	10,200	516,480	1,302,234
	MERCK & CO., INC.	264,345	10,958,174	15,012,153
	MERITOR, INC.	228,500	3,140,544	3,461,775
	METLIFE, INC. - CLASS A	171,652	5,388,454	9,284,657
	METTLER-TOLEDO INTERNATIONAL INC.	9,200	2,683,129	2,782,632
	MFA MORTGAGE INVESTMENTS, INC.	320,400	2,175,361	2,559,996
	MGM RESORTS INTERNATIONAL	59,190	1,313,456	1,265,482
	MICHAEL KORS HOLDINGS LIMITED	62,262	4,645,993	4,675,876
	MICRON TECHNOLOGY, INC.	115,575	2,920,443	4,046,281
	MICROSOFT CORPORATION	179,112	4,980,045	8,319,752
	MILLER INDUSTRIES, INC.	94,500	1,852,835	1,964,655
	MINDRAY MEDICAL INTERNATIONAL LTD.	20,556	793,082	542,678
	MMC NORILSK NICKEL JSC A.D.R.	43,267	720,953	615,257
	MOBILE MINI, INC.	57,042	870,568	2,310,771
	MOLSON COORS BREWING COMPANY	69,280	4,553,889	5,162,746
*	MONDELEZ INTERNATIONAL, INC.	454,961	12,470,188	16,526,458
	MONSANTO CO.	183,066	14,885,891	21,870,895
	MONSTER BEVERAGE CORPORATION	60,200	6,175,401	6,522,670
	MONTPELIER RE HOLDINGS LTD.	88,900	1,531,872	3,184,398
	MOOG INC.	14,505	693,780	1,073,805
	MORGAN STANLEY	694,763	17,972,161	26,956,804
	MOTORCAR PARTS OF AMERICA, INC.	44,600	1,421,025	1,386,614
	MURPHY OIL CORP.	229,825	13,294,649	11,610,759
	MYLAN INC.	47,100	2,537,710	2,655,027
	NACCO INDUSTRIES, INC.	16,100	470,114	955,696
	NATIONAL INSTRUMENTS CORPORATION	110,679	2,443,905	3,441,010
	NATIONAL WESTERN LIFE INSURANCE COMPANY	1,800	424,462	484,650
	NAVIENT CORPORATION	153,400	1,125,117	3,314,974

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	NELNET, INC.	20,341	\$ 397,206	\$ 942,399
	NEOGEN CORPORATION	64,438	947,764	3,195,480
	NET APP, INC.	254,225	10,836,952	10,537,626
	NETEASE, INC. A.D.R.	9,591	910,700	950,852
	NETFLIX, INC.	19,567	6,174,902	6,684,283
	NEUSTAR, INC.	99,968	4,054,849	2,779,110
	NEW RELIC, INC.	4,000	115,216	139,360
	NEWFIELD EXPLORATION COMPANY	122,550	4,026,755	3,323,556
*	NEWS CORPORATION	465,150	8,049,929	7,298,203
*	NEWS CORPORATION - CLASS B	199,545	3,308,012	3,009,139
	NICE SYSTEMS LTD. A.D.R.	81,490	3,010,936	4,127,469
	NIELSEN HOLDINGS N.V.	134,262	5,731,419	6,005,539
	NIKE, INC. - CLASS B	235,953	11,830,503	22,686,881
	NIMBLE STORAGE, INC.	40,931	1,089,138	1,125,603
	NK LUKOIL OAO	1,113	46,815	44,297
	NOODLES & COMPANY	26,136	649,592	688,684
	NORANDA ALUMINUM HOLDING CORPORATION	328,600	997,667	1,156,672
	NORTHROP GRUMMAN CORP.	121,300	6,903,742	17,878,407
	NOVO NORDISK A/S A.D.R.	114,296	3,239,647	4,837,007
	NOVOLIPETSK STEEL A.D.R.	56,599	903,997	649,757
	NPS PHARMACEUTICALS, INC.	48,604	954,584	1,738,565
	NRG ENERGY, INC.	200,150	6,497,559	5,394,043
	NXP SEMICONDUCTORS N.V.	189,221	11,656,916	14,456,484
	OAO NOVATEK	29,202	2,438,314	2,289,437
	OCCIDENTAL PETROLEUM CORP.	291,550	23,438,692	23,501,846
	O'KEY GROUP S.A.	8,491	61,729	37,275
	OLD DOMINION FREIGHT LINE, INC.	104,842	5,553,635	8,139,933
	OLIN CORPORATION	65,500	1,641,755	1,491,435
	OMEGA HEALTHCARE INVESTORS, INC.	104,600	3,145,357	4,086,722
	OMNICELL, INC.	18,800	400,910	622,656
	OMNICOM GROUP, INC.	160,546	7,384,643	12,437,499
	OMNIVISION TECHNOLOGIES, INC.	42,500	964,455	1,105,000
	ON SEMICONDUCTOR CORPORATION	183,700	1,562,369	1,860,881
	OPPENHEIMER HOLDINGS INC.	21,800	495,939	506,850
	ORACLE CORP.	554,675	17,679,661	24,943,735
	ORBITAL SCIENCES CORPORATION	66,119	1,885,693	1,777,940
	O'REILLY AUTOMOTIVE, INC.	80,896	8,012,536	15,582,188
	OWENS-ILLINOIS, INC.	70,200	1,087,771	1,894,698
	PACWEST BANCORP	116,077	3,417,263	5,276,860
	PALL CORPORATION	19,200	1,327,661	1,943,232
	PANDORA MEDIA, INC.	132,700	3,017,976	2,366,041
	PANERA BREAD COMPANY	11,661	1,971,211	2,038,343
	PARAMOUNT GROUP, INC.	92,685	1,684,799	1,723,014
	PARKER-HANNIFIN CORPORATION	83,625	8,448,705	10,783,444
	PARTNERRE HOLDINGS LTD.	30,400	2,525,435	3,469,552
	PBF ENERGY INC.	130,975	3,443,739	3,489,174
	PDF SOLUTIONS, INC.	117,300	1,905,196	1,743,078
	PEBBLEBROOK HOTEL TRUST	27,160	1,004,256	1,239,311
	PEGASYSTEMS INC.	86,122	1,588,416	1,788,754
	PENNSYLVANIA REAL ESTATE INVESTMENT TRUST	112,200	1,711,257	2,632,212
	PENNYMAC MORTGAGE INVESTMENT TRUST	104,800	2,187,443	2,210,232
	PENTAIR PLC	30,550	2,020,488	2,029,131
	PERFORMANCE SPORTS GROUP LTD.	59,200	1,016,621	1,065,008
	PERRIGO COMPANY	41,426	6,533,099	6,924,770
	PETROLEO BRASILEIRO S.A. A.D.R.	355,851	5,602,166	2,597,712
	PFIZER INC.	999,000	18,569,277	31,118,850
	PHH CORPORATION	111,000	2,422,354	2,659,560
	PHIBRO ANIMAL HEALTH CORPORATION	43,061	982,008	1,358,575
	PHOSAGRO OAO A.D.R.	105,448	1,071,569	1,075,570
	PILGRIM'S PRIDE CORPORATION	52,500	825,677	1,721,475
	PINNACLE FOODS INC.	83,800	2,660,997	2,958,140
	PIONEER NATURAL RESOURCES COMPANY	45,040	6,335,905	6,704,204
	PITNEY BOWES INC.	94,275	2,426,442	2,297,482
	PLANTRONICS, INC.	55,455	2,041,149	2,940,224
	PLATFORM SPECIALTY PRODUCTS CORPORATION	61,041	1,464,503	1,417,372
	PLATINUM UNDERWRITERS HOLDINGS, LTD.	39,400	1,759,526	2,892,748
	POLARIS INDUSTRIES INC.	37,700	5,610,622	5,701,748
	POPEYES LOUISIANA KITCHEN, INC.	11,100	466,871	624,597
	POPULAR, INC.	53,700	1,604,572	1,828,485
	PORTLAND GENERAL ELECTRIC COMPANY	183,305	4,755,838	6,934,428
	PORTOLA PHARMACEUTICALS, INC.	41,111	1,060,537	1,164,264
	POST PROPERTIES, INC.	21,980	1,075,424	1,291,765
	POWER INTEGRATIONS, INC.	64,209	2,613,406	3,322,174
	PPG INDUSTRIES, INC.	61,798	10,708,796	14,284,608
	PRA GROUP, INC.	119,927	4,648,180	6,947,371

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	PRECISION CASTPARTS CORP.	24,885	\$ 3,014,651	\$ 5,994,299
	PRECISION DRILLING CORPORATION	636,925	7,958,715	3,859,766
	PRICELINE.COM INCORPORATED	6,063	3,651,647	6,913,093
	PRIMERICA, INC.	24,780	809,820	1,344,563
	PRINCIPAL FINANCIAL GROUP, INC.	36,100	987,611	1,875,034
	PROGRESS SOFTWARE CORPORATION	59,500	1,352,110	1,607,690
	PROS HOLDINGS, INC.	40,587	1,026,476	1,115,331
	PROTO LABS, INC.	38,148	1,903,197	2,562,020
	PTC THERAPEUTICS, INC.	24,045	768,792	1,244,810
	PTT EXPLORATION AND PRODUCTION PUBLIC COMPANY LIMITED	212,000	213,066	208,841
	PUBLIC SERVICE ENTERPRISE GROUP, INC.	184,700	5,859,757	7,648,427
	QIHOO 360 TECHNOLOGY CO. LTD.	16,100	1,069,469	921,886
	QIWI PLC	6,743	193,284	136,141
	QLOGIC CORPORATION	115,900	1,146,640	1,543,788
	QUALCOMM, INC.	128,750	9,177,469	9,569,988
	QUEST DIAGNOSTICS INCORPORATED	176,200	10,121,086	11,815,972
	QUIKSILVER, INC.	130,700	795,830	288,847
	QUINTILES TRANSNATIONAL HOLDINGS INC.	55,170	2,758,393	3,247,858
	QUNAR CAYMAN ISLANDS LIMITED	13,100	196,500	372,433
	RANGE RESOURCES CORP.	38,290	2,459,505	2,046,601
	RASPADSKAYA OAO A.D.R.	171,366	600,531	70,803
	RAYMOND JAMES FINANCIAL, INC.	231,698	11,561,688	13,273,978
	RAYTHEON COMPANY	125,600	6,895,890	13,586,152
	RED HAT, INC.	146,847	7,058,468	10,153,002
	RED ROBIN GOURMET BURGERS, INC.	16,176	1,148,904	1,245,148
	REGAL-BELOIT CORPORATION	18,300	1,285,750	1,376,160
	REGIONS FINANCIAL CORPORATION	530,625	6,648,333	5,603,400
	RELIANCE INDUSTRIES LIMITED	35,138	1,056,851	990,892
	RELIANCE STEEL & ALUMINUM CO.	25,000	1,369,770	1,531,750
	RENT-A-CENTER, INC.	63,700	1,957,170	2,313,584
	RENTECH, INC. - WARRANTS	18,800	-	188
	RITCHIE BROS. AUCTIONEERS, INC.	139,121	2,830,599	3,740,964
	ROADRUNNER TRANSPORTATION SYSTEMS, INC.	112,200	2,329,144	2,619,870
	ROCK-TENN COMPANY	142,845	5,881,798	8,710,688
	ROCKWELL COLLINS, INC.	31,200	2,625,063	2,635,776
	ROLLINS, INC.	114,580	1,416,383	3,792,598
	ROPER INDUSTRIES, INC.	15,133	1,913,822	2,366,045
	ROSS STORES, INC.	114,220	9,297,148	10,766,377
	ROWAN COMPANIES PLC	75,100	1,713,583	1,751,332
	ROYAL CARIBBEAN CRUISES LTD.	128,390	6,710,704	10,583,188
	ROYAL DUTCH SHELL PLC	225,280	15,900,697	15,082,496
	RPC, INC.	23,300	283,698	303,832
	RSP PERMIAN, INC.	54,180	1,507,670	1,362,085
	RUBY TUESDAY, INC.	135,200	987,922	924,768
	RUSH ENTERPRISES, INC.	42,100	1,368,287	1,349,305
	RYANAIR HOLDINGS INC.	33,792	1,165,121	2,408,356
	SALESFORCE.COM, INC.	179,603	6,965,503	10,652,254
	SANDISK CORPORATION	46,700	4,368,324	4,575,666
	SBA COMMUNICATIONS CORP.	59,700	5,106,578	6,612,372
	SCHLUMBERGER LIMITED	114,026	9,692,295	9,738,961
	SCHWEITZER-MAUDUIT INTERNATIONAL, INC.	80,420	2,860,406	3,401,766
	SCIQUEST, INC.	66,705	979,675	963,887
	SEAGATE TECHNOLOGY PLC	76,700	1,391,966	5,100,550
	SELECT MEDICAL HOLDINGS CORPORATION	223,800	2,631,724	3,222,720
	SEMTECH CORPORATION	82,710	1,247,282	2,280,315
	SERVICENOW, INC.	66,426	3,565,426	4,507,004
	SHIRE PLC	20,177	4,284,489	4,288,420
	SHUTTERSTOCK, INC.	22,888	1,236,314	1,581,561
	SIGNATURE BANK OF NEW YORK	56,865	4,446,028	7,162,715
	SIGNATURE GROUP HOLDINGS, INC.	140,300	912,784	1,001,742
*	SILGAN HOLDINGS, INC.	63,600	1,349,262	3,408,960
	SIRONA DENTAL SYSTEMS, INC.	49,600	3,605,748	4,333,552
	SIX FLAGS ENTERTAINMENT CORPORATION	139,200	4,131,736	6,006,480
	SKECHERS U.S.A., INC.	13,582	517,703	750,406
	SKYWORKS SOLUTIONS, INC.	34,905	1,673,167	2,537,943
	SLM CORPORATION	153,400	628,812	1,563,146
	SM ENERGY COMPANY	30,500	1,859,449	1,176,690
	SOHU.COM INC.	25,001	1,421,060	1,329,553
	SONIC AUTOMOTIVE, INC.	131,800	3,258,419	3,563,872
	SOUFUN HOLDINGS LIMITED	64,870	1,004,879	479,389
	SPECTRUM BRANDS HOLDINGS, INC.	8,636	429,009	826,292
	SPIRIT AIRLINES, INC.	67,106	5,218,284	5,071,871
	SPLUNK, INC.	120,117	5,986,948	7,080,897
	SPROUTS FARMERS MARKET, INC.	140,688	4,253,143	4,780,578
	SPS COMMERCE, INC.	43,188	785,077	2,445,736

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	SS&C TECHNOLOGIES HOLDINGS, INC.	51,200	\$ 2,557,895	\$ 2,994,688
	STAGE STORES INC.	67,006	1,252,027	1,387,024
	STANDARD MOTOR PRODUCTS, INC.	35,840	1,142,051	1,366,221
	STANDARD PACIFIC CORP.	98,432	771,337	717,569
	STANLEY BLACK & DECKER, INC.	113,880	10,599,945	10,941,590
	STAPLES, INC.	524,851	7,599,031	9,510,300
	STAR TRIBUNE HOLDINGS CORPORATION	9,966	1	1
	STARBUCKS CORPORATION	162,925	7,266,023	13,367,996
	STARWOOD HOTELS & RESORTS WORLDWIDE, INC.	38,700	2,963,120	3,137,409
	STARWOOD PROPERTY TRUST, INC.	51,000	1,103,363	1,185,240
	STARWOOD WAYPOINT RESIDENTIAL TRUST	38,860	1,048,597	1,024,738
	STARZ	169,095	5,264,011	5,022,122
	STATE STREET BANK & TRUST CO.	168,167	8,767,686	13,201,110
	STERICYCLE, INC.	78,712	7,177,387	10,317,569
	STRATASYS LTD.	18,902	1,436,552	1,570,945
	SUNEDISON, INC.	59,194	1,102,729	1,154,875
	SUNOPTA INC.	81,505	1,021,828	965,834
	SUNPOWER CORPORATION	32,881	1,189,976	849,316
	SUNSTONE HOTEL INVESTORS, INC.	475,235	6,034,627	7,846,130
	SUNTRUST BANK	150,665	5,789,554	6,312,864
	SUPERIOR INDUSTRIES, INC.	104,600	3,288,624	2,107,690
	SVB FINANCIAL GROUP	14,600	1,661,766	1,694,622
	SWIFT TRANSPORTATION COMPANY	83,310	2,030,245	2,385,165
	SYMANTEC CORPORATION	152,300	3,185,151	3,907,257
	SYMETRA FINANCIAL CORPORATION	21,300	433,331	490,965
	SYNAPTICS INCORPORATED	11,200	717,957	771,008
	SYNCHRONY FINANCIAL	130,700	3,818,715	3,888,325
	SYNOVUS FINANCIAL CORP.	21,100	462,913	571,599
	TABLEAU SOFTWARE, INC.	33,900	2,135,247	2,873,364
	TAIWAN SEMICONDUCTOR MANUFACTURING CO., LTD.	440,504	7,862,429	9,858,480
	TAL INTERNATIONAL GROUP, INC.	39,000	1,541,427	1,699,230
	TARGET CORPORATION	63,800	4,591,154	4,843,058
	TARO PHARMACEUTICAL INDUSTRIES LTD.	12,900	1,384,925	1,909,845
	TATA MOTORS LTD.	64,994	1,726,254	2,747,946
	TATNEFT IMENI V.D. SHASHINA OAO A.D.R.	20,009	794,706	490,221
	TE CONNECTIVITY LTD.	35,600	925,703	2,251,700
	TECH DATA CORPORATION	32,900	1,496,729	2,080,267
	TECHTARGET, INC.	50,600	509,758	575,322
	TELEDYNE TECHNOLOGIES INCORPORATED	40,743	2,105,001	4,185,936
	TELEFONICA BRASIL S.A. A.D.R.	23,700	420,021	419,016
	TENCENT HOLDINGS LIMITED	67,181	979,252	974,595
	TERNIUM S.A.	25,551	558,832	450,720
	TESARO, INC.	37,395	1,221,824	1,390,720
	TESLA MOTORS, INC.	17,167	2,698,718	3,818,112
	TEVA PHARMACEUTICAL INDUSTRIES LTD.	46,837	2,518,367	2,693,596
	TEXAS INSTRUMENTS, INC.	168,700	4,760,830	9,019,546
	THE ADVISORY BOARD COMPANY	65,320	3,366,212	3,199,374
	THE ALLSTATE CORPORATION	237,400	8,711,217	16,677,350
*	THE BABCOCK & WILCOX COMPANY	42,000	1,263,585	1,272,600
	THE BANK OF NEW YORK MELLON CORPORATION	274,300	6,350,264	11,128,351
*	THE BOEING COMPANY	192,575	20,699,818	25,030,898
	THE BRINK'S COMPANY	140,400	3,694,637	3,427,164
	THE BUCKLE, INC.	38,300	1,887,160	2,011,516
	THE CHEESECAKE FACTORY INCORPORATED	35,665	517,968	1,794,306
	THE COOPER COMPANIES, INC.	23,500	3,770,980	3,809,115
	THE ESTEE LAUDER COSMETICS, INC.	58,890	2,671,990	4,487,418
	THE FINISH LINE, INC.	78,360	1,086,724	1,904,932
	THE FRESH MARKET, INC.	28,280	967,450	1,165,136
	THE GEO GROUP, INC.	104,417	3,686,352	4,214,270
	THE GOLDMAN SACHS GROUP, INC.	166,387	25,849,313	32,250,792
	THE HAIN CELESTIAL GROUP, INC.	49,800	2,188,904	2,902,842
	THE HANOVER INSURANCE GROUP, INC.	31,380	1,930,458	2,238,022
	THE HOWARD HUGHES CORPORATION	21,300	1,657,664	2,777,946
	THE INTERPUBLIC GROUP OF COMPANIES, INC.	209,900	4,062,141	4,359,623
*	THE KROGER CO.	89,100	2,045,955	5,721,111
	THE MIDDLEBY CORPORATION	31,300	2,776,044	3,101,830
	THE MOSAIC COMPANY	127,050	7,044,727	5,799,832
	THE PNC FINANCIAL SERVICES GROUP, INC.	106,112	5,924,954	9,680,598
	THE SHERWIN-WILLIAMS COMPANY	15,400	3,638,404	4,050,816
	THE TIMKEN COMPANY	25,400	425,503	1,084,072
	THE TJX COMPANIES, INC.	54,742	2,347,083	3,754,206
	THE WALT DISNEY COMPANY	69,819	2,435,843	6,576,252
	THOR INDUSTRIES, INC.	29,350	1,488,241	1,639,785
	TIFFANY & CO.	101,517	9,946,667	10,848,107
	TILE SHOP HOLDINGS, INC.	110,595	1,868,701	982,084

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<u>NOTES</u>	<u>IDENTITY OF ISSUE</u>	<u>NUMBER OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
	TITANIUM ASSET MANAGEMENT CORP. - CLASS S	142,300	\$ -	\$ 36,998
	TIVO INC.	178,600	2,223,865	2,114,624
	TOWERS WATSON & CO.	26,900	2,795,744	3,044,273
	TRANSDIGM GROUP, INC.	13,460	999,244	2,642,871
	TRI POINTE HOMES, INC.	57,500	761,906	876,875
	TRINA SOLAR LIMITED A.D.R.	119,528	1,630,903	1,106,829
	TRINET GROUP, INC.	64,014	1,828,664	2,002,358
	TRINITY BIOTECH PLC A.D.R.	76,127	1,684,954	1,332,984
	TRINITY INDUSTRIES, INC.	99,800	4,202,259	2,795,398
	TRIPADVISOR, INC.	34,751	2,899,868	2,594,510
	TRIUMPH GROUP, INC.	16,900	1,089,854	1,136,018
	TRUEBLUE, INC.	45,093	1,010,311	1,003,319
	TRUECAR, INC.	71,284	1,459,987	1,632,404
	TRW AUTOMOTIVE HOLDINGS CORP.	139,850	7,491,181	14,383,573
	TUESDAY MORNING CORPORATION	53,437	803,686	1,159,583
	TUTOR PERINI CORPORATION	77,100	1,561,751	1,855,797
*	TWENTY-FIRST CENTURY FOX, INC.	146,738	5,082,265	5,635,473
	TWITTER, INC.	103,030	4,279,236	3,695,686
	TWO HARBORS INVESTMENT CORP.	461,300	4,440,882	4,622,226
	TYLER TECHNOLOGIES, INC.	20,816	1,700,216	2,278,103
	TYSON FOODS, INC.	263,530	7,855,018	10,564,918
	U.S. SILICA HOLDINGS, INC.	30,200	1,291,841	775,838
	UBIQUITI NETWORKS, INC.	24,369	961,623	722,297
	UBS GROUP AG	528,949	8,888,754	9,018,580
	ULTA SALON, COSMETICS & FRAGRANCE, INC.	57,276	6,158,272	7,322,164
	ULTIMATE SOFTWARE GROUP INC.	29,805	867,997	4,375,821
	ULTRAPAR HOLDINGS INC.	4,332	84,353	82,611
	UNDER ARMOUR, INC.	127,499	6,126,301	8,657,182
*	UNION PACIFIC CORP.	52,098	2,420,638	6,206,435
	UNITED COMMUNITY BANKS, INC.	92,850	1,621,939	1,758,579
	UNITED CONTINENTAL HOLDINGS, INC.	143,615	6,627,805	9,606,407
	UNITED FINANCIAL BANCORP, INC.	142,872	2,017,852	2,051,642
	UNITED NATURAL FOODS, INC.	87,660	4,036,175	6,778,310
	UNITED STATES ANTIMONY CORPORATION	465,047	921,426	325,533
	UNITED STATES STEEL CORPORATION	235,100	9,027,397	6,286,574
	UNITED THERAPEUTICS CORPORATION	34,600	1,892,264	4,480,354
	UNITEDHEALTH GROUP INCORPORATED	116,800	9,558,228	11,807,312
	USANA HEALTH SCIENCES, INC.	10,700	391,330	1,097,713
	V.F. CORPORATION	49,400	3,482,384	3,700,060
	VALE S.A. A.D.R.	297,027	4,194,457	2,156,416
	VALEANT PHARMACEUTICALS INTERNATIONAL	74,900	9,520,192	10,718,939
	VALERO ENERGY CORPORATION	117,000	2,387,108	5,791,500
	VALIDUS HOLDINGS, LTD.	82,100	2,256,280	3,412,076
	VALLEY NATIONAL BANCORP	277,300	2,789,858	2,692,583
	VANTIV, INC.	225,361	7,022,756	7,644,245
	VCA INC.	73,160	3,524,339	3,568,013
	VECTRUS, INC.	3,555	46,659	97,407
	VEEVA SYSTEMS INC.	81,797	2,049,779	2,160,259
	VERINT SYSTEMS, INC.	80,776	2,476,275	4,707,625
	VERISK ANALYTICS, INC.	82,300	5,213,931	5,271,315
	VERIZON COMMUNICATIONS	209,100	8,408,491	9,781,698
	VERTEX PHARMACEUTICALS INCORPORATED	32,450	1,406,743	3,855,060
	VIACOM, INC.	191,550	9,306,598	14,414,138
	VINCE HOLDING CORP.	41,937	1,239,807	1,096,233
	VIPSHOP HOLDINGS LIMITED	48,044	683,027	938,780
	VIRTUSA CORPORATION	49,581	1,369,329	2,066,040
	VISA, INC.	37,395	5,063,625	9,804,969
	VISHAY INTERTECHNOLOGY, INC.	135,600	1,723,418	1,918,740
	VMWARE, INC.	33,892	2,315,289	2,796,768
	VOYA FINANCIAL, INC.	321,200	8,104,021	13,612,456
	WAGeworks, INC.	20,669	633,504	1,334,597
*	WASTE MANAGEMENT, INC.	222,300	7,932,105	11,408,436
	WATTS WATER TECHNOLOGIES, INC.	53,999	3,213,300	3,425,697
	WEBSTER FINANCIAL CORPORATION	347,150	10,066,242	11,292,790
	WELLCARE HEALTH PLANS, INC.	44,300	3,396,760	3,635,258
*	WESCO INTERNATIONAL, INC.	14,882	1,286,750	1,134,157
	WEST PHARMACEUTICALS SERVICES, INC.	71,280	1,880,152	3,794,947
	WESTAMERICA BANCORPORATION	37,810	1,845,815	1,853,446
	WESTERN DIGITAL CORP.	151,549	10,278,717	16,776,474
	WESTERN REFINING, INC.	43,470	1,346,087	1,642,297
	WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORPORATION	50,417	2,676,207	4,380,733
	WEX INC.	24,011	2,136,691	2,375,168
	WGL HOLDINGS, INC.	24,830	1,014,890	1,356,215
	WHIRLPOOL CORP.	44,200	3,050,493	8,563,308
	WHITING PETROLEUM CORPORATION	102,585	6,130,621	3,385,305

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	WHOLE FOODS MARKET, INC.	40,435	\$ 1,832,507	\$ 2,038,733
	WILLIAM LYON HOMES	79,400	1,715,994	1,609,438
	WILLIAMS-SONOMA, INC.	93,258	5,823,306	7,057,765
	WILLIS GROUP HOLDINGS PLC	167,175	6,393,002	7,491,112
	WINTHROP REALTY TRUST	204,843	3,095,780	3,193,502
	WINTRUST FINANCIAL CORP.	40,119	1,386,912	1,875,964
	WIPRO LIMITED	57,171	723,717	647,176
	WISDOMTREE INVESTMENTS, INC.	143,782	1,968,794	2,253,783
	WL ROSS HOLDING CORP.	43,100	431,657	499,960
	WNS HOLDINGS LIMITED A.D.R.	81,304	1,255,963	1,679,741
	WORKDAY, INC.	93,900	6,760,332	7,663,179
	WORLD FUEL SERVICES CORP.	65,650	2,266,898	3,080,955
	WUXI PHARMATECH (CAYMAN) INC.	35,746	995,879	1,203,568
	X5 RETAIL GROUP N.V. G.D.R.	69,638	1,347,913	849,584
	XEROX CORP.	1,329,700	12,204,777	18,429,642
	XL GROUP PLC	138,665	4,701,554	4,765,916
	XL GROUP PLC - CLASS E	750,000	731,100	716,250
	YANDEX N.V.	14,800	560,310	265,808
	YELP INC.	35,710	2,371,923	1,954,408
	YOUKU.COM, INC. A.D.R.	28,400	849,664	505,804
	YY INC.	7,607	477,683	474,220
	ZILLOW, INC.	10,664	1,191,316	1,129,211
	ZIMMER HOLDINGS, INC.	48,185	4,213,785	5,465,143
	ZOETIS INC.	93,900	3,279,422	4,040,517
	ZULILY, INC.	48,633	1,733,004	1,138,012
	<b>TOTAL DOMESTIC COMMON STOCKS</b>		<b>2,979,968,351</b>	<b>3,787,702,243</b>
	<b><u>PREFERRED STOCKS - FOREIGN</u></b>			
	BANCO BRADESCO S.A.	242,703	3,869,357	3,201,101
	BANCOLOMBIA S.A.	20,517	206,945	247,257
	BCO ITAU HOLDINGS	225,390	3,127,796	2,933,750
	BRASKEM S.A.	90,000	793,678	592,506
	CESP COMPANHIA ENERGETICA DE SAO PAULO	21,200	209,097	213,818
	COMPANHIA BRASILEIRA DE DISTRIBUICAO (GRUPO PAO DE ACUCAR)	43,211	1,941,183	1,603,303
	DRAGERWERK AG	20,500	1,874,901	2,080,481
	EMBOTELLADORA ANDINA S.A. - CLASS A	51,988	155,995	126,104
	EMBOTELLADORA ANDINA S.A. - CLASS R	44,300	144,875	125,341
	GERDAU S.A.	24,101	140,328	86,860
	ITAUSA	334,636	1,323,226	1,182,090
	LG CHEM, LTD.	2,694	419,033	345,589
	MARCOPOLO S.A.	324,100	481,439	406,009
	SAMSUNG ELECTRONICS LTD.	5,077	1,727,622	4,799,166
	SUZANO PAPEL E CELULOSE S.A.	186,300	751,935	788,457
	<b>TOTAL FOREIGN PREFERRED STOCKS</b>		<b>17,167,410</b>	<b>18,731,832</b>
	<b><u>COMMON STOCKS - FOREIGN</u></b>			
	7-ELEVEN MALAYSIA HOLDINGS BERHAD	418,900	184,245	179,708
	A.P. MOLLER-MAERSK A/S	1,000	2,388,950	2,010,156
	AAC TECHNOLOGIES HOLDINGS, INC.	149,101	623,709	798,874
	ABERTIS INFRAESTRUCTURAS S.A.	56,230	1,218,609	1,117,915
	ACCOR S.A.	95,017	4,568,576	4,293,178
	ACS ACTIVIDADES DE CONSTRUCCION Y SERVICIOS S.A.	57,500	2,061,153	2,015,671
	ACTELION, LTD.	17,228	1,740,413	1,999,083
	ADANI PORTS AND SPECIAL ECONOMIC ZONE LIMITED	110,526	531,718	558,649
	ADARO ENERGY	7,046,300	631,901	591,697
	ADECCO S.A.	15,919	1,320,261	1,103,027
	ADVANCED ENGINEERING	1,247,000	1,184,295	1,503,408
	ADVANCED INFORMATION SERVICES PUBLISHING CO.	110,200	786,654	840,736
	ADVANTECH CO., LTD.	117,639	583,316	872,930
	AEGON N.V.	326,000	3,557,244	2,469,027
	AFRICAN BANK INVESTMENTS LIMITED	429,160	855,388	37
	AFRICAN BARRICK GOLD PLC	389,100	2,408,908	1,549,522
	AGRICULTURAL BANK OF CHINA LIMITED	1,457,000	670,397	736,499
	AIA GROUP LIMITED	2,875,335	13,064,178	15,999,111
	AIN PHARMACIEZ INC.	35,000	859,362	1,007,131
	AIR CHINA LIMITED	596,000	486,242	481,882
	AIRPORTS OF THAILAN PUBLIC COMPANY LIMITED	130,600	747,042	1,119,429
	AIRTAC INTERNATIONAL GROUP	62,000	622,032	561,104
	AISIN SEIKI CO.	47,900	1,869,174	1,739,893
	AKFEN HOLDING AS	77,989	315,606	156,795

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	AKZO NOBEL N.V.	167,205	\$ 9,185,951	\$ 11,664,118
	ALAPIS S.A.	1,230	58,563	61
	ALENT PLC	81,017	367,369	405,506
	ALFA LAVAL S.A.	262,600	742,949	586,851
	ALFRESA HOLDINGS CORPORATION	100,800	1,563,997	1,227,474
	ALIMENTATION COUCHE-TARD, INC.	42,603	1,132,804	1,790,926
	ALIOR BANK S.A.	21,480	461,857	471,568
	ALL AMERICA LATINA NPV	248,900	1,079,860	473,792
	ALLIANZ SE	35,500	4,367,132	5,900,113
	ALPHA BANK S.A.	1,664,670	1,489,904	942,708
	ALSTOM S.A.	80,400	2,898,730	2,613,156
	ALTICE S.A.	32,386	1,923,065	2,557,453
	AMADEUS IT HOLDING S.A.	152,684	5,651,457	6,112,628
	AMEC PLC	48,500	780,266	645,070
	AMERICA MOVIL, S.A.B. DE C.V.	1,456,800	1,419,659	1,620,890
	ANADOLU EFE	135,834	1,105,690	1,318,974
	ANGANG NEW STEEL COMPANY	978,000	594,029	832,357
	ANGLO AMERICAN PLATINUM CORPORATION LIMITED	19,958	826,805	588,488
	ANGLO AMERICAN PLATINUM CORPORATION LIMITED - SOUTH AFRICA	239,703	7,868,380	4,461,610
	ANGLO AMERICAN PLC	214,999	5,138,313	4,024,523
	ANHUI CONCH CEMENT	1,000,556	2,911,037	3,748,126
	AOYAMA TRADING	105,500	1,409,231	2,326,552
	AQZORA BANK, LTD.	783,000	2,478,790	2,442,487
	AQUARIUS PLATINUM LIMITED	2,044,320	2,287,617	470,172
	ARCA CONTINENTAL S.A.B. DE C.V.	173,132	1,256,981	1,096,365
	ARCELIK AS	107,765	675,302	691,466
	ARKEMA S.A.	18,600	866,292	1,239,457
	ARRIUM LIMITED	4,806,400	7,706,105	845,663
	ASAHI GROUP HOLDINGS, LTD.	31,800	1,015,927	993,692
	ASAHI KASEI CORPORATION	303,000	2,329,738	2,793,832
	ASCOM HOLDING A.G.	24,963	384,875	383,119
	ASHTREAD GROUP PLC	59,248	781,542	1,064,246
	ASIAN PAINTS LIMITED	83,780	783,225	998,498
	ASM PACIFIC TECHNOLOGY	221,768	2,263,394	2,116,202
	ASML HOLDING N.V.	26,948	1,942,131	2,918,454
	ASSA ABLOY AB	12,400	654,223	657,046
	ASTELLAS PHARMA INC.	273,200	3,282,741	3,842,961
	ASTRAZENECA	61,600	3,116,661	4,375,549
	ASUSTEK COMPUTER INC. - GLOBAL	138,000	1,332,316	1,513,100
	ATLAS COPCO	89,652	2,121,359	2,501,197
	ATTIJARIWAFI BANK	4,161	162,539	157,937
	AU OPTRONICS CORP.	1,627,000	545,229	834,042
	AUSDRILL LIMITED	607,100	1,871,064	193,760
	AUSTRALIA AND NEW ZEALAND BANKING GROUP LIMITED	100,536	3,233,444	2,640,161
	AVIVA PLC	1,736,901	13,893,992	13,121,534
	AXA	314,561	5,622,536	7,310,086
	AXIS BANK LIMITED	811,352	4,499,065	6,457,654
	B2W CIA DIGITAL	92,213	780,818	778,444
	BABCOCK INTERNATIONAL GROUP PLC	95,505	1,041,388	1,575,533
	BAE SYSTEMS	723,900	3,809,966	5,327,658
	BALFOUR BEATTY PLC	584,277	2,642,185	1,931,392
	BALOISE HOLDINGS	29,900	1,782,517	3,845,640
	BANCA GENERALI SPA	31,469	707,794	877,722
	BANCO BILBAO VIZCAYA S.A.	146,147	14,336	13,971
	BANCO BILBAO VIZCAYA S.A. (ARGENTINA)	667,443	7,845,569	6,343,200
	BANCO DO BRASIL S.A.	77,300	835,619	691,228
	BANCO SANTANDER S.A. - (EURO)	289,300	5,253,726	2,449,072
	BANCOLOMBIA S.A.	48,553	240,486	564,698
	BANGKOK BANK - NON VOTING	168,200	977,006	991,818
	BANK HAPOALIM B.M.	445,900	1,705,286	2,108,356
	BANK NEGARA INDONESIA	2,070,100	872,030	1,019,591
	BANK OF CHINA LIMITED	3,243,000	1,515,829	1,827,490
	BANK OF QUEENSLAND LIMITED	238,915	1,956,019	2,381,386
	BANK TABUNGAN PENSIUNAN NASIONAL TBK	307,100	120,844	97,945
	BANKINTER S.A.	193,373	1,235,248	1,567,974
	BANQUE CANTONALE VAUDOISE	2,200	1,180,201	1,193,378
	BARCLAYS PLC	2,933,250	14,969,695	11,136,887
	BARLOWORLD LIMITED	68,717	650,735	568,684
	BASF AG	60,009	4,029,045	5,074,259
	BAYER AG	73,919	6,173,776	10,107,363
	BAYERISCHE MOTOREN WERKE AG (BMW)	20,308	1,914,379	2,205,981
	BB SEGURIDADE S.A.	362,300	3,805,530	4,383,255
	BDO UNIBANK, INC.	265,650	529,244	652,062
	BEIJING ENTERPRISE HOLDINGS LIMITED	218,000	1,626,829	1,709,176
	BELLE INTERNATIONAL HOLDINGS	1,975,000	2,605,512	2,220,804

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	BELLWAY PLC	51,700	\$ 1,349,078	\$ 1,563,090
	BENDIGO & ADELAIDE BANK LIMITED	309,100	2,620,219	3,240,315
	BG GROUP	381,042	7,326,278	5,139,309
	BGF RETAIL CO., LTD.	14,469	844,567	1,007,031
	BHARTI INFRATEL LIMITED	577,608	1,946,744	3,082,833
	BHARTI TELE-VENTURES	134,095	787,022	749,262
	BIDVEST GROUP	111,474	1,922,451	2,928,123
	BIG C SUPERCENTER PLC	174,900	1,102,688	1,259,918
	BK RAKYAT	3,849,900	3,117,620	3,621,431
	BM&F BOVESPA S.A. - BOLSA DE VALORES MERCADORIAS E FUTUROS	403,100	1,979,451	1,493,693
	BNP PARIBAS	225,876	14,413,303	13,463,805
	BOART LONGYEAR GROUP NPV	460,400	1,377,727	64,051
	BOART LONGYEAR LIMITED	451,099	-	1,107
	BOLIDEN AB	126,800	1,657,554	2,032,817
	BOLLORE S.A.	80,400	514,969	366,776
	BP PLC	1,207,100	12,631,623	7,735,721
	BR MALLS PARTICIPACOES S.A.	140,500	1,277,943	868,413
	BRADKEN LIMITED	322,800	2,258,546	1,249,493
	BRENNTAG AG	18,375	797,487	1,034,134
	BRF S.A.	80,800	1,874,488	1,928,355
	BRILLIANCE CHINA AUTOMOTIVE HOLDINGS LIMITED	268,000	533,321	430,605
	BRITISH AMERICAN TOBACCO	181,403	8,985,527	9,899,842
	BROTHER INDUSTRIES, LTD.	112,100	1,583,962	2,060,706
	BT GROUP	1,861,712	9,486,959	11,655,041
	BTG PACTUAL PARTICIPATIONS LTD.	91,648	1,153,776	970,541
	BTG PLC	71,784	439,171	889,837
	BUCHER INDUSTRIES AG	5,150	1,255,961	1,290,027
	BUMIPUTRA COMMERCE HOLDINGS	820,031	1,561,903	1,303,982
	BUNZL PLC	54,561	1,018,718	1,500,710
	BURBERRY GROUP	95,212	1,886,763	2,428,794
	C&C GROUP PLC	299,200	1,395,398	1,310,610
	CANADIAN NATIONAL CO.	55,037	2,270,756	3,802,340
	CANADIAN NATURAL RESOURCES LIMITED	68,180	2,803,653	2,114,419
	CAP GEMINI	11,100	816,758	798,909
	CAPITA GROUP	65,188	1,007,572	1,098,776
	CAPITEC BANK HOLDINGS LIMITED	12,523	236,713	368,045
	CARNIVAL PLC	145,898	5,235,120	6,640,476
	CATCHER TECHNOLOGY	274,000	1,797,485	2,137,238
	CATHAY FINANCIAL HOLDING CO., LTD.	567,000	956,426	842,372
*	CEMEX S.A.B. DE C.V.	356,500	475,420	363,762
	CENTRAL PATTANA PUBLIC COMPANY LIMITED	1,561,200	620,876	2,159,107
	CENTRICA PLC	827,800	4,645,673	3,601,185
	CETIP S.A. - BALCAO ORGANIZADO DE ATIVOS E DERIVATIVOS	35,400	500,571	428,817
	CHALLENGER FINANCIAL SERVICES GROUP	586,900	1,753,472	3,136,291
	CHAROEN POKPHAND FOODS PUBLIC COMPANY LIMITED	1,503,600	1,327,024	1,245,383
	CHENG UEI PRECISION INDUSTRY CO., LTD.	253,000	547,449	396,288
	CHIBA BANK	217,000	1,334,061	1,437,074
	CHICONY ELECTRONICS CO., LTD.	247,000	801,400	691,713
	CHINA AIRLINES	1,133,000	455,411	519,856
	CHINA CINDA ASSET MANAGEMENT CO., LTD.	2,668,400	1,626,289	1,300,677
	CHINA CITIC BANK CORPORATION LIMITED	1,142,000	720,015	915,974
	CHINA CONSTRUCTION BANK	6,464,000	4,817,738	5,309,668
	CHINA FOODS LIMITED	410,551	227,124	141,353
	CHINA GALAXY SECURITIES CO., LTD.	1,190,500	917,935	1,493,719
	CHINA HIGH PRECISION AUTOMATION GROUP LIMITED	768,000	226,454	3,961
	CHINA LIFE INSURANCE COMPANY LIMITED - CLASS A	3,517,505	2,174,078	2,927,358
	CHINA LONGYUAN POWER GROUP	1,465,000	1,543,636	1,524,536
	CHINA MENGNIU DAIR	329,000	1,078,060	1,357,602
	CHINA MERCHANTS BANK	1,532,606	3,366,856	3,845,917
	CHINA MERCHANTS HOLDINGS INTERNATIONAL	958,607	2,989,148	3,226,322
	CHINA MOBILE	1,610,980	16,730,720	18,800,324
	CHINA OILFIELD SERVICES LIMITED	388,000	690,039	673,447
	CHINA OVERSEAS LAND & INVESTMENT LTD.	1,212,800	2,965,841	3,604,846
	CHINA PACIFIC INSURANCE (GROUP) CO., LTD.	412,600	1,510,595	2,096,293
	CHINA PETROLEUM AND CHEMICAL CORPORATION	4,513,600	3,858,766	3,637,723
	CHINA POWER INTERNATIONAL HOLDINGS LTD.	1,573,000	622,397	797,164
	CHINA RAILWAY CONSTRUCTION CORPORATION	691,000	631,209	880,363
	CHINA RAILWAY GROUP LIMITED	1,323,000	740,132	1,088,447
	CHINA RESOURCES CEMENT HOLDINGS LIMITED	2,682,000	1,860,364	1,736,157
	CHINA RESOURCES ENTERPRISE, LIMITED	742,050	2,492,249	1,553,981
	CHINA SHENHUA ENERGY CO.	321,000	1,315,150	949,980
	CHINA SHIPPING CONTAINER LINES COMPANY LIMITED	3,414,000	877,487	1,078,590
	CHINA TAIPING INSURANCE HOLDINGS COMPANY LIMITED	439,230	1,346,469	1,257,395
	CHINA UNICOM (HONG KONG) LIMITED	3,075,770	4,553,545	4,124,904
	CHONGQING RURAL COMMERCIAL BANK CO., LTD.	1,454,000	654,378	905,604



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NOTES	IDENTITY OF ISSUE	NUMBER OF SHARES	COST	CURRENT VALUE
	CI FINANCIAL INC.	45,698	\$ 1,015,214	\$ 1,273,981
	CITIC PACIFIC LIMITED	418,000	767,745	712,581
	CITIC SECURITIES CO., LTD.	286,000	1,066,922	1,076,900
	CLARIANT CHEMICALS INDIA LTD.	289,907	5,593,201	4,878,222
	CNOOC PLC	3,635,000	6,096,028	4,893,634
	COAL INDIA LIMITED	96,189	561,257	584,929
	COCA-COLA HBC AG	84,474	2,131,270	1,617,474
	COCA-COLA ICECEK SANATI AS	65,369	1,390,919	1,412,099
	COLOPLAST - CLASS B	14,483	1,111,213	1,221,479
	COMMERCIAL INTERNATIONAL BANK OF EGYPT	102,807	319,210	707,278
	COMPAGNIE PLASTIC OMNIUM S.A.	16,931	616,612	463,322
	COMPANHIA DE CONCE	181,784	1,289,194	1,053,830
*	COMPASS GROUP PLC	443,182	6,768,788	7,608,257
	CONTINENTAL AG	14,432	2,558,916	3,065,707
	CORPBANCA	35,607,085	433,789	427,625
	CORPORACION GEO, S.A.	1,176,500	686,506	132,498
	CORPORACION MOCTEZUMA S.A. DE C.V.	131,557	251,099	407,887
	CREDIT AGRICOLE S.A.	190,800	2,326,112	2,484,242
	CREDIT SUISSE GROUP	277,570	8,752,536	7,005,943
	CSL NPV	18,869	1,051,719	1,338,465
	CUCKOO ELECTRONICS CO., LTD.	3,858	683,857	624,777
	CYRELA BRAZIL REALTY S.A.	215,400	1,648,072	896,217
	DABUR INDIA	223,052	355,332	825,988
	DAIKIN INDUSTRIES	41,000	1,853,196	2,670,753
	DAIMLER AG	128,192	5,966,695	10,698,539
	DAIRY CREST GROUP	203,900	1,762,448	1,586,476
	DAITO TRUST CONSTRUCTION CO., LTD.	7,600	793,728	868,427
	DBS HOLDINGS	287,000	3,126,707	4,461,701
	DCM HOLDINGS CO., LTD.	168,900	1,386,247	1,087,542
	DELHAIZE GROUP	48,600	3,406,385	3,553,793
	DELTA ELECTRONICS, INC. - CLASS A	714,000	2,871,799	4,258,876
	DERWENT LONDON PLC	10,485	290,188	493,405
	DEUTSCHE ANNINGTON IMMOBILIEN SE	17,754	484,931	604,001
	DEUTSCHE BANK AG	59,000	4,234,352	1,783,753
	DEUTSCHE WOHNEN AG NPV	22,501	489,161	533,111
	DIALOG AXIATA PLC	2,235,023	328,966	226,569
	DIGI.COM BERHAD	474,500	745,262	837,313
	DIGITAL CHINA HOLDINGS CO., LTD.	1,007,000	1,123,390	933,652
	DIRECT LINE INSURANCE GROUP PLC	605,400	2,446,289	2,749,784
	DISCOVERY HOLDINGS LIMITED	180,512	1,455,583	1,738,220
	DNB NOR ASIA	97,900	1,528,673	1,445,476
	DOLLARAMA INC.	11,978	510,401	614,283
	DONGBU INSURANCE	23,983	1,322,124	1,200,077
	DONGFENG MOTOR GROUP CO., LTD.	274,000	442,548	387,953
	DOWNER EDI LIMITED	553,900	2,064,555	2,139,501
	DRAGON OIL	673,154	5,376,891	5,641,683
	DUFRY AG	6,712	1,091,266	1,006,479
	E SUN FINANCIAL HOLDING CO., LTD.	1,040,786	564,076	647,157
	E.ON AG	98,400	3,661,394	1,690,183
	EAST ASIATIC COMPANY LTD.	43,200	2,414,116	365,046
	EAST JAPAN RAILWAY COMPANY	46,700	3,458,064	3,553,477
	EASYJET PLC	158,281	3,291,704	4,124,022
	EFG HERMES HOLDINGS	511,172	931,640	1,110,987
	ELECTRICITE DE FRANCE S.A.	187,100	5,460,677	5,167,588
	ELSWEDY CABLES HOLDINGS	60,928	604,474	355,169
	EMAAR MALLS GROUP PJSC	1,410,882	1,155,126	1,029,448
	EMAAR PROPERTIES PUBLIC JOINT STOCK COMPANY	288,862	558,602	570,961
	E-MART CO., LTD.	11,862	2,603,693	2,190,771
	EMBRAER S.A.	37,100	335,069	341,105
	ENBRIDGE INC.	68,886	3,152,106	3,552,989
	ENCANA CORPORATION	180,528	2,490,319	2,520,300
	ENEL	1,241,800	8,361,612	5,553,758
	ENI S.P.A.	127,300	2,604,994	2,235,111
	EPISTAR CORPORATION	489,000	1,026,438	973,296
	EREGLI DEMIR CELIK	444,785	594,604	848,569
	ESSILOR INTERNATIONAL COMPAGNIE GENERALE D'OPTIQUE S.A.	18,026	1,968,210	2,021,570
	EUROFINS SCIENTIFIC	2,649	525,575	679,710
	EVERGRANDE REAL ESTATE GROUP LIMITED	1,556,000	633,927	630,037
	EXPERIAN PLC	284,346	5,076,825	4,823,828
	FANUC CO.	14,200	2,549,217	2,362,225
	FIBRA UNO ADMINISTRACION S.A. DE C.V.	234,800	839,320	692,624
	FIELMANN AG	7,642	507,682	522,929
	FILA KOREA, LTD.	6,411	440,539	650,345
	FIRST PACIFIC COMPANY	1,658,000	1,532,298	1,644,135
	FIRST QUANTUM MINERALS LTD.	235,684	3,479,887	3,359,502

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NOTES	IDENTITY OF ISSUE	NUMBER OF SHARES	COST	CURRENT VALUE
	FIRSTGROUP	513,600	\$ 2,310,917	\$ 854,486
	FISCHER AG	5,000	1,181,074	3,165,098
	FREENET AG NPV	129,400	2,032,596	3,710,174
	FRESENIUS MEDICAL CARE	41,730	2,989,498	3,123,140
	FUBON FINANCIAL HOLDING CO., LTD.	1,134,000	1,684,584	1,819,309
	FUJI HEAVY INDUSTRIES LTD.	131,200	2,553,981	4,705,450
	FUJI OIL COMPANY LIMITED	157,200	2,278,714	2,016,544
	FUKUOKA FINANCIAL GROUP, INC.	279,200	1,190,753	1,455,440
	GALAXY ENTERTAINMENT GROUP LIMITED	720,065	4,800,408	4,053,055
	GAS NATURAL SDG S.A.	38,500	704,140	969,474
	GATEGROUP HOLDING AG	38,282	993,278	1,094,157
	GCL POLY ENERGY HOLDINGS LIMITED	2,957,000	1,010,071	686,358
	GDF SUEZ	229,448	4,983,336	5,394,614
	GEBERIT	4,112	826,035	1,400,393
	GEDAU S.A.	5,350	25,243	16,182
	GEELY AUTOMOBILE HOLDINGS LIMITED	2,105,000	1,132,570	670,464
	GENEL ENERGY PLC	69,587	1,038,497	759,525
	GENOMMA LAB INTERNACIONAL SAB DE CV	393,390	625,632	748,895
	GENTERA S.A.B. DE C.V.	313,300	683,972	630,224
	GEO CORPORATION	153,300	1,784,633	1,233,867
	GIVAUDAN S.A.	3,080	2,974,614	5,557,732
	GJENSIDIGE FORSIKRING A.S.A.	27,904	542,402	454,053
	GLAXOSMITHKLINE PLC	397,012	8,990,891	8,518,004
	GLENCORE INTERNATIONAL PLC	1,068,772	6,272,298	4,979,450
	GLOVIS CO., LIMITED	6,148	736,821	1,630,480
	GMR INFRASTRUCTURE, LTD.	2,370,259	995,445	643,985
	GOLD FIELDS LIMITED	176,452	773,625	797,857
	GOME ELECTRICAL	5,582,000	864,553	820,581
	GROUP COMERCIAL CHEDRAUI S.A. DE C.V.	173,100	624,008	496,761
	GRUPO AEROPORTUARIO DEL PACIFICO, S.A. DE C.V.	116,200	607,218	730,953
	GRUPO FIN IMBURSA S.A.B. DE C.V.	289,646	419,967	748,298
	GRUPO FINANCIERO BANORTE	597,538	3,325,472	3,291,785
	GRUPO MEXICO S.A.B. DE C.V.	399,100	984,945	1,159,413
	GUJARAT AMBUJA CEMENTS LIMITED	333,159	840,602	1,207,865
	GUOCO GROUP	209,000	2,170,614	2,452,530
	HAIER ELECTRONICS GROUP CO., LTD.	1,021,200	2,337,316	2,430,912
	HAITONG SECURITIES CO., LTD.	480,000	812,795	1,208,225
	HALKBANK	196,923	1,073,767	1,170,882
	HALMA	48,913	302,063	524,340
	HAN WHA	21,166	812,082	601,772
	HANA FINANCIAL GROUP INC.	32,898	1,209,613	957,773
	HANKOOK TIRE COMPANY LIMITED	23,787	1,234,882	1,140,495
	HCL TECHNOLOGIES LIMITED	174,188	2,239,244	4,406,683
	HDFC BANK LIMITED	121,108	1,348,302	1,825,757
	HELLENIC TELECOMMUNICATIONS ORGANIZATION	149,623	1,644,805	1,647,567
	HELVETIA HOLDING AG	3,900	1,629,987	1,860,414
	HEMARAJ LAND AND DEVELOPMENT PUBLIC COMPANY LIMITED	4,728,900	550,283	632,436
	HENNES & MAURITZ AB	93,577	3,452,859	3,892,143
	HERMES INTERNATIONAL S.C.A.	3,349	1,096,207	1,194,830
	HERMES MICROVISION, INC.	26,000	1,076,966	1,316,372
	HERO HONDA	40,455	1,545,898	1,991,042
	HEXAGON AB	24,333	811,470	752,223
	HEXPOL	5,168	194,809	486,217
	HIKMA PHARMACEUTICALS PLC	16,506	452,167	509,335
	HINDUSTAN UNILEVER LIMITED	44,088	550,522	530,893
	HISCOX LIMITED	47,207	410,981	530,342
	HITACHI, LTD.	932,000	5,843,991	7,001,563
	HIWIN TECHNOLOGIES CORP.	65,920	626,572	552,775
*	HOLCIM GROUP	75,376	6,152,093	5,412,447
	HOME RETAIL GROUP	373,300	1,534,535	1,207,791
	HON HAI PRECISION INDUSTRIES	1,751,547	4,346,408	4,871,875
	HONG KONG EXCHANGES & CLEARING	254,636	4,659,990	5,637,891
	HONG LEONG ASIA LIMITED	1,074,000	2,788,217	1,053,656
	HONG LEONG BANK BERHAD	128,600	589,330	514,179
	HOUSING DEVELOPMENT FINANCIAL CORP.	134,537	1,847,568	2,421,016
	HOYA CORP.	67,500	1,830,320	2,311,085
	HSBC HOLDINGS	859,425	7,849,981	8,200,990
	HSBC HOLDINGS PLC	484,700	4,919,716	4,599,607
	HUABAO INTERNATIONAL HOLDINGS	3,765,000	2,131,820	3,073,232
	HUADIAN FUXIN ENERGY CORPORATION LIMITED	930,000	477,779	437,726
	HUANENG POWER INTERNATIONAL INC.	684,000	759,703	924,366
	HYNIX SEMICONDUCTOR INC.	269,837	8,105,436	11,722,438
	HYPERMARCAS S.A.	122,100	974,164	764,790
	HYUNDAI FIRE & MARINE INSURANCE COMPANY	40,100	1,142,129	948,551
	HYUNDAI HYSKO CO., LTD.	7,134	510,852	471,857

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<u>NOTES</u>	<u>IDENTITY OF ISSUE</u>	<u>NUMBER OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
	HYUNDAI MIPO DOCKYARD CO., LTD.	8,700	\$ 1,417,203	\$ 551,690
	HYUNDAI MOBIS CO.	13,449	2,923,107	2,887,653
	HYUNDAI MOTOR CO.	67,187	13,606,475	10,330,350
	HYUNDAI WIA CORPORATION	8,390	1,312,588	1,343,438
	ICICI BANK LIMITED	883,350	4,522,707	4,941,358
	IDEA CELLULAR LIMITED	665,821	1,572,194	1,622,294
	IJM CORP BERHAD	179,300	331,394	336,909
	IMPERIAL OIL LIMITED	82,600	3,443,699	3,569,290
	INDEPENDENCE GROUP NL	368,800	1,279,990	1,337,007
	INDIABULLS HOUSING FINANCE LIMITED	170,584	1,140,588	1,242,711
	INDIVIOR PLC	46,261	57,399	107,766
	INDOCEMENT TUNGGAL PRAKARSA	715,666	599,124	1,444,626
	INDOFOODS SUKSES MAKMUR	1,126,700	627,490	614,069
	INDUSTRIAL & COMMERCIAL BANK	8,302,000	5,715,104	6,059,346
	INDUSTRIAL BANK OF KOREA	56,679	643,690	727,084
	INDUSTRIES QATAR Q.S.C.	17,680	774,300	815,697
	INFOSYS TECHNOLOGIES LIMITED	88,528	2,643,181	2,766,461
	INFRASTRUCTURE DEVELOPERS	752,429	1,985,353	1,875,634
	ING GROEP N.V.	818,681	11,552,897	10,728,685
	INGENICO GROUP	4,965	466,289	524,369
	INTERCONTINENTAL HOTELS GROUP PLC	36,072	1,219,809	1,459,565
	INTERMEDIATE CAPITAL GROUP PLC	384,200	2,075,788	2,756,293
	INTERNATIONAL CONSOLIDATED AIRLINES GROUP, S.A.	1,110,564	5,224,934	8,417,536
	INTERNATIONAL CONTAINER	461,286	357,185	1,185,891
	INTERPARK CORPORATION	49,900	629,542	417,668
	INTESA SANPAOLO	2,186,439	4,972,489	6,407,887
	INTIME RETAIL GROUP COMPANY LTD.	1,276,000	1,394,610	924,727
	INTOUCH HOLDINGS PCL	296,300	713,098	709,229
	INTRUM JUSTITIA AB	16,112	401,114	477,499
	IRISH LIFE & PERMANENT GROUP HOLDINGS PLC	90,200	2,247,019	6,767
	ITOCHU CORP.	315,400	2,915,315	3,398,780
	ITV PLC	2,455,453	6,355,674	8,239,287
	JBS S.A.	716,700	2,250,883	3,019,728
	JGC CORPORATION	133,000	3,730,838	2,764,385
	JULIUS BAER GRUPPE AG	73,217	2,933,706	3,375,505
	JUST DIAL LIMITED	29,610	778,931	634,770
	JX HOLDINGS, INC.	308,000	2,315,979	1,206,876
	KAKEN PHARMACEUTICAL CO.	5,700	65,524	111,105
	KANGWON LAND, INC.	34,570	1,054,521	956,128
	KAO CORP.	37,600	1,382,984	1,491,832
	KARDEMIR KARABUK DEMIR CELIK SANAYI VE TICARET A.S.	592,079	443,647	519,201
	KASIKORNBANK PLC	269,200	1,890,083	1,873,763
	KASIKORNBANK PUBLIC COMPANY LIMITED	245,125	1,469,112	1,706,189
	KBC GROUPE	68,543	3,457,863	3,856,317
	KDDI CORP.	238,800	8,085,580	15,210,939
	KEYENCE CORPORATION	5,900	1,890,872	2,647,975
	KING YUAN ELECTRONICS CO., LTD.	649,000	635,959	522,658
	KINGBOARD CHEMICAL HOLDING CO.	639,000	2,568,787	1,079,441
	KINGFISHER	1,856,294	8,873,861	9,855,522
	KINGSGATE CONSOLIDATED LIMITED	384,407	1,634,214	207,622
	KIWOOM SECURITIES CO., LIMITED	7,332	348,361	307,515
	KOMATSU	179,400	3,882,474	4,016,094
	KOMERCNI BANKA	2,633	558,369	544,901
	KONE CORPORATION	38,351	1,631,713	1,755,099
	KONINKLIJKE AHOLD N.V.	210,461	3,138,792	3,757,631
	KONINKLIJKE PHILIPS N.V.	108,344	3,390,803	3,166,105
	KOREA ELECTRIC POWER CORPORATION	110,830	4,242,317	4,305,546
	KOTAK MAHINDRA BANK LTD.	117,275	1,229,561	2,348,194
	KROTON EDUCACIONAL S.A.	707,283	4,179,427	4,124,177
	KT&G CORP.	86,058	5,698,012	5,958,253
	KUBOTA CORPORATION	166,805	2,310,776	2,450,007
	KYORIN CO., LTD.	119,400	1,884,204	2,227,764
	KYOWA EXECO CORPORATION	190,400	1,697,121	2,050,180
*	LAFARGE MALAYAN CEMENT BERHAD	78,006	152,611	217,743
	LARGAN PRECISION CO., LTD.	34,000	1,827,671	2,576,736
	LEGAL & GENERAL GROUP	19,100	38,628	74,037
	LEGRAND S.A.	137,941	5,132,574	7,268,336
	LEND LEASE GROUP NPV	278,100	2,587,180	3,732,363
	LENOVO GROUP LTD.	6,323,400	6,578,473	8,317,205
	LG CHEMICAL, LTD.	8,100	2,349,632	1,333,849
	LG DISPLAY CO., LTD.	25,027	596,659	766,191
	LG ELECTRONICS INC.	10,643	788,873	572,262
	LI NING COMPANY, LIMITED	826,506	1,767,945	403,935
	LIBERTY GROUP HOLDINGS INC.	48,633	602,814	515,767
	LINDE AG	36,398	6,595,975	6,791,492

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NOTES	IDENTITY OF ISSUE	NUMBER OF SHARES	COST	CURRENT VALUE
	LINX S.A.	18,300	\$ 388,440	\$ 347,660
	LLOYDS TSB GROUP	8,683,892	9,139,346	10,266,300
	LOJAS RENNER S.A.	13,249	307,855	381,142
	LONGFOR PROPERTIES CO. LIMITED	548,804	682,639	706,984
	LONZA GROUP AG	6,200	396,065	700,086
	LS CORP.	9,461	707,087	467,391
	LUPIN LIMITED	171,241	1,934,063	3,873,794
	LUYE PHARMA GROUP LTD.	837,455	771,836	1,078,831
	LVMH MOET-HENNESSY LOUIS	30,699	4,266,822	4,912,734
	MAGNESITA REFRATARIOS S.A.	43,762	217,629	34,078
	MAHINDRA & MAHINDRA LIMITED	188,592	2,867,632	3,688,184
	MANDO CORPORATION	3,166	559,186	528,555
	MAPFRE S.A.	139,847	636,002	476,021
	MARSTON'S PLC	637,600	1,889,937	1,427,639
	MARUBENI CORP.	400,000	1,677,458	2,417,782
	MARUTI SUZUKI INDIA LTD.	13,667	481,549	720,953
	MBF CAPITAL	2,000	25,483	11
	MEDIA TEK INC.	484,715	5,614,874	7,086,208
	MEDICLINIC INTERNATIONAL LIMITED	113,870	867,009	990,687
	MEDIPAL HOLDINGS CORPORATION	54,100	609,077	633,976
	MEGA FINANCIAL HOLDING CO., LTD.	1,313,000	1,122,566	1,015,849
	MEGACABLE HOLDINGS S.A.B. DE C.V.	187,023	454,084	730,087
	MERCK KGAA	26,600	2,321,271	2,524,130
	METCASH LIMITED	600,300	2,250,420	911,279
	METROBANK	347,253	429,566	644,319
	MICEX-RTS INNOVATION	193,190	178,014	204,965
	MICHAEL PAGE INTERNATIONAL	494,106	3,255,910	3,173,421
	MINCOR RESOURCES	1,035,900	3,139,674	495,921
	MINEBEA CO., LTD.	74,791	830,981	1,125,343
	MINERAL RESOURCES LTD.	175,700	1,627,306	1,089,883
	MIRABELA NICKEL LIMITED	3,268,500	335,105	77,569
	MIRACA HOLDING INC.	32,700	977,171	1,420,968
	mitsubishi corp.	144,700	2,904,502	2,675,674
	mitsubishi ufj financial group inc.	592,000	3,642,221	3,281,071
	MITSUI & CO.	308,300	4,234,011	4,169,552
	MIZUHO FINANCIAL GROUP	2,265,500	4,937,275	3,826,379
	MONDI PLC	171,200	3,115,307	2,802,908
	MONGOLIAN MINING CORPORATION	2,660,990	775,255	116,667
	MORPHOSYS AG	5,740	447,026	532,248
	MORRISON SUPERMARKET	1,136,600	4,921,314	3,264,473
	MTN GROUP, LTD.	142,713	2,916,384	2,731,331
	MUNCHENER RUCKVERSICHERUNGS	19,300	3,367,142	3,870,920
	MURATA MANUFACTURING CO., LTD.	36,800	3,669,041	4,066,892
	MYER HOLDINGS LIMITED	729,700	1,439,735	836,010
	NAMPAK LIMITED	316,397	1,178,909	1,192,976
	NASPERS	68,462	4,619,477	8,966,236
	NATIONAL AUSTRALIA BANK	112,400	2,616,170	3,090,613
	NATIONAL BANK OF GREECE S.A.	466,331	1,512,147	829,497
	NCSOFT CORPORATION	4,400	957,929	728,563
	NEOPOST INC.	21,100	1,639,393	1,203,709
*	NESTLE S.A.	84,475	6,202,766	6,201,833
	NETCARE LIMITED	271,756	675,697	891,465
	NEW WORLD DEPARTMENT STORE	438,082	451,837	140,099
	NEXEN TIRE CORPORATION	23,377	356,745	271,170
	NEXT GROUP	23,043	2,072,630	2,450,412
	NHN CORP.	2,343	703,004	1,517,733
	NICHIREI CORPORATION	202,400	885,413	923,415
	NIDEC CORPORATION	20,800	1,207,834	1,362,032
	NIKON CORP.	456,500	8,365,732	6,107,227
	NIPPON FLOUR MILLS CO., LTD.	259,000	1,368,159	1,155,720
	NIPPON TELEPHONE & TELEGRAPH CORP.	148,315	7,891,305	7,683,260
	NISSAN MOTOR CO., LTD.	362,400	3,347,943	3,194,935
	NITORI COMPANY, LIMITED	16,900	811,870	913,399
	NOMURA RESEARCH INSTITUTE, LTD.	39,000	1,228,704	1,205,179
	NOVARTIS AG	255,735	16,255,009	23,768,054
	NOVATEK MICROELECTRONICS CORP.	172,000	683,601	968,799
	NOVO NORDISK A/S	201,211	5,866,396	8,511,107
	NTPC LIMITED	481,930	1,195,365	1,099,417
	NTT DOCOMO INC.	260,000	3,985,342	3,834,021
	NUTRECO N.V.	7,000	273,349	376,804
	NWS HOLDINGS LIMITED	745,146	1,351,396	1,374,055
	OCI N.V.	42,625	1,553,290	1,490,099
	ODONTOPREV S.A.	34,600	130,125	128,341
	OLD MUTUAL PLC	819,000	2,332,459	2,432,734
	OLYMPUS CORPORATION	121,429	4,312,245	4,324,632

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<u>NOTES</u>	<u>IDENTITY OF ISSUE</u>	<u>NUMBER OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
	OMRON CORPORATION	46,200	\$ 2,046,317	\$ 2,100,087
	OMV AG	67,700	2,447,483	1,803,068
	OPAP S.A.	102,474	1,212,304	1,103,588
	ORACLE FINANCIAL SERVICES SOFTWARE LIMITED	8,400	371,924	447,470
	ORIX CORPORATION	290,000	3,622,795	3,685,016
	OTP BANK LIMITED	95,697	1,691,069	1,397,646
	OTSUKA HOLDINGS CO., LTD.	53,400	1,598,563	1,610,975
	PACE PLC	318,000	986,569	1,721,066
	PALTAC CORPORATION	97,000	1,335,868	1,126,994
	PAPERLINX	319,500	841,050	10,981
	PARAMOUNT BED HOLDINGS CO., LTD.	33,800	1,121,195	902,123
	PARGESA HOLDINGS S.A.	17,600	1,233,015	1,364,746
	PARKSON RETAIL GROUP LIMITED	166,342	242,216	41,613
	PARTNERS GROUP HOLDINGS	7,462	1,404,925	2,174,054
	PERNOD RICARD S.A.	29,726	3,431,352	3,318,587
	PETROCHINA COMPANY LIMITED	1,498,000	1,802,230	1,661,257
	PETROFAC LIMITED	156,288	2,900,004	1,713,155
	PEYTO EXPLORATION & DEVELOPMENT CORP.	22,902	849,222	661,800
	PICC PROPERTY AND CASUALTY COMPANY LIMITED	444,000	881,736	863,398
	PICK'N PAY HOLDINGS LIMITED	24,988	50,560	50,759
	PICK'N PAY STORES LTD.	94,973	443,065	431,981
	PING AN INSURANCE GROUP COMPANY	321,500	2,634,521	3,279,322
	PIRAEUS BANK S.A.	535,793	1,164,141	589,986
	PKP CARGO S.A.	12,848	327,504	302,029
	POLSKI KONCERN NAFTOWY ORLEN S.A.	33,402	439,025	460,030
	POLY PROPERTY GROUP CO., LIMITED	2,350,000	1,413,381	966,685
	PORTO SEGURO S.A.	51,000	736,901	583,252
	POU CHEN CORPORATION	334,000	456,006	406,376
	POWSZECHNY ZAKLAD UBEZPIECZEN S.A.	7,559	1,079,618	1,034,255
	PREMIER FOODS PLC	104,456	2,149,408	52,119
	PREMIER OIL PLC	346,662	1,934,613	903,771
	PRESIDENT ENTERPRISES CORP.	510,500	919,569	810,933
	PRIMARY HEALTH CARE LIMITED	299,300	1,291,524	1,153,630
	PROMOTORA Y OPERADORA DE INFRAESTRUCTURA S.A.B. DE C.V.	56,300	784,819	677,559
	PROSIEBENSAT 1 MEDIA AG	37,963	1,588,848	1,599,990
	PROVIDENT FINANCIAL PLC	14,184	333,361	544,506
	PRUDENTIAL PLC	246,149	3,154,723	5,726,413
	PT BANK CENTRAL ASIA, TBK	671,200	733,824	711,305
	PT INDOFOOD CBP SUKSES MAKMUR TBK	945,900	918,063	1,000,510
	PT MATAHARI DEPARTMENT STORE TBK	456,300	575,247	552,645
	PT PERUSAHAAN PERKEBUNAN LONDON SUMATRA INDONESIA	3,406,000	672,717	519,770
	PTT EXPLORATION AND PRODUCTION PUBLIC COMPANY LIMITED	127,000	680,108	432,340
	PUBLIC BANK BERHAD	339,310	1,328,259	1,775,882
	PUBLICIS GROUPE S.A.	35,930	2,004,060	2,592,974
	QINHUANGDAO PORT CO., LTD.	373,000	186,978	173,156
	QUALITY HOUSES PCL	5,204,300	504,226	578,959
	RAMAYANA LESTARI SENTOSA	2,801,996	190,344	178,731
	RANK GROUP PLC	56,430	140,720	142,233
	REA GROUP LIMITED	13,776	375,503	511,370
	RECKITT BENCKISER, PLC	84,951	5,784,482	6,901,158
	RECORDATI SPA	78,200	652,773	1,215,943
	RECRUIT HOLDINGS CO., LTD.	14,600	476,016	418,900
	REED ELSEVIER N.V.	548,460	6,683,105	13,167,094
	REED ELSEVIER PLC	100,313	1,665,142	1,720,544
	RELIANCE INDUSTRIES, PLC	226,900	3,440,568	3,203,326
	RENAULT REGIE NATIONALE DES USINES S.A.	74,184	4,273,705	5,433,557
	REPSOL S.A.	276,677	6,531,230	5,204,357
	REPSOL S.A. (EUROPE)	131,177	1,769	72,540
	RESONA HOLDINGS, INC.	801,100	4,102,647	4,088,520
	REXAM PLC	704,984	5,787,452	4,988,380
	RHEINMETAL AG	56,000	2,764,326	2,457,757
	RICHTEK TECHNOLOGY CORP.	43,122	329,398	229,242
	RIETER HOLDING AG	3,200	542,413	532,984
	RIO TINTO	170,378	9,203,145	7,969,857
	RIO TINTO LIMITED	64,400	3,485,843	3,056,701
	ROBINSON DEPARTMENT STORE PUBLIC COMPANY LIMITED	300,800	539,497	411,429
	ROCHE HOLDINGS AG	49,717	9,745,592	13,504,371
	ROCKET INTERNET AG	27,556	1,380,669	1,713,555
	ROYAL BAFOKENG PLATINUM LIMITED	34,572	279,445	157,518
	ROYAL DUTCH SHELL - CLASS A	57,891	2,022,964	1,943,890
	ROYAL DUTCH SHELL - CLASS B	322,500	10,385,009	11,228,822
	RUENTEX DEVELOPMENT CO., LTD.	186,000	327,600	296,639
	RYOHIN KEIKAKU CO.	7,300	861,604	905,993
	SABMILLER PLC (GBP)	110,303	4,480,677	5,780,582
	SABMILLER PLC	92,162	2,239,088	4,822,816

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NOTES	IDENTITY OF ISSUE	NUMBER OF SHARES	COST	CURRENT VALUE
	SAFARICOM, LTD.	2,346,400	\$ 345,934	\$ 364,074
	SAFRAN S.A.	78,612	5,048,311	4,875,128
	SAINSBURY LTD.	610,100	2,768,798	2,346,853
	SAMPO OYJ	106,497	4,820,246	5,002,605
	SAMSUNG ELECTRONICS	15,332	12,010,547	18,510,272
	SAMSUNG FIRE & MARINE	21,789	3,806,181	5,600,139
	SAMSUNG LIFE INSURANCE CO., LTD.	13,830	1,331,537	1,465,856
	SAMSUNG SDI	7,290	1,220,396	769,358
	SANDS CHINA LIMITED	193,357	1,138,433	951,220
	SANKYU, INC.	500,000	2,364,586	2,051,795
	SANLAM LIFE INSURANCE LIMITED	75,097	481,708	454,396
	SANOFI-AVENTIS	135,626	10,834,148	12,416,884
	SAP AG	62,752	3,802,504	4,423,860
	SAPPI LIMITED	180,671	760,609	659,044
	SAPUTO INC.	44,642	1,363,811	1,345,909
	SASOL	26,027	1,448,506	969,672
	SBERBANK OF RUSSIA A.D.R.	1,134,394	1,868,656	1,118,764
	SCHNEIDER ELECTRIC SE	87,938	7,838,964	6,449,472
	SCOR SE	75,700	1,915,084	2,307,882
	SCSK CORPORATION	17,600	484,640	444,789
	SECOM CO.	27,200	1,557,639	1,575,579
	SECURITAS AB	227,700	2,601,053	2,747,263
	SEIKO EPSON CORPORATION	32,800	1,543,811	1,392,485
	SEMBCORP INDUSTRIES LIMITED	868,900	3,527,116	2,917,972
	SEMBCORP MARINE LIMITED	941,000	3,908,369	2,315,040
	SEMEN GRESIK PERSERO TERBUKA	660,988	737,716	864,597
	SEVEN GROUP HOLDINGS LIMITED	223,700	2,120,906	1,065,438
	SHANGHAI FOSUN PHARMACEUTICAL GROUP CO., LTD.	407,000	1,368,728	1,464,284
	SHIMAO PROPERTY HOLDINGS LIMITED	293,500	720,059	656,272
	SHIN-ETSU CHEMICALS CO.	97,900	5,475,188	6,422,965
	SHINHAN FINANCIAL GROUP	142,492	5,441,651	5,762,425
	SHIRE PLC	49,157	3,185,781	3,474,456
	SHRIVAM TRANSPORT FINANCE CO., LTD.	94,800	1,244,754	1,664,491
	SIAM COMMUNITY BANK	176,229	834,532	974,884
	SIHUAN PHARMACEUTICAL HOLDINGS GROUP LTD.	812,000	477,926	543,438
	SILERGY CORP.	54,347	426,836	447,131
	SILOAM HOSPITALS GROUP	590,900	552,579	653,641
	SK HOLDINGS CO., LTD.	3,227	597,991	480,021
	SK TELECOM	35,529	6,871,184	8,662,851
	SKANDINAVISKA ENSKILDA BANKEN	335,000	1,965,872	4,260,116
	SKY NETWORK TELEVISION LIMITED	311,900	1,567,789	1,472,437
	SKYWORTH DIGITAL HOLDINGS LIMITED	3,478,000	1,549,061	1,892,643
	SL INDUSTRIES, INC.	22,402	509,514	354,633
	SM PRIME	3,411,800	1,193,075	1,299,661
	SMC CORPORATION	6,200	1,641,722	1,653,230
	SMURFIT KAPPA GROUP PLC	171,828	2,596,536	3,888,113
	SOCIETE GENERALE	42,500	3,678,625	1,799,435
	SO-NET M3, INC.	33,800	516,787	570,311
	SONOVA HOLDING AG	8,371	1,233,489	1,237,558
	SONY CORPORATION	160,448	3,464,586	3,308,792
	SSE PLC	95,674	2,386,528	2,419,694
	STADA ARZNEIMITTEL AG	45,500	2,310,498	1,390,196
	STANDARD BANK GROUP, LTD.	120,895	1,342,808	1,499,385
	START TODAY CO., LTD.	18,800	523,645	396,400
	STATOIL	169,400	4,628,874	2,964,339
	STRAUMANN HOLDING LTD.	2,463	450,312	621,544
	STX OSV HOLDINGS LTD.	17,800	22,449	8,060
	SUMITOMO CORP.	255,600	3,041,918	2,647,777
	SUMITOMO METAL MINING CO., LTD.	113,000	1,570,306	1,705,909
	SUMITOMO MITSUI GROUP	365,200	14,151,961	13,326,243
	SUMITOMO REALTY & DEVELOPMENT CO., LTD.	64,000	2,629,552	2,205,396
	SUN PHARMACEUTICAL	419,410	2,051,439	5,491,914
	SUN TV NETWORK LIMITED	104,680	610,225	631,836
	SUNCOR ENERGY INC.	85,200	3,236,842	2,714,336
	SURUGA BANK	76,000	912,411	1,409,133
	SVENSKA CELLULOSA SCA AB	121,102	3,267,737	2,612,861
	SWEDBANK AB	222,247	4,694,918	5,550,319
	SWISS LIFE HOLDING	19,100	3,013,256	4,544,095
	SWISS RE LTD.	57,300	3,927,012	4,823,776
	SYSMEX CORPORATION	34,700	1,336,813	1,559,973
	T GARANTI BANKASI	1,124,545	4,163,487	4,531,372
	T IS BANKASI	711,153	1,921,356	2,050,335
	TADANO LTD.	27,000	484,571	338,246
	TAISHIN FINANCIAL HOLDING CO., LTD.	1,484,000	758,438	612,816
	TAIWAN SEMICONDUCTOR MANUFACTURING CO.	4,344,844	10,129,911	19,385,577

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NOTES	IDENTITY OF ISSUE	NUMBER OF SHARES	COST	CURRENT VALUE
	TALANX AG	93,100	\$ 3,335,994	\$ 2,846,808
	TALLINK GROUP A.S.	509,346	740,560	416,026
	TATA CONSULTANCY SERVICES	88,582	2,676,068	3,590,081
	TATA MOTORS LIMITED	195,557	1,117,690	1,535,241
	TATE & LYLE PLC	234,800	2,533,657	2,207,655
	TDC A/S	270,300	2,222,626	2,074,551
	TECH MAHINDRA LIMITED	145,040	3,101,790	5,959,341
	TECHNIP S.A.	111,122	11,535,388	6,644,498
	TECHTRONIC INDUSTRIES COMPANY LIMITED	189,000	448,728	609,296
	TECNICAS REUNIDAS	61,168	2,538,217	2,686,053
	TELEFONICA S.A.	80,000	1,443,732	1,153,904
	TELEKOM MALAYSIA BERHAD	331,200	713,423	651,696
	TELENET GROUP HOLDING N.V.	16,954	984,284	952,623
	TELENOR A.S.	174,235	3,962,148	3,520,697
	TELEPERFORMANCE S.A.	24,700	1,198,416	1,686,593
	TELEVISION BROADCASTS LIMITED	228,700	1,384,301	1,331,529
	TELIASONERA AB	491,400	3,724,790	3,163,742
	TELSTRA CORP.	754,303	3,355,539	3,685,185
	TEMP HOLDINGS CO., LTD.	14,800	467,043	469,694
	TENAGA NASIONAL BERHAD	212,500	878,536	838,696
	TENCENT HOLDINGS LIMITED	1,015,149	10,487,073	14,726,818
	TESCO	873,400	4,236,594	2,573,895
	THAI BEVERAGE PUBLIC COMPANY	3,876,558	767,045	2,018,584
	THALES GROUP	43,300	2,670,591	2,357,520
	THE SIAM COMMERCIAL BANK PUBLIC COMPANY LIMITED	155,200	913,666	858,553
	TIANHE CHEMICALS GROUP LIMITED	5,174,000	1,173,798	780,619
	TIANJIN DEVELOPMENT HOLDINGS LIMITED	692,000	637,626	511,314
	TIETOENATOR OYJ	145,400	3,369,510	3,784,497
	TIGER BRANDS LIMITED	46,338	1,299,893	1,474,244
	TINGYI HOLDING CORP.	684,000	1,688,311	1,562,955
	TMB BANK PUBLIC COMPANY PCL	8,552,126	703,428	759,034
	TNT N.V.	1,005,878	5,317,986	3,773,204
	TOHO HOLDINGS CO., LTD.	81,000	1,472,849	1,185,662
	TOKAI RIKAI CO., LTD.	99,200	2,096,817	2,107,364
	TOKYO ELECTRIC POWER CO.	73,436	4,877,275	5,647,886
	TOLL HOLDINGS LIMITED	378,800	1,718,641	1,825,847
	TOPPAN FORMS CO., LTD.	243,800	2,392,048	2,468,603
	TOREX GOLD RESOURCES INC.	219,395	303,603	232,986
	TORONTO-DOMINION BANK	23,778	1,095,760	1,139,578
	TOTAL PRODUCE PLC	140,200	156,533	181,524
	TOTAL S.A.	369,297	20,439,973	19,000,820
	TOTVS S.A.	25,429	156,756	334,819
	TOWA PHARMACEUTICAL CO., LTD.	23,600	1,024,986	1,055,056
	TOYO TIRE & RUBBER CO., LIMITED	231,000	1,088,024	4,597,072
*	TOYOTA MOTOR CORP.	202,530	8,513,417	12,767,185
	TRACTEBEL ENERGIA	58,915	719,834	749,791
	TSINGTAO BREWERY CO.	40,587	332,677	275,296
	TSUMURA & CO.	84,800	2,389,385	1,893,403
	TSURUHA HOLDINGS INC.	12,400	445,451	722,933
	TULLOW OIL PLC	395,898	5,699,520	2,555,021
	TURK HAVA YOLLARI AS	185,578	736,538	764,460
	TURKCELL ILETISIM	120,380	752,693	736,364
	TURKIYE VAKIFLAR BANKASI T.A.O.	273,276	642,160	570,457
	UBS GROUP AG	840,291	14,660,199	14,452,346
	UCB S.A.	9,570	776,555	731,867
	ULKER BISKUVI SANAYI AS	175,992	1,263,230	1,396,493
	ULTRAPAR PARTICIPACOES S.A.	26,176	335,830	506,642
	ULTRATECH CEMENT LIMITED	11,034	513,098	467,781
	UNIBAIL-RODAMCO SE	6,091	1,163,738	1,568,793
*	UNILEVER N.V.	99,868	3,747,074	3,944,390
*	UNILEVER PLC	80,379	3,625,419	3,293,698
	UNITED MICRO ELECTRONICS	1,680,000	721,415	784,128
	UNIVERSAL ROBINA CORPORATION	502,340	1,456,928	2,201,054
	VALEO	44,210	2,562,020	5,542,218
	VESUVIUS PLC	205,100	889,580	1,426,957
	VODAFONE GROUP PLC	1,451,171	6,757,968	5,037,987
	VOESTALPINE AG	85,600	2,441,481	3,396,915
	VOLKSWAGEN AG	22,900	3,448,690	4,990,597
	WAL-MART DE MEXICO - CLASS V	544,600	1,203,996	1,171,981
	WEST CHINA CEMENT LIMITED	1,487,276	528,694	157,265
	WEST JAPAN RAILWAY COMPANY	29,000	1,292,425	1,381,609
	WESTPORTS HOLDINGS BERHAD	465,402	383,386	447,233
	WH GROUP LIMITED	1,400,000	987,184	801,563
	WHITBREAD LTD.	32,371	1,893,319	2,407,633
	WIENER STADTISCHE ALLGEMEINE	16,614	922,516	745,448

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  
EQUITY SECURITIES  
DECEMBER 31, 2014

<u>NOTES</u>	<u>IDENTITY OF ISSUE</u>	<u>NUMBER OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
	WIRE CARD	26,873	\$ 987,881	\$ 1,185,432
	WOOLWORTHS HOLDINGS LIMITED	146,444	1,018,953	975,977
	WOONG JIN COWAY	7,009	472,805	536,922
	WPP PLC	48,004	993,133	1,006,736
	WUMART STORES, INC.	319,037	514,828	273,172
	XINAO GAS HOLDINGS	360,000	2,367,521	2,042,593
	XL AXIATA	2,867,200	1,537,919	1,126,278
	YAPI VE KREDI BANK	360,302	769,299	753,663
	YARA INTERNATIONAL	56,300	2,697,276	2,506,544
	YOKOHAMA RUBBER COMPANY, LIMITED	260,000	2,332,291	2,396,263
	YTL CORPORATION BERHAD	1,315,400	671,693	598,166
	YUANTA FINANCIAL HOLDING CO., LTD.	1,739,225	920,387	847,543
	ZHEJIANG EXPRESSWAY CO., LTD.	224,000	271,720	260,255
	ZTE CORPORATION	590,000	1,236,015	1,281,211
	ZURICH FINANCIAL SERVICES	43,834	9,207,673	13,750,372
	TOTAL FOREIGN COMMON STOCKS		<u>1,643,605,467</u>	<u>1,734,688,958</u>
	TOTAL EQUITY SECURITIES		\$ <u>4,658,216,250</u>	\$ <u>5,558,398,752</u>



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  
 COMMINGLED AND MUTUAL FUNDS  
 DECEMBER 31, 2014

<u>NOTES</u>	<u>IDENTITY OF ISSUE</u>	<u>NUMBER OF UNITS</u>	<u>COST</u>	<u>CURRENT VALUE</u>
<u>COMMINGLED EQUITY FUNDS</u>				
*	MELLON CAPITAL MANAGEMENT EB DAILY VALUED INTERNATIONAL STOCK INDEX FUND	2,333,817	\$ 674,058,864	\$ 875,819,598
*	MELLON CAPITAL MANAGEMENT EB DAILY VALUED STOCK INDEX FUND	1,733,804	<u>2,725,313,834</u>	<u>4,744,926,069</u>
	TOTAL COMMINGLED EQUITY FUNDS		<u>3,399,372,698</u>	<u>5,620,745,667</u>
<u>COMMINGLED FIXED INCOME FUNDS</u>				
*	MELLON CAPITAL MANAGEMENT EB TEMPORARY INVESTMENT FUND	237,262,329	<u>237,262,329</u>	<u>237,262,329</u>
	TOTAL COMMINGLED FUNDS		<u>\$ 3,636,635,027</u>	<u>\$ 5,858,007,996</u>

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, 2014

NOTES	IDENTITY OF ISSUE	NUMBER OF SHARES	COST	CURRENT VALUE
<u>GLOBAL LISTED INFRASTRUCTURE</u>				
	ABERTIS INFRAESTRUCTURAS S.A.	254,448	\$ 4,720,661	\$ 5,058,712
	THE AES CORPORATION	490,832	6,589,929	6,758,757
	AGL RESOURCES INC.	43,100	2,296,563	2,349,381
	ALLIANT ENERGY CORPORATION	27,490	1,600,066	1,825,886
	AMERICAN TOWER CORPORATION	152,800	11,591,466	15,104,280
	AMERICAN WATER WORKS COMPANY, INC.	83,800	3,858,426	4,466,540
	ASCIANO LIMITED	1,044,060	4,895,305	5,169,159
	ATLANTIA S.P.A.	664,106	14,171,050	15,533,616
	ATMOS ENERGY CORPORATION	73,017	3,354,351	4,069,968
	BBA AVIATION PLC	1,088,770	5,296,351	6,111,593
	BEIJING ENTERPRISE HOLDINGS LIMITED	422,700	2,839,409	3,314,076
	CCR S.A.	700,100	5,152,204	4,058,589
	CENTERPOINT ENERGY, INC.	192,200	4,601,482	4,503,246
	CHINA MERCHANTS HOLDINGS (INTERNATIONAL) COMPANY LIMITED	3,270,000	10,239,021	11,005,629
	CIA DE SANEAMENTO BASICO DO ESTADO DE SAO PAULO	843,191	7,588,090	5,303,671
	COSCO PACIFIC LIMITED	1,577,500	2,373,917	2,241,700
	CROWN CASTLE INTERNATIONAL CORP.	136,983	10,287,643	10,780,562
	DUKE ENERGY CORPORATION	74,624	5,426,739	6,234,089
	E.ON SE	331,193	5,631,234	5,688,789
	EAST JAPAN RAILWAY COMPANY	48,500	3,816,665	3,690,441
	ENBRIDGE INC.	501,526	22,169,786	25,867,613
	ENN ENERGY HOLDINGS LIMITED	1,087,300	6,565,331	6,169,197
	EUTELSAT COMMUNICATIONS	141,924	4,259,044	4,601,643
	EXELON CORPORATION	189,710	5,758,809	7,034,447
	FERROVIAL, S.A.	275,217	4,781,954	5,469,958
	FIRSTENERGY CORP.	92,874	2,980,279	3,621,157
	FLUGHAFEN ZURICH AG	12,530	6,615,545	8,404,614
	FRAPORT FRANKFURT AIRPORT SERVICES WORLDWIDE AG	76,006	4,997,985	4,418,290
	GDF SUEZ S.A.	96,600	2,590,998	2,271,189
	GROUPE EUROTUNNEL S.A.	918,928	9,277,593	11,897,852
	HUTCHISON PORT HOLDINGS TRUST	2,443,522	1,641,047	1,686,030
	IBERDROLA S.A.	592,585	4,301,548	4,013,371
	INFRAESTRUCTURA ENERGETICA NOVA S.A.B. DE C.V.	194,500	608,643	973,836
	INTER PIPELINE LTD.	208,400	5,628,274	6,466,563
	ITC HOLDINGS CORP.	155,713	5,305,152	6,295,477
	JIANGSU EXPRESSWAY COMPANY LIMITED	2,936,000	3,420,786	3,505,852
	KAMIGUMI CO., LTD.	604,000	5,230,085	5,420,609
	KANSAS CITY SOUTHERN	19,600	1,852,578	2,391,788
	KINDER MORGAN, INC.	139,600	5,539,517	5,906,476
	KONINKLIJKE VOPAK	135,976	7,364,104	7,089,109
	NATIONAL GRID PLC A.D.R.	1,326,643	18,014,673	18,991,524
	NISOURCE INC.	146,010	4,416,731	6,193,744
	NORTHEAST UTILITIES SERVICE COMPANY	128,401	6,144,035	6,872,022
	ONEOK, INC.	72,800	3,332,533	3,624,712
	ORIGIN ENERGY LIMITED	442,400	5,723,989	4,224,984
	PEMBINA PIPELINE CORPORATION	266,831	8,232,336	9,733,987
	PENNON GROUP PLC	238,200	2,757,944	3,415,146
	PG&E CORPORATION	190,217	8,974,714	10,127,153
	POWER ASSETS HOLDINGS LIMITED	233,000	1,986,060	2,260,940
	PPL CORPORATION	192,862	6,136,723	7,006,676
	RUBIS S.C.A.	122,047	7,589,107	6,981,713
	SBA COMMUNICATIONS CORPORATION	56,500	3,935,210	6,257,940
	SEMPRA ENERGY	82,700	6,201,584	9,209,472
	SEVERN TRENT PLC	72,900	2,323,880	2,280,207
	SNAM S.P.A.	1,293,555	6,192,175	6,417,592
	SPECTRA ENERGY CORP	175,600	5,343,725	6,374,280
	SSE PLC	394,585	9,389,439	9,979,463
	TARGA RESOURCES CORP.	35,600	3,291,025	3,775,380
	TEEKAY CORPORATION	71,500	3,329,914	3,638,635
	TOKYO GAS CO., LTD.	838,300	4,249,489	4,559,451
	TRANSCANADA CORPORATION	365,783	16,976,495	18,032,557
	TRANSURBAN GROUP	2,879,691	18,386,457	20,219,586
	UIL HOLDINGS CORPORATION	27,500	1,152,620	1,197,350
	UNION PACIFIC CORPORATION	68,945	6,507,975	8,213,418
	UNITED UTILITIES GROUP PLC	158,060	1,792,771	2,257,528
	VERESEN INC.	136,100	1,830,053	2,157,389
	VINCI S.A.	77,643	4,230,162	4,275,752
	THE WILLIAMS COMPANIES, INC.	267,700	10,456,642	12,030,438
	TOTAL GLOBAL LISTED INFRASTRUCTURE		406,118,091	447,082,794
<u>REAL ESTATE RELATED INVESTMENTS</u>				
	ALLIED PROPERTIES REAL ESTATE INVESTMENT TRUST	167,060	5,425,302	5,400,152
	ALSTRIA OFFICE REIT A.G.	235,981	3,164,261	2,941,153
	AMERICAN CAMPUS COMMUNITIES, INC.	95,042	3,982,221	3,930,937
	AMERICAN RESIDENTIAL PROPERTIES, INC.	116,791	2,228,941	2,052,018
	APARTMENT INVESTMENT AND MANAGEMENT COMPANY	113,754	3,907,891	4,225,961
	AVALONBAY COMMUNITIES, INC.	46,135	7,137,680	7,537,998
	BENI STABILI S.P.A.	3,034,220	2,402,940	2,131,339
	BOARDWALK REAL ESTATE INVESTMENT TRUST	23,380	1,490,001	1,242,223
	BOSTON PROPERTIES, INC.	58,099	6,020,028	7,476,760
	BRITISH LAND COMPANY PLC	783,048	9,522,449	9,486,918
	CAMDEN PROPERTY TRUST	25,313	1,894,682	1,869,112
	CAPITACOMMERCIAL TRUST	1,966,000	2,666,110	2,603,826
	CITYCON OYJ	681,205	2,490,522	2,126,674
	CONCENTRADORA FIBRA HOTELERA MEXICANA S.A. DE C.V.	1,032,540	1,839,523	1,608,380
	CONWERT IMMOBILIEN INVEST SE	116,516	1,359,973	1,375,782
	CYRUSONE INC.	87,571	2,271,902	2,412,581
	DCT INDUSTRIAL TRUST INC.	139,668	4,481,875	4,980,561
	DDR CORP.	206,653	3,754,545	3,794,149
	DEUTSCHE ANNINGTON IMMOBILIEN SE	175,607	5,254,543	5,974,248
	DEUTSCHE BANK MEXICO	1,161,329	2,543,094	2,150,150

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND  
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 OTHER INVESTMENTS  
 DECEMBER 31, 2014

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	NUMBER OF SHARES	PRINCIPAL	COST	CURRENT VALUE
	DEXUS PROPERTY GROUP			531,764	\$	3,564,928	\$ 3,033,128
	DIAMOND ROCK HOSPITALITY COMPANY			279,630		3,704,657	4,158,098
	DOUGLAS EMMETT, INC.			109,888		3,052,575	3,120,819
	DUKE REALTY CORPORATION			281,972		5,222,635	5,695,834
	EQUITY COMMONWEALTH			103,747		2,810,891	2,663,185
	EQUITY RESIDENTIAL			117,360		6,708,962	8,431,142
	ESSEX PROPERTY TRUST, INC.			15,371		2,424,057	3,175,649
	FIRST INDUSTRIAL REALTY TRUST, INC.			56,847		981,079	1,168,774
	GENERAL GROWTH PROPERTIES, INC.			248,776		6,187,268	6,998,069
	GLP J-REIT			2,968		3,560,930	3,307,267
	GRAMERCY PROPERTY TRUST INC.			516,284		3,143,684	3,562,360
	GREAT PORTLAND ESTATES PLC			451,716		4,092,298	5,198,016
	HEALTH CARE REIT, INC.			142,403		9,287,762	10,775,635
	HEALTHCARE REALTY TRUST INCORPORATED			71,030		1,780,525	1,940,540
	HEALTHCARE TRUST OF AMERICA, INC.			138,268		3,481,166	3,724,940
	HIGHWOODS PROPERTIES, INC.			123,380		5,262,028	5,463,266
	HILTON WORLDWIDE HOLDINGS INC.			128,901		3,242,614	3,363,027
	HONGKONG LAND HOLDINGS LIMITED			679,000		4,595,948	4,590,040
	HOST HOTELS & RESORTS, INC.			313,454		5,442,440	7,450,802
	HYSAN DEVELOPMENT COMPANY LIMITED			754,000		3,268,893	3,369,001
	INVESTA OFFICE FUND			680,990		2,330,392	2,028,529
	KENEDIX OFFICE INVESTMENT CORPORATION			574		3,159,272	3,241,153
	KERRY PROPERTIES LIMITED			751,500		2,688,723	2,727,935
	KILROY REALTY CORPORATION			56,566		3,328,074	3,907,014
	KIMCO REALTY CORPORATION			103,320		2,425,380	2,597,465
	KITE REALTY GROUP TRUST			108,458		2,715,747	3,117,083
	KLEPIERRE SA			85,529		3,890,129	3,697,854
	LAND SECURITIES GROUP PLC			152,714		2,800,299	2,755,040
	THE LINK REAL ESTATE INVESTMENT TRUST			548,000		3,272,385	3,430,808
	MAPLETREE COMMERCIAL TRUST			1,465,000		1,679,292	1,558,863
	MIRVAC GROUP			2,337,690		3,994,823	3,405,227
	MITSUBISHI ESTATE COMPANY, LIMITED			261,000		6,758,137	5,563,080
	MITSUMI FUDOSAN CO., LTD.			429,000		13,260,178	11,646,815
	MORI HILLS REIT INVESTMENT CORPORATION			2,424		3,489,934	3,485,530
	OLYMPUS REAL ESTATE FUND, L.P.			1		1	-
	ORIX JREIT INC.			1,757		2,378,654	2,473,678
	PARAMOUNT GROUP, INC.			124,233		2,239,516	2,309,491
	PEBBLEBROOK HOTEL TRUST			100,675		3,934,786	4,593,800
	POST PROPERTIES, INC.			72,969		4,044,526	4,288,388
	PROLOGIS, INC.			173,050		6,418,362	7,446,341
	PS BUSINESS PARKS, INC.			27,148		2,208,391	2,159,352
	PUBLIC STORAGE			33,648		5,888,968	6,219,833
	RAMCO-GERSHENSON PROPERTIES TRUST			162,058		2,780,050	3,036,967
	REGENCY CENTERS CORPORATION			60,161		3,438,382	3,837,069
	RLJ LODGING TRUST			144,642		4,342,451	4,849,846
	SCENTRE GROUP			2,942,276		9,262,891	8,427,340
	SEGRO PLC			1,094,977		6,732,826	6,322,291
	SHIMAO PROPERTY HOLDINGS LIMITED			713,500		1,635,854	1,595,400
	SIMON PROPERTY GROUP, INC.			111,734		11,874,617	20,347,879
	SL GREEN REALTY CORP.			25,845		2,801,855	3,076,072
	SPIRIT REALTY CAPITAL, INC.			389,670		4,599,904	4,633,176
	STARWOOD HOTELS & RESORTS WORLDWIDE, INC.			24,274		1,813,499	1,967,893
	STARWOOD OPPORTUNITY FUND IV, L.P.			4,573,237		4,573,237	203,879
	STRATEGIC HOTELS & RESORTS, INC.			334,698		4,027,959	4,428,055
	SUMITOMO REALTY & DEVELOPMENT CO., LTD.			104,000		3,656,902	3,583,769
	SUN HUNG KAI PROPERTIES LIMITED			910,000		13,046,724	13,882,022
	SUNTEC REAL ESTATE INVESTMENT TRUST			1,824,000		2,679,658	2,697,940
	TAUBMAN CENTERS, INC.			52,826		4,056,263	4,036,963
	UDR, INC.			238,413		7,159,312	7,347,889
	UNIBAIL-RODAMCO SE			13,823		3,373,611	3,560,240
	VENTAS, INC.			25,566		1,562,302	1,833,082
	VORNADO REALTY TRUST			47,981		4,539,213	5,647,844
	WASHINGTON REAL ESTATE INVESTMENT TRUST			95,529		2,682,570	2,642,332
	WESTFIELD CORPORATION			975,706		6,850,198	7,202,191
	TOTAL REAL ESTATE RELATED INVESTMENTS					346,050,070	364,323,932
<b>NON-U.S. GOVERNMENT SECURITIES</b>							
	ANGOLA	08/16/2019	7.000 %		\$	720,000	771,300
	ARGENTINA	10/03/2015	7.000			1,198,313	1,135,892
	ARGENTINA	04/17/2017	7.000			3,147,407	2,790,930
	ARGENTINA	08/17/2017	12.380			454,000	406,537
	ARGENTINA	03/31/2023	6.000			362,000	439,830
	ARGENTINA	05/07/2024	8.750			1,091,000	1,024,301
	ARMENIA	09/30/2020	6.000			305,000	300,730
	AZERBAIJAN	03/18/2024	4.750			1,092,000	1,083,721
	BELARUS	08/03/2015	8.750			723,000	748,139
	BELARUS	01/26/2018	8.950			121,000	130,668
	BOLIVIA	10/29/2022	4.870			200,000	203,600
	BRAZIL	01/01/2015	10.000			198,333	246,193
	BRAZIL	05/15/2015	6.000			792,000	936,273
	BRAZIL	01/01/2016	11.490			2,641,431	2,491,520
	BRAZIL	08/15/2016	6.000			103,000	125,372
	BRAZIL	01/01/2017	10.000			2,936,053	3,331,005
	BRAZIL	01/01/2017	13.178			137,667	126,899
	BRAZIL	01/01/2018	10.000			1,998,382	1,971,661
	BRAZIL	01/01/2018	INFLTN.			6,269,072	5,069,551
	BRAZIL	07/01/2018	ZERO			3,661,882	2,773,760
	BRAZIL	07/12/2020	5.500			204,000	222,980
	BRAZIL	01/01/2021	10.000			4,355,352	4,359,869
	BRAZIL	08/15/2022	6.000			1,682,000	2,125,814
	BRAZIL	01/05/2023	2.620			964,386	926,354
	BRAZIL	09/26/2023	INFLTN.			200,000	207,900
	BRAZIL	04/15/2024	8.870			1,470,000	1,977,150
	BRAZIL	01/01/2025	10.000			1,587,869	1,469,890

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	BRAZIL	01/07/2025	4.250 %	\$ 1,984,000	\$ 2,032,475	\$ 1,984,000
	BRAZIL	08/15/2030	6.000	763,000	833,756	727,779
	BRAZIL	01/20/2034	8.250	1,117,000	1,645,992	1,533,083
	BRAZIL	01/20/2037	7.120	1,543,000	2,048,321	1,955,753
	BRAZIL	01/07/2041	5.620	750,000	962,625	808,125
	BRAZIL	08/15/2050	INFLTN. IND.	526,000	509,307	486,607
	CANADA	05/10/2016	2.300	2,000,000	2,071,340	2,044,100
	CANADA	11/14/2016	5.120	1,500,000	1,604,145	1,618,380
	CANADA	02/14/2017	0.870	1,000,000	1,000,990	1,000,820
	CANADA	09/27/2018	2.000	1,450,000	1,459,744	1,467,168
	CANADA	10/03/2018	1.500	1,000,000	996,520	1,000,740
	CANADA	05/30/2019	1.750	1,750,000	1,724,380	1,748,040
	CANADA	10/07/2019	4.000	1,450,000	1,551,103	1,585,821
	CANADA	09/22/2021	2.650	1,200,000	1,274,436	1,236,372
	CANADA	04/01/2022	8.750	750,000	1,028,850	1,024,342
	CANADA	09/15/2029	7.500	1,500,000	2,036,324	2,216,835
	CANADA	09/01/2036	7.250	500,000	631,985	783,380
	CHILE	03/01/2018	6.000	354,988	383,774	388,548
	CHILE	01/01/2020	6.000	470,565	532,609	528,907
	CHILE	08/05/2020	3.870	500,000	525,750	536,250
	CHILE	01/01/2024	6.000	610,909	683,872	706,649
	CHILE	08/12/2024	5.700	780,000	266,710	263,114
	CHILE	03/27/2025	3.120	750,000	746,250	746,250
	COLOMBIA	10/22/2015	12.000	974,542	1,427,505	1,023,270
	COLOMBIA	06/15/2016	7.250	820,450	1,049,357	844,326
	COLOMBIA	01/27/2017	7.370	1,000,000	1,143,500	1,107,500
	COLOMBIA	05/17/2017	INFLTN. IND.	506,706	727,467	538,036
	COLOMBIA	10/24/2018	11.250	394,151	566,653	463,916
	COLOMBIA	03/10/2021	INFLTN. IND.	1,395,341	1,690,693	1,439,155
	COLOMBIA	04/14/2021	6.881	314,328	420,393	338,217
	COLOMBIA	07/12/2021	4.370	1,485,000	1,604,080	1,570,388
	COLOMBIA	05/04/2022	7.000	721,649	911,900	725,258
	COLOMBIA	03/21/2023	4.375	346,728	339,912	303,804
	COLOMBIA	02/26/2024	4.000	1,000,000	1,022,500	1,022,500
	COLOMBIA	05/21/2024	8.120	830,000	1,255,127	1,101,825
	COLOMBIA	07/24/2024	10.000	2,580,307	3,636,419	3,075,985
	COLOMBIA	08/26/2026	7.500	640,143	994,002	640,079
	COLOMBIA	06/28/2027	9.850	1,009,047	1,539,178	1,265,749
	COLOMBIA	04/28/2028	6.000	1,465,054	1,638,242	1,271,227
	COLOMBIA	07/26/2028	8.164	1,476,962	2,763,329	1,752,564
	COLOMBIA	03/25/2033	INFLTN. IND.	24,883	26,869	21,623
	COLOMBIA	09/18/2037	7.370	754,000	1,107,906	1,016,015
	COLOMBIA	01/18/2041	6.120	1,609,000	2,165,011	1,926,778
	COLOMBIA	02/26/2044	5.620	833,000	922,398	937,125
	COSTA RICA	01/26/2023	4.250	1,728,000	1,640,277	1,581,120
	COSTA RICA	04/30/2025	4.375	643,000	581,677	565,840
	COSTA RICA	04/04/2044	7.000	1,632,000	1,601,424	1,599,360
	CROATIA	11/05/2019	6.750	394,000	448,372	431,430
	CROATIA	03/24/2021	6.375	2,053,000	2,235,397	2,242,903
	CROATIA	01/26/2024	6.000	1,125,000	1,121,072	1,212,188
	DOMINICAN REPUBLIC	01/23/2018	9.040	908,155	1,000,953	962,644
	DOMINICAN REPUBLIC	05/06/2021	7.500	2,078,000	2,353,497	2,278,382
	DOMINICAN REPUBLIC	01/28/2024	6.600	697,000	756,942	742,305
	DOMINICAN REPUBLIC	04/18/2024	5.875	1,253,000	1,258,131	1,278,060
	DOMINICAN REPUBLIC	04/20/2027	8.620	220,000	273,108	257,950
	DOMINICAN REPUBLIC	04/30/2044	7.450	1,096,000	1,111,406	1,198,377
	DUBAI	01/30/2043	5.250	818,000	771,682	750,515
	ECUADOR	09/24/2019	5.880	653,000	568,110	564,845
	ECUADOR	06/20/2024	7.950	635,000	678,541	542,925
	EL SALVADOR	12/01/2019	7.370	1,172,000	1,305,022	1,300,920
	EL SALVADOR	01/24/2023	7.750	341,000	392,576	375,100
	EL SALVADOR	01/18/2027	6.375	1,074,000	1,079,642	1,076,685
	EL SALVADOR	06/15/2035	6.625	551,000	642,686	584,060
	EL SALVADOR	06/15/2035	7.650	324,000	321,570	343,440
	ETHIOPIA	12/11/2024	6.625	635,000	635,000	619,125
	GABON	12/12/2017	8.200	214,000	245,030	231,163
	GABON	12/12/2024	6.370	200,000	214,500	190,000
	GABON	12/12/2024	6.375	329,000	334,538	312,550
	GERMANY	10/14/2016	1.120	1,000,000	1,008,030	1,006,770
	GHANA	10/04/2017	8.500	357,000	396,515	356,236
	GHANA	08/07/2023	7.875	300,000	294,375	277,500
	GHANA	01/18/2026	8.125	283,000	280,626	261,775
	GUATEMALA	06/06/2022	5.750	200,000	221,600	216,450
	HONDURAS	12/16/2020	8.750	880,000	998,698	972,400
	HUNGARY	08/24/2015	7.750	927,702	1,141,740	966,162
	HUNGARY	12/22/2016	5.500	541,029	674,312	578,470
	HUNGARY	12/20/2018	5.500	99,319	125,301	108,851
	HUNGARY	03/25/2019	4.000	728,000	749,840	748,020
	HUNGARY	06/24/2019	6.500	495,407	605,811	566,741
	HUNGARY	01/30/2020	4.000	200,000	198,588	198,550
	HUNGARY	03/29/2021	6.370	1,224,000	1,348,243	1,399,189
	HUNGARY	02/21/2023	5.370	386,000	393,935	415,915
	HUNGARY	11/22/2023	5.750	544,000	539,712	602,480
	HUNGARY	03/25/2024	5.370	314,000	309,802	339,905
	HUNGARY	03/29/2041	7.620	1,320,000	1,430,765	1,754,940
	INDONESIA	01/17/2018	6.870	787,000	899,148	889,310
	INDONESIA	05/15/2018	5.250	618,670	806,111	574,958
	INDONESIA	03/04/2019	11.620	1,029,000	1,563,577	1,359,566
	INDONESIA	04/15/2019	7.870	350,835	376,634	354,077
	INDONESIA	03/13/2020	5.870	500,000	575,000	553,750
	INDONESIA	05/05/2021	4.870	200,000	220,751	211,250
	INDONESIA	04/25/2022	3.750	706,000	699,199	695,410
	INDONESIA	04/15/2023	3.375	243,000	245,065	229,635
	INDONESIA	05/15/2023	5.620	695,793	895,219	601,347
	INDONESIA	10/17/2023	5.375	260,000	274,509	283,400
	INDONESIA	01/15/2024	5.875	2,128,000	2,290,460	2,404,640
	INDONESIA	03/15/2024	8.370	4,103,753	4,311,606	4,270,303
	INDONESIA	09/10/2024	4.375	341,000	341,000	341,852
	INDONESIA	05/15/2027	7.000	552,657	608,853	507,218
	INDONESIA	03/15/2029	9.000	130,335	142,363	140,004

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NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL	COST	CURRENT VALUE
	INDONESIA	06/15/2032	8.250 %	\$ 822,747	\$ 1,273,024	\$ 827,256
	INDONESIA	05/15/2033	6.620	1,123,428	1,467,128	942,474
	INDONESIA	03/15/2034	8.370	1,859,714	1,880,427	1,880,166
	INDONESIA	10/12/2035	8.500	1,489,000	2,373,022	2,069,710
	INDONESIA	02/17/2037	6.620	1,810,000	2,122,886	2,117,700
	INDONESIA	01/17/2038	7.750	739,000	1,074,876	967,166
	INDONESIA	04/15/2043	4.625	1,058,000	972,160	979,972
	INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT	03/15/2016	2.120	1,000,000	1,040,080	1,019,970
	INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT	05/16/2016	0.500	1,500,000	1,501,560	1,497,690
	INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT	10/14/2016	0.620	1,000,000	999,300	997,980
	INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT	12/15/2016	0.750	750,000	750,075	749,775
	INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT	07/18/2017	1.120	500,000	502,395	502,330
	INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT	04/10/2018	1.370	2,250,000	2,251,193	2,264,873
	INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT	10/07/2019	1.870	1,000,000	1,010,900	1,009,190
	INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT	06/24/2021	2.250	1,500,000	1,539,795	1,512,225
	IRAQ	01/15/2028	5.800	1,502,000	1,385,217	1,254,170
	ISRAEL	01/30/2043	4.500	500,000	507,500	510,400
	ITALY	09/27/2023	6.870	1,400,000	1,673,774	1,767,066
	ITALY	10/25/2032	5.800	500,000	546,640	547,525
	IVORY COAST	12/31/2032	5.750	3,526,000	3,263,023	3,367,330
	JAMAICA	06/24/2019	8.000	213,000	232,489	226,845
	JAMAICA	07/09/2025	7.620	1,322,000	1,378,740	1,381,490
	JAPAN	05/18/2016	2.500	1,500,000	1,590,300	1,536,885
	KAZAKHSTAN	10/14/2024	3.875	919,000	902,403	860,414
	KAZAKHSTAN	10/14/2044	4.875	535,000	510,435	489,525
	KENYA	06/24/2019	5.875	224,000	224,000	226,800
	KENYA	06/24/2024	6.870	200,000	214,082	209,500
	KENYA	06/24/2024	6.875	401,000	401,000	420,047
	KOREA	09/10/2015	4.000	1,405,236	1,450,202	1,413,810
	KOREA	06/29/2020	5.120	1,500,000	1,642,740	1,690,470
	LATVIA	02/22/2017	5.250	615,000	681,369	660,356
	LEBANON	10/04/2022	6.100	244,000	247,623	248,270
	LEBANON	01/27/2023	6.000	1,177,000	1,191,208	1,180,178
	LITHUANIA	01/15/2015	6.750	666,000	726,606	666,866
	LITHUANIA	02/11/2020	7.370	220,000	283,250	265,349
	LITHUANIA	03/09/2021	6.120	501,000	611,120	582,728
	LITHUANIA	02/01/2022	6.620	313,000	392,306	377,948
	MALAYSIA	02/27/2015	3.740	845,956	989,599	846,982
	MALAYSIA	08/12/2015	3.830	1,991,998	2,255,845	1,998,029
	MALAYSIA	10/15/2015	3.190	957,416	1,033,140	955,216
	MALAYSIA	07/15/2016	3.170	748,785	795,911	744,713
	MALAYSIA	09/15/2016	4.260	333,200	374,877	344,583
	MALAYSIA	03/15/2017	3.390	162,400	178,126	164,969
	MALAYSIA	10/31/2017	3.310	1,769,077	2,028,823	1,754,042
	MALAYSIA	09/28/2018	3.580	1,017,434	1,117,887	1,008,267
	MALAYSIA	10/31/2019	3.650	1,703,344	1,835,795	1,690,422
	MALAYSIA	03/31/2020	3.490	703,058	798,643	688,505
	MALAYSIA	07/31/2020	3.880	64,400	70,549	65,357
	MALAYSIA	07/15/2021	4.160	272,200	349,751	284,876
	MALAYSIA	09/30/2021	4.040	600,171	642,982	600,410
	MALAYSIA	08/15/2022	3.410	1,757,645	1,981,962	1,677,795
	MALAYSIA	03/15/2023	3.480	931,695	1,047,254	889,904
	MALAYSIA	07/15/2024	4.180	445,842	481,789	447,798
	MALAYSIA	04/15/2026	4.390	75,600	89,492	78,047
	MALAYSIA	04/15/2030	4.490	154,000	161,822	158,408
	MALAYSIA	04/15/2033	3.840	1,091,740	1,121,711	1,002,407
	MEXICO	06/18/2015	6.000	152,638	174,984	154,811
	MEXICO	06/16/2016	6.250	1,566,303	1,730,627	1,626,401
	MEXICO	12/15/2016	7.250	1,845,552	2,215,423	1,970,456
	MEXICO	06/15/2017	5.000	194,187	222,937	198,811
	MEXICO	12/14/2017	7.750	743,670	925,976	812,948
	MEXICO	12/13/2018	8.500	566,971	749,842	639,480
	MEXICO	06/13/2019	4.000	373,866	419,181	408,377
	MEXICO	12/30/2019	8.120	1,500,000	2,047,350	1,916,250
	MEXICO	06/11/2020	8.000	942,805	1,262,701	1,062,168
	MEXICO	12/10/2020	2.500	1,792,922	2,001,328	1,837,502
	MEXICO	06/10/2021	6.500	862,487	1,006,921	906,659
	MEXICO	06/09/2022	2.000	817,248	1,098,981	803,551
	MEXICO	10/02/2023	4.000	1,980,000	1,999,714	2,054,250
	MEXICO	12/07/2023	8.000	1,970,808	2,558,392	2,267,161
	MEXICO	12/05/2024	10.000	272,878	414,696	357,756
	MEXICO	01/30/2025	3.600	560,000	556,276	558,040
	MEXICO	12/04/2025	4.500	212,046	292,603	250,604
	MEXICO	05/31/2029	8.500	148,165	196,897	179,205
	MEXICO	05/29/2031	7.750	507,800	618,490	577,304
	MEXICO	09/27/2034	6.750	1,100,000	1,445,840	1,436,600
	MEXICO	11/22/2035	4.500	1,668,574	2,982,394	2,004,667
	MEXICO	11/20/2036	10.000	302,714	454,003	424,497
	MEXICO	10/12/2039	5.750	198,000	233,541	212,850
	MEXICO	01/11/2040	6.050	2,371,000	2,609,329	2,899,733
	MEXICO	11/15/2040	4.000	994,786	1,400,185	1,120,057
	MEXICO	11/13/2042	7.750	97,466	109,375	112,314
	MEXICO	03/08/2044	4.750	3,662,000	3,864,868	3,817,635
	MEXICO	01/21/2045	5.550	1,746,000	1,936,510	2,029,725
	MONGOLIA	12/05/2022	5.125	275,000	247,379	236,500
	MOROCCO	12/11/2022	4.250	1,126,000	1,100,792	1,140,075
	MOZAMBIQUE	09/11/2020	6.300	1,091,000	1,047,550	1,063,943
	NIGERIA	04/23/2015	4.000	316,530	320,441	307,667
	NIGERIA	06/29/2019	16.000	204,290	258,886	208,375
	NIGERIA	01/28/2021	6.750	232,000	248,240	238,960
	NIGERIA	07/12/2023	4.350	242,000	237,627	237,765
	NIGERIA	07/12/2023	6.370	321,000	331,806	315,382
	PANAMA	01/30/2020	5.200	1,621,000	1,801,447	1,787,152
	PANAMA	01/29/2026	7.120	400,000	508,000	514,000
	PANAMA	09/30/2027	8.870	658,000	1,053,519	954,100
	PANAMA	04/01/2029	9.370	1,327,000	2,268,122	2,013,723
	PANAMA	04/28/2034	8.120	329,000	482,396	454,842
	PANAMA	01/26/2036	6.700	1,160,000	1,514,784	1,499,300
	PARAGUAY	01/25/2023	4.620	473,000	477,161	480,095

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<u>NOTES</u>	<u>IDENTITY OF ISSUE</u>	<u>MATURITY</u>	<u>INTEREST RATE</u>	<u>PRINCIPAL</u>	<u>COST</u>	<u>CURRENT VALUE</u>
	PARAGUAY	01/25/2023	6.375 %	\$ 345,000	\$ 353,251	\$ 350,175
	PARAGUAY	08/11/2044	6.100	916,000	944,550	975,540
	PERU	07/21/2025	7.350	1,703,000	2,391,725	2,260,732
	PERU	08/12/2026	8.200	177,600	299,781	223,505
	PERU	11/21/2033	8.750	1,450,000	2,444,922	2,258,375
	PERU	03/14/2037	6.550	1,125,000	1,236,825	1,459,687
	PERU	08/12/2037	6.900	781,119	1,138,632	811,180
	PERU	02/12/2042	6.850	735,763	1,066,147	742,044
	PHILIPPINES	01/18/2017	9.370	400,000	510,000	467,012
	PHILIPPINES	01/20/2020	6.500	400,000	502,000	480,012
	PHILIPPINES	01/15/2021	4.000	1,000,000	1,055,000	1,085,000
	PHILIPPINES	01/21/2024	4.200	890,000	890,000	965,650
	PHILIPPINES	03/30/2026	5.500	709,000	875,260	838,392
	PHILIPPINES	02/02/2030	9.500	816,000	1,335,098	1,323,960
	PHILIPPINES	01/13/2037	5.000	1,000,000	1,147,500	1,170,000
	POLAND	04/25/2016	5.000	838,971	938,251	870,264
	POLAND	07/25/2016	3.000	774,000	839,558	750,053
	POLAND	08/24/2016	3.000	1,530,786	2,145,983	1,572,320
	POLAND	10/25/2016	4.750	2,351,662	2,812,863	2,465,316
	POLAND	04/25/2017	4.750	636,997	763,397	675,738
	POLAND	10/25/2017	5.250	175,500	209,687	199,453
	POLAND	01/25/2018	2.690	237,600	265,312	247,242
	POLAND	07/25/2018	2.500	752,814	822,641	762,315
	POLAND	01/25/2019	2.690	440,672	508,858	436,976
	POLAND	07/15/2019	6.370	2,567,000	2,971,006	3,003,390
	POLAND	10/25/2020	5.250	265,950	338,552	322,371
	POLAND	04/21/2021	5.120	445,000	502,850	500,536
	POLAND	03/23/2022	5.000	381,000	432,886	426,796
	POLAND	09/23/2022	5.750	276,750	391,205	357,394
	POLAND	08/25/2023	2.750	519,164	701,950	576,920
	POLAND	10/25/2023	4.000	607,336	723,680	681,620
	POLAND	01/22/2024	4.000	1,000,000	1,035,600	1,061,250
	POLAND	07/25/2025	3.250	1,424,274	1,597,402	1,515,181
	POLAND	04/25/2029	5.750	162,000	240,300	229,595
	PORTUGAL	02/15/2024	5.650	1,095,000	1,661,194	1,639,084
	QATAR	01/20/2040	6.400	490,000	565,916	621,075
	ROMANIA	10/26/2015	5.800	1,705,504	1,938,200	1,761,212
	ROMANIA	08/29/2016	4.750	204,000	253,269	239,496
	ROMANIA	06/11/2017	6.750	96,000	133,137	119,470
	ROMANIA	06/11/2021	5.950	555,908	685,111	640,980
	ROMANIA	02/07/2022	6.750	1,656,000	1,948,290	1,993,211
	ROMANIA	04/26/2023	5.850	1,656,929	2,083,460	1,921,564
	ROMANIA	08/22/2023	4.370	306,000	303,516	321,682
	ROMANIA	08/22/2023	4.375	260,000	266,500	273,325
	ROMANIA	02/24/2025	4.750	310,800	405,771	380,635
	ROMANIA	07/26/2027	5.800	180,000	252,307	236,678
	ROMANIA	01/22/2044	6.128	278,000	273,021	336,727
	RUSSIA	04/04/2017	3.250	600,000	633,060	571,884
	RUSSIA	04/19/2017	7.400	170,984	147,687	148,193
	RUSSIA	06/14/2017	7.400	203,934	187,279	174,160
	RUSSIA	01/31/2018	6.200	175,246	207,066	139,861
	RUSSIA	03/10/2018	7.850	491,803	896,507	407,460
	RUSSIA	03/15/2018	7.500	154,754	150,279	127,440
	RUSSIA	02/27/2019	7.500	433,443	485,857	339,313
	RUSSIA	05/15/2019	6.700	429,131	597,181	324,595
	RUSSIA	12/11/2019	6.800	517,377	841,394	381,350
	RUSSIA	04/29/2020	5.000	1,100,000	1,031,875	1,022,725
	RUSSIA	05/27/2020	6.400	198,197	267,300	140,042
	RUSSIA	04/14/2021	7.600	1,886,672	2,754,046	1,366,658
	RUSSIA	11/24/2021	6.500	244,426	474,818	171,838
	RUSSIA	07/20/2022	7.600	1,474,098	2,370,966	1,041,573
	RUSSIA	01/25/2023	7.000	1,368,934	2,470,813	935,952
	RUSSIA	08/16/2023	7.000	1,557,131	2,288,832	1,060,666
	RUSSIA	09/16/2023	4.870	1,400,000	1,411,543	1,247,400
	RUSSIA	02/03/2027	8.150	1,256,639	2,175,025	903,890
	RUSSIA	01/19/2028	7.050	1,478,082	2,039,489	942,955
	RUSSIA	06/24/2028	12.750	760,000	1,512,400	1,088,940
	RUSSIA	03/31/2030	7.500	10,193,170	11,407,480	10,570,318
	RUSSIA	04/04/2042	5.620	400,000	352,000	333,748
	RWANDA	05/02/2023	6.625	419,000	396,586	422,419
	SALVADOR	01/30/2025	5.875	154,000	162,301	149,765
	SCOTLAND	03/31/2017	1.870	500,000	503,725	499,605
	SENEGAL	07/30/2024	6.250	331,000	330,834	315,344
	SERBIA	12/03/2018	5.870	815,000	864,592	849,637
	SERBIA	02/25/2020	7.250	596,000	603,986	595,106
	SERBIA	09/28/2021	7.250	630,000	717,473	705,651
	SLOVAKIA	05/21/2022	4.370	205,000	224,219	221,716
	SLOVENIA	01/26/2020	4.120	255,000	321,153	349,256
	SLOVENIA	05/10/2023	5.850	501,000	505,027	566,456
	SLOVENIA	02/18/2024	5.250	1,190,000	1,189,818	1,307,512
	SLOVENIA	09/09/2024	4.620	465,000	543,174	684,211
	SOUTH AFRICA	12/21/2018	8.000	2,457,032	3,102,243	2,512,640
	SOUTH AFRICA	05/27/2019	6.870	1,721,000	2,013,717	1,966,242
	SOUTH AFRICA	01/15/2020	7.250	739,621	833,998	730,297
	SOUTH AFRICA	03/09/2020	5.500	1,459,000	1,673,211	1,597,606
	SOUTH AFRICA	03/31/2021	6.750	9,840	13,902	9,929
	SOUTH AFRICA	02/28/2023	7.750	1,254,931	1,325,760	1,246,250
	SOUTH AFRICA	01/17/2024	4.660	913,000	666,576	944,955
	SOUTH AFRICA	09/16/2025	5.870	1,492,000	351,842	1,680,365
	SOUTH AFRICA	01/31/2030	8.000	2,464,827	2,511,619	2,386,947
	SOUTH AFRICA	02/28/2031	7.000	2,478,684	2,378,156	2,158,498
	SOUTH AFRICA	03/31/2032	8.250	885,554	916,615	858,001
	SOUTH AFRICA	03/31/2036	6.250	2,612,058	2,414,749	2,021,621
	SOUTH AFRICA	02/28/2041	6.500	1,131,084	915,229	878,693
	SOUTH AFRICA	01/31/2044	8.750	808,907	846,168	806,156
	SOUTH AFRICA	02/28/2048	8.750	527,435	551,362	527,693
	SPAIN	10/31/2044	5.150	1,130,000	1,919,744	1,955,169
	SRI LANKA	01/14/2019	6.000	310,000	310,000	322,400
	SRI LANKA	10/04/2020	6.250	1,399,000	1,524,580	1,456,709

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, 2014

NOTES	IDENTITY OF ISSUE	MATURITY	NUMBER OF CONTRACTS	COST	CURRENT VALUE	
	THAILAND	05/22/2015	3.620 %	\$ 114,860	\$ 119,169	\$ 115,572
	THAILAND	11/18/2016	4.120	711,801	752,612	738,476
	THAILAND	06/16/2017	3.250	338,808	353,904	347,767
	THAILAND	06/13/2019	3.870	2,583,449	2,744,082	2,745,947
	THAILAND	07/14/2021	1.200	1,225,063	1,389,018	1,173,766
	THAILAND	12/17/2021	3.650	226,682	235,346	241,839
	THAILAND	06/16/2023	3.620	2,789,772	2,864,567	2,991,563
	THAILAND	12/12/2025	3.850	564,427	616,880	620,343
	THAILAND	12/17/2027	3.580	341,847	373,341	357,603
	THAILAND	06/22/2029	4.870	70,192	81,331	83,227
	THAILAND	06/25/2032	3.770	158,161	162,856	163,985
	TRINIDAD AND TOBAGO	01/16/2024	4.370	276,000	302,220	292,560
	TRINIDAD AND TOBAGO	01/16/2024	4.375	581,000	602,206	615,860
	TURKEY	01/07/2015	6.500	395,359	499,314	393,364
	TURKEY	03/15/2015	7.250	327,000	335,289	330,695
	TURKEY	04/29/2015	4.000	2,037,754	2,657,801	2,030,229
	TURKEY	10/07/2015	8.300	977,199	1,026,132	973,834
	TURKEY	01/27/2016	9.000	171,895	242,606	172,474
	TURKEY	02/24/2016	10.700	1,195,783	1,284,596	1,226,574
	TURKEY	05/04/2016	INFILTN. IND.	952,728	1,256,770	945,976
	TURKEY	07/13/2016	8.200	1,474,799	1,519,000	1,479,288
	TURKEY	09/26/2016	7.000	597,000	696,482	646,252
	TURKEY	11/04/2016	5.375	815,000	883,851	852,588
	TURKEY	03/08/2017	9.000	329,300	539,077	389,845
	TURKEY	07/14/2017	7.500	188,000	230,065	209,855
	TURKEY	02/14/2018	6.300	222,000	256,794	246,583
	TURKEY	04/03/2018	6.750	851,000	1,029,314	946,737
	TURKEY	06/20/2018	8.300	373,700	513,249	438,952
	TURKEY	11/14/2018	8.800	292,300	380,321	349,421
	TURKEY	03/11/2019	7.000	1,679,000	1,884,115	1,914,060
	TURKEY	03/27/2019	10.400	647,500	881,984	815,956
	TURKEY	11/07/2019	7.500	1,688,000	2,141,650	1,978,758
	TURKEY	01/15/2020	10.500	2,080,833	2,649,736	2,303,153
	TURKEY	06/05/2020	7.000	180,000	228,600	209,295
	TURKEY	01/06/2021	INFILTN. IND.	234,162	317,633	292,376
	TURKEY	03/30/2021	5.620	507,000	544,732	557,066
	TURKEY	01/12/2022	9.500	773,300	1,123,798	970,908
	TURKEY	02/23/2022	INFILTN. IND.	908,967	1,504,256	1,136,514
	TURKEY	09/14/2022	8.500	762,000	1,128,149	911,150
	TURKEY	09/26/2022	6.250	472,000	514,561	538,670
	TURKEY	03/08/2023	7.100	1,581,519	1,971,365	1,504,254
	TURKEY	03/23/2023	3.250	2,038,000	2,005,071	1,933,552
	TURKEY	09/27/2023	8.800	1,650,094	1,726,392	1,742,402
	TURKEY	11/08/2023	INFILTN. IND.	250,903	341,778	312,263
	TURKEY	03/20/2024	10.400	1,474,370	1,694,213	1,715,784
	TURKEY	03/22/2024	5.750	296,000	293,783	330,780
	TURKEY	07/24/2024	9.000	2,087,262	2,280,537	2,247,772
	TURKEY	02/05/2025	7.370	2,114,000	2,535,096	2,630,619
	TURKEY	02/14/2034	8.000	1,561,000	2,218,089	2,137,009
	TURKEY	03/17/2036	6.870	423,000	531,826	522,934
	TURKEY	01/14/2041	6.000	476,000	547,693	540,260
	TURKEY	04/16/2043	4.870	1,516,000	1,511,012	1,510,057
	UKRAINE	09/23/2015	6.870	1,132,000	1,088,135	803,720
	UKRAINE	10/13/2015	4.950	437,000	541,451	356,934
	UKRAINE	11/21/2016	6.580	1,500,000	1,454,114	930,000
	UKRAINE	11/14/2017	6.750	494,000	494,000	305,687
	URUGUAY	08/14/2024	4.500	2,154,387	2,127,909	2,262,106
	URUGUAY	06/18/2050	5.100	3,166,921	3,144,753	3,214,425
	VENEZUELA	02/26/2016	5.750	2,508,000	2,212,006	1,564,992
	VENEZUELA	10/13/2019	7.750	1,885,500	1,397,249	837,162
	VENEZUELA	12/09/2020	6.000	327,000	240,672	138,484
	VENEZUELA	08/23/2022	12.750	643,900	711,533	329,355
	VENEZUELA	10/13/2024	8.250	1,049,000	806,490	456,315
	VENEZUELA	09/15/2027	9.250	220,000	186,590	101,529
	VENEZUELA	08/05/2031	11.950	1,026,700	876,715	513,350
	VIETNAM	01/29/2020	6.750	115,000	128,225	129,093
	VIETNAM	11/19/2024	4.800	200,000	200,000	205,500
	ZAMBIA	04/14/2024	8.500	495,000	510,427	542,124
TOTAL NON-U.S. GOVERNMENT SECURITIES					<u>424,220,550</u>	<u>389,044,089</u>
<u>FUTURES CONTRACTS - LONG</u>						
	90 DAY EURODOLLAR	03/20/2015	136	-	-	(10,925)
	90 DAY EURODOLLAR	06/19/2015	136	-	-	(7,275)
	90 DAY EURODOLLAR	09/18/2015	136	-	-	(18,900)
	90 DAY EURODOLLAR	12/18/2015	136	-	-	(4,488)
	90 DAY EURODOLLAR	03/18/2016	136	-	-	(12,888)
	90 DAY EURODOLLAR	06/17/2016	136	-	-	(25,675)
	90 DAY EURODOLLAR	09/16/2016	136	-	-	(6,738)
	90 DAY EURODOLLAR	12/16/2016	136	-	-	(25,844)
	90 DAY EURODOLLAR	03/17/2017	98	-	-	21,900
	90 DAY EURODOLLAR	06/16/2017	98	-	-	12,175
	90 DAY EURODOLLAR	09/15/2017	98	-	-	30,763
	90 DAY EURODOLLAR	12/15/2017	98	-	-	3,525
	90 DAY EURODOLLAR	03/16/2018	98	-	-	126,788
	90 DAY EURODOLLAR	06/15/2018	98	-	-	44,287
	90 DAY EURODOLLAR	09/21/2018	98	-	-	11,025
	90 DAY EURODOLLAR	12/21/2018	98	-	-	38,300
	2 YEAR U.S.A. TREASURY NOTE	03/31/2015	297	-	-	(102,657)
	5 YEAR U.S.A. TREASURY NOTE	03/31/2015	433	-	-	(38,507)
	10 YEAR U.S.A. TREASURY NOTE	03/20/2015	743	-	-	499,750
	AMSTERDAM INDEX	01/16/2015	5	-	-	(550)
	BEL 20 INDEX	01/16/2015	17	-	-	(3,812)
	CAC 40 EURO INDEX	01/16/2015	23	-	-	(6,789)
	DAX INDEX	03/20/2015	5	-	-	(8,879)
	FTSE 100 INDEX	03/20/2015	27	-	-	(14,524)
	FTSE/MIB INDEX	03/20/2015	1	-	-	236

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, 2014

NOTES	IDENTITY OF ISSUE	MATURITY	NUMBER OF CONTRACTS	COST	CURRENT VALUE
	HANG SENG INDEX	01/29/2015	2	\$ -	\$ (3,121)
	IBEX 35 INDEX	01/16/2015	4	-	(4,003)
	MSCI SINGAPORE INDEX	01/29/2015	8	-	(845)
	OMX STOCKHOLM 30 INDEX	01/16/2015	33	-	(3,899)
	SPI 200 INDEX	03/19/2015	9	-	(12,337)
	TOPIX INDEX	03/12/2015	24	-	(37,032)
	U.S.A. TREASURY BOND	03/20/2015	116	-	398,563
	U.S.A. ULTRA TREASURY BOND	03/20/2015	340	-	1,487,875
	TOTAL FUTURES CONTRACTS - LONG			-	2,325,499
	<u>FUTURES CONTRACTS - SHORT</u>				
	10 YEAR U.S.A. TREASURY NOTE	03/20/2015	64	-	(40,531)
	S & P 500 E-MINI INDEX	03/20/2015	3,129	-	(4,572,715)
	U.S.A. TREASURY BOND	03/20/2015	7	-	(22,594)
	TOTAL FUTURES CONTRACTS - SHORT			-	(4,635,840)
	TOTAL FUTURES CONTRACTS			-	(2,310,341)
	<u>SWAPS-LONG</u>				
	CREDIT DEFAULT SWAP	12/20/2019	1	63,571	32,193
	CREDIT DEFAULT SWAP	12/20/2019	1	-	2,122,671
	CREDIT DEFAULT SWAP	05/11/2063	1	-	996
	CREDIT DEFAULT SWAP	05/11/2063	1	9,003	1,170
	CREDIT DEFAULT SWAP	05/11/2063	1	25,139	-
	CREDIT DEFAULT SWAP	05/11/2063	1	15,462	3,492
	INTEREST RATE SWAP	12/15/2015	1	-	943,028
	INTEREST RATE SWAP	11/25/2016	1	8,880	8,943
	INTEREST RATE SWAP	11/25/2016	1	8,880	8,832
	INTEREST RATE SWAP	12/05/2016	1	18,599	19,356
	INTEREST RATE SWAP	12/05/2016	1	18,599	16,516
	INTEREST RATE SWAP	12/17/2016	1	-	1,845,356
	INTEREST RATE SWAP	12/17/2016	1	-	3,011,387
	INTEREST RATE SWAP	01/02/2018	1	-	1,647,871
	INTEREST RATE SWAP	01/02/2018	1	-	1,636,844
	INTEREST RATE SWAP	12/16/2019	1	-	254,858
	INTEREST RATE SWAP	12/16/2019	1	-	339,916
	INTEREST RATE SWAP	12/16/2019	1	-	413,621
	INTEREST RATE SWAP	12/16/2019	1	-	226,259
	INTEREST RATE SWAP	12/17/2019	1	-	1,255,631
	INTEREST RATE SWAP	12/17/2019	1	-	764,358
	INTEREST RATE SWAP	12/18/2019	1	-	399,064
	INTEREST RATE SWAP	03/20/2023	1	-	7,012,531
	INTEREST RATE SWAP	09/18/2023	1	-	664,187
	INTEREST RATE SWAP	12/06/2023	1	-	689,870
	INTEREST RATE SWAP	03/19/2024	1	-	50,676
	INTEREST RATE SWAP	03/19/2024	1	-	53,491
	INTEREST RATE SWAP	03/19/2024	1	-	52,083
	INTEREST RATE SWAP	03/19/2024	1	-	26,746
	INTEREST RATE SWAP	03/19/2024	1	-	53,491
	INTEREST RATE SWAP	03/19/2024	1	-	45,045
	INTEREST RATE SWAP	03/19/2024	1	-	28,153
	INTEREST RATE SWAP	09/02/2024	1	-	653,335
	INTEREST RATE SWAP	09/17/2024	1	-	1,219,149
	INTEREST RATE SWAP	03/20/2028	1	-	721,192
	ZERO COUPON SWAP	01/02/2017	1	-	1,673,934
	ZERO COUPON SWAP	01/02/2017	1	-	1,046,160
	ZERO COUPON SWAP	01/04/2021	1	-	890,684
	TOTAL SWAPS - LONG			168,133	29,833,089
	<u>SWAPS - SHORT</u>				
	CREDIT DEFAULT SWAP	12/20/2019	1	(174,195)	(2,370,000)
	CREDIT DEFAULT SWAP	01/17/2047	1	(20,361)	(58,905)
	CREDIT DEFAULT SWAP	01/17/2047	1	(15,799)	(54,863)
	CREDIT DEFAULT SWAP	05/11/2063	1	-	(1,470)
	CREDIT DEFAULT SWAP	05/11/2063	1	(2,552)	-
	INTEREST RATE SWAP	12/15/2015	1	-	(942,457)
	INTEREST RATE SWAP	12/17/2016	1	-	(1,836,993)
	INTEREST RATE SWAP	12/17/2016	1	-	(2,998,311)
	INTEREST RATE SWAP	01/02/2018	1	-	(1,674,606)
	INTEREST RATE SWAP	01/02/2018	1	-	(1,647,754)
	INTEREST RATE SWAP	12/16/2019	1	-	(224,936)
	INTEREST RATE SWAP	12/16/2019	1	-	(253,254)
	INTEREST RATE SWAP	12/16/2019	1	-	(337,928)
	INTEREST RATE SWAP	12/16/2019	1	-	(412,320)
	INTEREST RATE SWAP	12/17/2019	1	-	(1,281,635)
	INTEREST RATE SWAP	12/17/2019	1	-	(780,184)
	INTEREST RATE SWAP	12/18/2019	1	-	(397,575)
	INTEREST RATE SWAP	03/20/2023	1	-	(7,391,445)
	INTEREST RATE SWAP	09/18/2023	1	-	(655,213)
	INTEREST RATE SWAP	12/06/2023	1	-	(658,084)
	INTEREST RATE SWAP	03/19/2024	1	-	(58,948)
	INTEREST RATE SWAP	03/19/2024	1	-	(62,265)
	INTEREST RATE SWAP	03/19/2024	1	-	(60,618)
	INTEREST RATE SWAP	03/19/2024	1	-	(31,001)
	INTEREST RATE SWAP	03/19/2024	1	-	(62,056)
	INTEREST RATE SWAP	03/19/2024	1	-	(62,250)



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, 2014

<u>NOTES</u>	<u>IDENTITY OF ISSUE</u>	<u>MATURITY</u>	<u>NUMBER OF CONTRACTS</u>	<u>COST</u>	<u>CURRENT VALUE</u>
	INTEREST RATE SWAP	03/19/2024	1	\$ -	\$ (32,680)
	INTEREST RATE SWAP	09/02/2024	1	-	(665,968)
	INTEREST RATE SWAP	09/17/2024	1	-	(1,139,818)
	INTEREST RATE SWAP	03/20/2028	1	-	(780,983)
	ZERO COUPON SWAP	01/02/2017	1	-	(1,859,790)
	ZERO COUPON SWAP	01/02/2017	1	-	(1,149,999)
	ZERO COUPON SWAP	01/04/2021	1	-	(860,233)
	TOTAL SWAPS - SHORT			<u>(212,907)</u>	<u>(30,794,542)</u>
	TOTAL SWAPS			<u>(44,774)</u>	<u>(961,453)</u>
	<u>FOREIGN CURRENCY OPTIONS - PURCHASED</u>				
	PUT CLP VERSUS USD	03/26/2015	15,240	19,187	7,753
	PUT COP VERSUS USD	04/23/2015	20,170	22,893	181,328
	CALL MXN VERSUS EUR	05/04/2015	16,050	24,011	7,297
	CALL MXN VERSUS EUR	05/04/2015	16,050	19,373	4,795
	CALL MXN VERSUS USD	04/08/2015	20,540	29,783	4
	CALL PLN VERSUS EUR	05/06/2015	7,530	9,820	2,125
	CALL PLN VERSUS EUR	05/06/2015	7,620	8,938	685
	CALL RUB VERSUS USD	01/30/2015	10,488	11,030	124
	CALL TRY VERSUS USD	01/16/2015	27,825	35,254	35,218
	CALL USD VERSUS EUR	02/06/2015	23,089	<u>30,739</u>	<u>56,507</u>
	TOTAL FOREIGN CURRENCY OPTIONS - PURCHASED			<u>211,028</u>	<u>295,836</u>
	<u>FOREIGN CURRENCY OPTIONS - WRITTEN</u>				
	PUT BRL VERSUS USD	03/02/2015	9,350	(10,140)	(8,788)
	CALL BRL VERSUS USD	03/02/2015	19,880	(11,930)	(4,588)
	CALL CLP VERSUS USD	03/26/2015	15,240	(14,996)	(4,208)
	CALL COP VERSUS USD	02/12/2015	19,110	(14,447)	(13,805)
	PUT COP VERSUS USD	04/23/2015	3,197	(8,512)	(15,334)
	PUT COP VERSUS USD	04/23/2015	16,703	(43,295)	(78,791)
	CALL COP VERSUS USD	04/23/2015	20,170	(17,306)	(593)
	CALL MXN VERSUS EUR	05/04/2015	16,050	(10,290)	(3,051)
	CALL MXN VERSUS EUR	05/04/2015	16,050	(7,589)	(1,876)
	PUT TRY VERSUS USD	01/16/2015	27,820	(6,287)	(4,988)
	PUT TRY VERSUS USD	01/16/2015	27,825	(23,457)	(3)
	CALL USD VERSUS EUR	02/06/2015	23,089	<u>(14,144)</u>	<u>(23,885)</u>
	TOTAL FOREIGN CURRENCY OPTIONS - WRITTEN			<u>(182,393)</u>	<u>(159,910)</u>
	TOTAL OPTIONS			<u>28,635</u>	<u>135,926</u>
	TOTAL FUTURES CONTRACTS, FOREIGN CURRENCY OPTIONS, AND SWAPS			<u>(16,139)</u>	<u>(3,135,868)</u>
	JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY GROUP ANNUITY CONTRACT			352,316	65,672
	TRUST IN DISSOLUTION			<u>26</u>	<u>39,281</u>
	TOTAL OTHER INVESTMENTS			\$ <u>1,176,724,914</u>	\$ <u>1,197,419,900</u>
	TOTAL ASSETS HELD FOR INVESTMENT PURPOSES			\$ <u>14,842,836,658</u>	\$ <u>17,932,503,279</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, 2014

<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	\$ 4,359,877,652	\$ 4,180,737,310	7,351	-

<b>SCHEDULE G</b> <b>(Form 5500)</b> Department of Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>Financial Transaction Schedules</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2014</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

<b>A</b> Name of plan CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION PLAN	<b>B</b> Three-digit plan number (PN) ►	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF CENTRAL STATES, SE & SW AREAS PENSION FUND	<b>D</b> 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"/>	ARGENTINA MINISTRY OF ECONOMY AND PUBLIC FINANCE, HIPOLITO YRIGOYEN 250 BUENOS AIRES AR	

(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
362,000	0	0	372,015	362,000	10,015

(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"/>	EDUCATION MANAGEMENT LLC 210 SIXTH AVE.  PITTSBURGH PA 15222	

(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
2,034,660	10,992	82,492	2,117,771	2,023,668	94,103

(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"/>	EDUCATION MANAGEMENT LLC 210 SIXTH AVE.  PITTSBURGH PA 15222	

(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
1,488,296	0	0	1,557,750	1,488,296	69,454

<b>(a)</b>	<b>(b) Identity and address of obligor</b>		<b>(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</b>		
<input type="checkbox"/>	MIDWEST VANADIUM PTY LTD BANKWEST TOWER 108 ST. GEORGES TERRACE LEVEL 29 PERTH WA AU 6000				
	Amount received during reporting year			Amount overdue	
<b>(d) Original amount of loan</b>	<b>(e) Principal</b>	<b>(f) Interest</b>	<b>(g) Unpaid balance at end of year</b>	<b>(h) Principal</b>	<b>(i) Interest</b>
1,500,000	0	0	1,737,188	1,500,000	237,188
<b>(a)</b>	<b>(b) Identity and address of obligor</b>		<b>(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</b>		
<input type="checkbox"/>	NII CAPITAL CORP. 1875 EXPLORER STREET SUITE 1000 RESTON VA 20190				
	Amount received during reporting year			Amount overdue	
<b>(d) Original amount of loan</b>	<b>(e) Principal</b>	<b>(f) Interest</b>	<b>(g) Unpaid balance at end of year</b>	<b>(h) Principal</b>	<b>(i) Interest</b>
4,440,000	0	0	4,828,500	4,440,000	388,500
<b>(a)</b>	<b>(b) Identity and address of obligor</b>		<b>(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</b>		
<input type="checkbox"/>	NII CAPITAL CORP. 1875 EXPLORER STREET SUITE 1000 RESTON VA 20190				
	Amount received during reporting year			Amount overdue	
<b>(d) Original amount of loan</b>	<b>(e) Principal</b>	<b>(f) Interest</b>	<b>(g) Unpaid balance at end of year</b>	<b>(h) Principal</b>	<b>(i) Interest</b>
3,145,000	0	0	3,324,855	3,145,000	179,855
<b>(a)</b>	<b>(b) Identity and address of obligor</b>		<b>(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</b>		
<input type="checkbox"/>	NII INTERNATIONAL TELECOM S.C.A. 1875 EXPLORER STEET SUITE 1000 RESTON VA 20190				
	Amount received during reporting year			Amount overdue	
<b>(d) Original amount of loan</b>	<b>(e) Principal</b>	<b>(f) Interest</b>	<b>(g) Unpaid balance at end of year</b>	<b>(h) Principal</b>	<b>(i) Interest</b>
2,255,000	0	0	2,321,593	2,255,000	66,593
<b>(a)</b>	<b>(b) Identity and address of obligor</b>		<b>(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</b>		
<input type="checkbox"/>					
	Amount received during reporting year			Amount overdue	
<b>(d) Original amount of loan</b>	<b>(e) Principal</b>	<b>(f) Interest</b>	<b>(g) Unpaid balance at end of year</b>	<b>(h) Principal</b>	<b>(i) Interest</b>

<b>Part II Schedule of Leases in Default or Classified as Uncollectible</b>					
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



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, 2014

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, 2014

Schedule of Reportable Transactions required by Schedule H, Part IV, Line 4j is included in the Auditor's Opinion.



 Segal Consulting

March 31, 2014

Internal Revenue Service  
Employee Plans Compliance Unit  
Group 7602 (SE:TEGE:EP)  
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, 2014 for the following plan:*

*Name of Plan:* Central States, Southeast and Southwest Areas Pension Plan  
*Plan number:* EIN 36-6044243/PN 001  
*Plan sponsor:* Board of Trustees, Central States, Southeast and Southwest Areas Pension Plan  
*Address:* 9377 West Higgins Road, Rosemont, Illinois 60018-4938  
*Phone number:* 847.518.9800

*As of January 1, 2014, the Plan is in critical 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, MA, EA  
Senior Vice President and Actuary  
Enrolled Actuary No. 11-05773

**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

**2014**

**This Form is Open to Public  
Inspection**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **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, SE AND SW 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 2014

**b** Assets

(1) Current value of assets ..... **1b(1)** 18740758554

(2) Actuarial value of assets for funding standard account ..... **1b(2)** 17028061298

**c** (1) Accrued liability for plan using immediate gain methods ..... **1c(1)** 35189411452

(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)** 35189411452

**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)** 53728073336

(b) Expected increase in current liability due to benefits accruing during the plan year ..... **1d(2)(b)** 511573467

(c) Expected release from "RPA '94" current liability for the plan year ..... **1d(2)(c)** 2859801533

(3) Expected plan disbursements for the plan year ..... **1d(3)** 2896801533

**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 *DVC*  
Signature of actuary

09/01/2015  
Date

DANIEL V. CINER, MAAA  
Type or print name of actuary

1405773  
Most recent enrollment number

SEGAL CONSULTING  
Firm name

312-984-8500  
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

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	18740758554
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
(1) For retired participants and beneficiaries receiving payment .....	206622	31828345983
(2) For terminated vested participants .....	129700	12368993891
(3) For active participants:		
<b>(a)</b> Non-vested benefits .....		553804726
<b>(b)</b> Vested benefits .....		8976928736
<b>(c)</b> Total active .....	65324	9530733462
<b>(4) Total</b> .....	401646	53728073336
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	34.88%

**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
	817323193				
<b>Totals ▶</b>			<b>3(b)</b>	817323193	<b>3(c)</b>
					0

**4** Information on plan status:

<b>a</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. ....	<b>4a</b>	C
<b>b</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....	<b>4b</b>	48.4%
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status, were any adjustable benefits reduced? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date .....	<b>4e</b>	22101623
<b>f</b> If the rehabilitation plan projects emergence from critical 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"/> .....	<b>4f</b>	2026

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

- |                                                            |                                                            |                                                                            |                                             |
|------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> <b>a</b> Attained age normal      | <input type="checkbox"/> <b>b</b> Entry age normal         | <input checked="" type="checkbox"/> <b>c</b> Accrued benefit (unit credit) | <input type="checkbox"/> <b>d</b> Aggregate |
| <input type="checkbox"/> <b>e</b> Frozen initial liability | <input type="checkbox"/> <b>f</b> Individual level premium | <input type="checkbox"/> <b>g</b> Individual aggregate                     | <input type="checkbox"/> <b>h</b> Shortfall |

**i**  Reorganization **j**  Other (specify):

**k** If box h is checked, enter period of use of shortfall method ..... **5k**  

**l** Has a change been made in funding method for this plan year? .....  Yes  No

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

**n** If line l is "Yes," and line m is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method ..... **5n**  

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	3.64%
<b>b</b> Rates specified in insurance or annuity contracts.....	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>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males.....	<b>6c(1)</b>	A
<b>(2)</b> Females.....	<b>6c(2)</b>	A
<b>d</b> Valuation liability interest rate.....	<b>6d</b>	7.50%
<b>e</b> Expense loading.....	<b>6e</b>	14.4% <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A
<b>f</b> Salary scale.....	<b>6f</b>	% <input checked="" type="checkbox"/> N/A
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date.....	<b>6g</b>	15.1%
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date.....	<b>6h</b>	18.6%

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-1278126487	-134693411
3	-22101623	-2329146

**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** Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach 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:

**(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**   4983597170

**b** Employer's normal cost for plan year as of valuation date..... **9b**   282317656

		Outstanding balance	
<b>c</b> Amortization charges as of valuation date:			
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	20899810473	2723904562
(2) Funding waivers.....	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....	9d		599236454
<b>e</b> Total charges. Add lines 9a through 9d.....	9e		8589055842
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any.....	9f		0
<b>g</b> Employer contributions. Total from column (b) of line 3.....	9g		817323193
		Outstanding balance	
<b>h</b> Amortization credits as of valuation date.....	9h	7722057489	1039663178
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i		108624358
<b>j</b> Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	19826942896	
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	32677074737	
(3) FFL credit.....	9j(3)		0
<b>k</b> (1) Waived funding deficiency.....	9k(1)		0
(2) Other credits.....	9k(2)		0
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l		1965610729
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m		
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n		6623445113
<b>9 o</b> Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the 2014 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
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (See instructions.).....	10		6623445113
<b>11</b> 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

**March 31, 2014**

**Illustration Supporting Actuarial Certification of Status (Schedule MB, line 4a)  
ACTUARIAL STATUS CERTIFICATION AS OF JANUARY 1, 2014 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, 2014 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, 2013 actuarial valuation, dated August 7, 2013. Additional assumptions required for the projections and sources of financial information used are summarized in Exhibit V.

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. 11-05773

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**Certificate Contents**

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<b>EXHIBIT I</b>	Status Determination as of January 1, 2014
<b>EXHIBIT II</b>	Summary of Actuarial Valuation Projections
<b>EXHIBIT III</b>	Funding Standard Account Projections
<b>EXHIBIT IV</b>	Funding Standard Account – Projected Bases Assumed Established After January 1, 2013
<b>EXHIBIT V</b>	Actuarial Assumptions and Methodology

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**EXHIBIT I**

**Status Determination as of January 1, 2014**

Status	Condition	Test Component Result	Final Result
<b>Critical Status</b>			
1.	Funding deficiency projected in four years (ignoring any amortization extensions)?		Yes
2.	Funding deficiency projected in five years (ignoring any amortization extensions) AND present value of vested benefits for non-actives more than present value of vested benefits for actives AND normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) greater than contributions for current year?	Yes Yes Yes	Yes
3.	Funding deficiency projected in five years (ignoring any amortization extensions) AND funded percentage less than 65%?	Yes Yes	Yes
4.	Funded percentage less than 65% AND assets plus contributions less than benefit payments and administrative expenses over seven years?	Yes No	No
5.	Assets plus contributions less than benefit payments and administrative expenses over five years?	No	No
6.	In critical status for immediately preceding plan year and funding deficiency projected within ten years?	Yes	Yes
<b>In Critical Status?</b>			
<b>Yes</b>			
<b>Endangered Status</b>			
1.	Funded percentage less than 80% AND not in Critical Status?	N/A N/A	N/A
2.	Funding deficiency projected in seven years AND not in Critical Status?	N/A N/A	N/A
<b>In Endangered Status?</b>			
<b>No</b>			
<b>In Seriously Endangered Status?</b>			
<b>No</b>			
<b>Neither Critical Status Nor Endangered Status</b>			
<b>Neither Critical nor Endangered Status?</b>			
<b>No</b>			



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 updated actuarial projection shows that the Fund is projected to remain solvent until 2026.

Projected Assets (\$ Millions)	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
1. Market value as of January 1	\$18,741	\$17,809	\$16,816	\$15,737	\$14,561	\$13,265	\$11,927	\$10,409	\$8,765	\$6,987	\$5,078	\$3,014	\$814
2. Income statement (market value basis)													
(a) Contributions	586	589	587	583	575	643	556	547	543	550	557	562	236
(b) Withdrawal liability payments	80	80	80	80	80	80	80	80	88	92	96	100	43
(c) Investment income	1,321	1,252	1,177	1,095	1,006	908	807	693	569	436	292	138	12
(d) Benefit payments	2,882	2,875	2,885	2,895	2,917	2,927	2,920	2,921	2,934	2,943	2,964	2,954	1,087
(e) Administrative expenses	37	38	39	39	40	41	42	43	43	44	45	46	20
(f) Net change	(932)	(993)	(1,060)	(1,175)	(1,296)	(1,337)	(1,518)	(1,644)	(1,777)	(1,909)	(2,064)	(2,200)	(814)
3. Market value as of December 31	17,809	16,816	15,737	14,561	13,265	11,927	10,409	8,765	6,987	5,078	3,014	814	0

The actuarial assumptions and methods used for the above projection are as described in Exhibit V, except the following:

- Unless noted otherwise in the data used for the 2013 actuarial valuation, Classes 15 and above (other than YRCW) are assumed to remain under the Primary Schedule, and make all future required contribution rate increases, and Classes 14 and below (other than YRCW) are assumed to elect the Default Schedule, and make all future required contribution rate increases. YRCW is assumed to remain on the Distressed Employer Schedule with no contribution rate increases.
- 15% of the attrition for Classes 15 and above is attributable to voluntary employer withdrawal (Rehabilitation Plan Withdrawals).

**EXHIBIT II**  
**Summary of Actuarial Valuation Projections**

The actuarial factors as of January 1, 2014 (based on projections from the January 1, 2013 valuation certificate):

	<b>January 1, 2014</b>
<b>I. Asset and Contribution Information</b>	
1. Market value of assets	\$18,740,758,554
2. Actuarial value of assets	17,028,061,298
3. Reasonably anticipated contributions	
a. Upcoming year	653,850,439
b. Present value for the next five years	2,622,732,900
c. Present value for the next seven years	3,385,951,469
<b>II. Liabilities</b>	
1. Present value of vested benefits for active participants	4,446,163,205
2. Present value of vested benefits for non-active participants	30,577,822,928
3. Total unit credit accrued liability	35,299,320,836
4. Present value of payments	
a. Next five years	\$12,165,582,696
b. Next seven years	15,978,842,925
5. Unit credit normal cost plus expenses	271,081,468
<b>III. Funded Percentage (I.2)/(II.3)</b>	
<b>IV. Funding Standard Account</b>	
1. Credit Balance/(Funding Deficiency) as of the end of prior year	-\$4,983,597,170
2. Years to projected funding deficiency, if within ten years	0
	<b>Administrative Expenses</b>
	\$161,066,614
	214,546,330
	<b>Total</b>
	\$12,326,649,310
	16,193,389,255
	48.2%

**EXHIBIT III**  
**Funding Standard Account Projections**

The table below presents the Funding Standard Account Projections for the Plan Years beginning January 1, 2013 through 2020.

	Year Beginning January 1,							
	2013	2014	2015	2016	2017	2018	2019	2020
1. Credit balance/(funding deficiency) at beginning of year	-\$3,199,887,650	-\$4,983,597,170	-\$6,793,420,523	-\$8,745,678,004	-\$10,738,883,422	-\$12,743,206,007	-\$14,509,803,271	-\$16,396,258,584
2. Interest on (1)	-239,991,574	-373,769,788	-509,506,539	-655,925,850	-805,416,257	-955,740,451	-1,088,235,245	-1,229,719,394
3. Normal cost	248,497,288	235,398,993	234,837,402	229,585,920	221,282,533	208,905,477	198,623,736	194,003,578
4. Administrative expenses	34,047,429	35,682,475	36,396,125	37,124,048	37,866,529	38,623,860	39,396,337	40,184,264
5. Net amortization charges	1,848,714,019	1,695,824,017	1,689,712,628	1,580,419,980	1,440,981,260	1,072,052,200	1,116,725,139	931,106,892
6. Interest on (3), (4) and (5)	159,844,405	147,517,910	147,070,962	138,534,746	127,509,774	98,968,614	101,605,892	87,397,105
7. Expected contributions	720,371,272	653,850,439	641,220,410	624,949,519	606,008,451	585,728,519	636,915,097	538,531,323
8. Interest on (7)	27,013,923	24,519,391	24,045,765	23,435,607	22,725,317	21,964,819	21,215,939	20,194,925
9. Credit balance/(funding deficiency) at end of year:								
(1) + (2) - (3) - (4) - (5) -								
(6) + (7) + (8)	-\$4,983,597,170	-\$6,793,420,523	-\$8,745,678,004	-\$10,738,883,422	-\$12,743,206,007	-\$14,509,803,271	-\$16,396,258,584	-\$18,319,943,569

*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.*

**EXHIBIT IV**

**Funding Standard Account – Projected Bases Assumed Established After January 1, 2013**

**Schedule of Funding Standard Account Bases**

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Actuarial Gain	01/01/2014	-\$1,190,318,727	15	-\$125,439,925
Actuarial Gain	01/01/2015	-631,556,307	15	-66,555,599
Actuarial Gain	01/01/2016	-365,993,947	15	-38,569,714
Actuarial Gain	01/01/2017	-637,315,366	15	-67,162,508
Actuarial Gain	01/01/2018	-400,764,258	15	-42,233,930

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**EXHIBIT V**

**Actuarial Assumptions and Methodology**

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The actuarial assumptions and plan of benefits are as used in the January 1, 2013 actuarial valuation certificate, dated August 7, 2013, 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.

**Contribution Rates:**

The changes to contribution rates on and after January 1, 2013 were based on formal commitments by the collective bargaining parties settled before January 1, 2014 based on information provided for the January 1, 2014 actuarial valuation.

**Asset Information:**

The financial information as of December 31, 2013 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 match the projected amount in the unaudited financial statement for 2014 and were increased by 2% per year after 2014 and the benefit payments were projected based on the January 1, 2013 actuarial valuation. The projected net investment return was assumed to be 7.5% of the average market value of assets for the 2014-2020 Plan Years. 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, 2013 actuarial valuation, the number of active participants is assumed to decline by 4% per year for 10 years and 2% per year thereafter and the number of employment units (weeks, days, and hours worked) are assumed to be in accordance with the assumptions used in the January 1, 2013 valuation. The decline is increased by 16% per year for the first 5 years and 6% per year for the next 5 years for participants under the Default Schedule.

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 \$80 million per year.

Based on information from the plan sponsor, it is assumed that, as a result of an agreement with YRCW (Contribution Deferral Agreement), the Fund will receive \$8.0 million in annual property sale and interest income during the Calendar years 2014-2019 and the December 31, 2013 balance of \$84,150,155 will grow with 7.5% per year interest, paid monthly, reduced by the property sale income, and will be paid on December 31, 2019.

**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 and the new entrants to have a demographic mix consistent with recent entrants.

This 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 status (Red Zone) as of January 1, 2014.

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 assumption was changed as of January 1, 2014:

- Administrative expenses, previously \$35,400,000, payable monthly.

**EXHIBIT IV (continued)**

**Funding Standard Account**

**Schedule of Funding Standard Account Bases: Amortization Charges as of January 1, 2014 (without amortization extension)  
 (Schedule MB, line 9c)**

Type of Base	Date Established	Amortization Amount	Years Remaining	Outstanding Balance
Plan Amendment	01/01/1993	\$38,762,593	9	\$265,806,864
Plan Amendment	01/01/1994	31,006,198	10	228,791,229
Change in Assumptions	01/01/1995	17,021,296	11	133,856,853
Plan Amendment	01/01/1995	73,323,009	11	576,618,075
Plan Amendment	01/01/1996	25,039,818	12	208,216,710
Plan Amendment	01/01/1997	28,387,074	13	247,968,987
Plan Amendment	01/01/1998	78,124,643	14	712,953,010
Plan Amendment	01/01/1999	77,674,688	15	737,067,051
Plan Amendment	01/01/2000	39,147,195	16	384,704,169
Experience Loss	01/01/2001	70,722,930	2	136,511,703
Plan Amendment	01/01/2001	21,660,666	17	219,671,795
Plan Amendment	01/01/2002	17,972,771	18	187,527,173
Experience Loss	01/01/2002	72,276,217	3	202,052,875
Plan Amendment	01/01/2003	8,357,479	19	89,475,241
Experience Loss	01/01/2003	326,695,126	4	1,176,274,212
Change in Assumptions	01/01/2003	123,927,774	19	1,326,771,870
Experience Loss	01/01/2005	185,462,548	6	935,822,669
Experience Loss	01/01/2006	69,704,771	7	396,888,259
Change in Assumptions	01/01/2006	148,231,625	22	1,691,838,742
Change in Assumptions	01/01/2007	237,812,085	23	2,762,708,415
Plan Amendment	01/01/2009	167,531	10	1,236,189
Experience Loss	01/01/2009	561,524,190	10	4,143,423,565



**EXHIBIT IV (continued)**

**Funding Standard Account**

**Schedule of Funding Standard Account Bases: Amortization Charges as of January 1, 2014 (without amortization extension)  
 (Schedule MB, line 9c)**

Type of Base	Date Established	Amortization Amount	Years Remaining	Outstanding Balance
Experience Loss	01/01/2011	123,801,819	12	1,029,464,639
Experience Loss	01/01/2012	162,390,816	13	1,418,528,963
Change in Assumptions	01/01/2013	42,965,078	14	392,092,439
Experience Loss	01/01/2013	<u>141,744,622</u>	14	<u>1,293,538,776</u>
Total		\$2,723,904,562		\$20,899,810,473

**EXHIBIT IV (continued)**

**Funding Standard Account**

**Schedule of Funding Standard Account Bases (Credits)**

**(Schedule MB, line 9h)**

Type of Base	Date Established	Amortization Amount	Years Remaining	Outstanding Balance
Experience Gain	01/01/2000	\$60,444,208	1	\$60,444,208
Experience Gain	01/01/2004	44,825,572	5	194,961,036
Plan Amendment	01/01/2004	20,969,650	20	229,808,029
Change in Assumptions	01/01/2004	40,431,539	20	443,092,393
Experience Gain	01/01/2007	62,145,950	8	391,308,274
Plan Amendment	01/01/2008	88,507,361	9	606,921,838
Experience Gain	01/01/2008	176,591,671	9	1,210,942,690
Plan Amendment	01/01/2010	1,422,139	11	11,183,817
Experience Gain	01/01/2010	301,688,292	11	2,372,501,155
Plan Amendment	01/01/2011	1,283,693	12	10,674,448
Change in Assumptions	01/01/2011	25,645,809	12	213,255,780
Plan Amendment	07/01/2011	57,365,343	12.5	489,277,400
Plan Amendment	01/01/2012	18,176,560	13	158,777,309
Plan Amendment	01/01/2013	3,142,834	14	28,681,002
Experience Gain	01/01/2014	134,693,411	15	1,278,126,487
Plan Amendment	01/01/2014	<u>2,329,146</u>	15	<u>22,101,623</u>
Total		\$1,039,663,178		\$7,722,057,489

**EXHIBIT IV (continued)**

**Funding Standard Account**

**Schedule of Funding Standard Account Bases: Amortization Charges as of January 1, 2014 (with amortization extension)  
 (Schedule MB, line 9c)**

Type of Base	Date Established	Amortization Amount	Years Remaining	Outstanding Balance
Combined and offset charge	01/01/1992	\$244,872,868	7.48	\$1,831,649,053
Experience Loss	01/01/1993	5,708,926	4	22,835,704
Plan Amendment	01/01/1993	15,393,356	19	292,473,773
Experience Loss	01/01/1994	8,021,838	5	40,109,192
Plan Amendment	01/01/1994	12,167,722	20	243,354,434
Experience Loss	01/01/1995	13,932,561	6	83,595,366
Change in Assumptions	01/01/1995	6,595,241	21	138,500,071
Plan Amendment	01/01/1995	28,409,944	21	596,608,829
Experience Loss	01/01/1996	2,806,665	7	19,646,655
Plan Amendment	01/01/1996	9,572,574	22	210,596,633
Plan Amendment	01/01/1997	10,700,968	23	246,122,256
Plan Amendment	01/01/1998	29,025,961	24	696,623,067
Experience Loss	01/01/1999	11,209,234	10	112,092,342
Plan Amendment	01/01/1999	28,430,936	25	710,773,408
Plan Amendment	01/01/2000	14,111,679	26	366,903,641
Experience Loss	01/01/2001	29,269,585	12	351,235,014
Plan Amendment	01/01/2001	7,687,533	27	207,563,940
Plan Amendment	01/01/2002	6,278,856	28	175,807,966
Experience Loss	01/01/2002	29,937,743	13	389,190,655
Plan Amendment	01/01/2003	2,873,440	29	83,329,751
Change in Assumptions	01/01/2003	42,608,828	29	1,235,656,019
Experience Loss	01/01/2003	135,034,044	14	1,890,476,611

**EXHIBIT IV (continued)**

**Funding Standard Account**

**Schedule of Funding Standard Account Bases: Amortization Charges as of January 1, 2014 (with amortization extension)  
 (Schedule MB, line 9c)**

Type of Base	Date Established	Amortization Amount	Years Remaining	Outstanding Balance
Experience Loss	01/01/2005	185,462,548	6	935,822,669
Experience Loss	01/01/2006	69,704,771	7	396,888,259
Change in Assumptions	01/01/2006	148,231,625	22	1,691,838,742
Change in Assumptions	01/01/2007	237,812,085	23	2,762,708,415
Plan Amendment	01/01/2009	167,531	10	1,236,189
Experience Loss	01/01/2009	561,524,190	10	4,143,423,565
Experience Loss	01/01/2011	123,801,819	12	1,029,464,639
Experience Loss	01/01/2012	162,390,816	13	1,418,528,963
Change in Assumptions	01/01/2013	42,965,078	14	392,092,439
Experience Loss	01/01/2013	<u>141,744,622</u>	14	<u>1,293,538,776</u>
Total		\$2,368,455,587		\$24,010,687,036

\* Bases established through January 1, 2003 are amortized at 0% interest as of January 1, 2014 with the 412(e) amortization extension, which is not reflected in this valuation. On February 12, 2009, the Plan filed an application with the IRS to change the conditions of the amortization extension. Since any condition relief has not yet been obtained, this valuation was completed without recognition of the amortization extension.

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**EXHIBIT VIII**

**Summary of Plan Provisions  
(Schedule MB, line 6)**

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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

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**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 make 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 \$8,638.

---

**Service Credit:** Sum of Contributory Credit and Non-Contributory Credit.

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**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:

<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.

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**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:**

A one-year break is a calendar year with less than 10 weeks of Contributory Credit, Non-Contributory Credit, or Vesting Service.

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.

---

**Retirement Benefits:**

A Participant receives the best of the following benefit types at retirement:

- 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 must be reduced .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 must be 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 Credit if earlier.

---

**Contributory Pension:**

*Eligibility (must meet any of the following):*

- 30 years of Contributory Credit, with at least 1/2 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:*

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 D):**

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):**

<b>Age</b>	<b>25 Years</b>	<b>30 Years</b>
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:**

<b>Age</b>	<b>20 Years</b>	<b>25 Years</b>	<b>30 Years</b>
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	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	

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**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.

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**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.

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**Pre-Retirement Death Benefits:**

**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:*

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:*

Amount \$3,000 under Schedule B or \$2,000 under Schedule A, but not more than 50% of the contributions made for the participant.

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**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

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**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.

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**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.

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**Changes in Plan Provisions**

The following plan provision was changed and is reflected in this valuation:

- During the plan year ended December 31, 2013, 1,013 active participants and 2,585 inactive vested participants were first reported to be covered under the Default Schedule, Distressed Employer Schedule, or were subject to the 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.

**EXHIBIT III**  
**Schedule of Active Participant Data**  
**(Schedule MB, line 8b)**

The participant data is for the year ended December 31, 2013.

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	1,746	564	1,134	48	--	--	--	--	--	--	--
25 - 29	2,956	424	1,697	808	27	--	--	--	--	--	--
30 - 34	3,950	350	1,591	1,380	596	33	--	--	--	--	--
35 - 39	5,083	334	1,477	1,477	1,223	556	16	--	--	--	--
40 - 44	7,245	352	1,552	1,673	1,705	1,427	504	32	--	--	--
45 - 49	9,956	333	1,517	1,649	1,933	2,094	1,626	783	21	--	--
50 - 54	13,109	277	1,351	1,591	2,096	2,279	2,441	2,145	837	92	--
55 - 59	12,733	153	861	1,159	1,564	1,897	2,123	2,367	1,719	832	58
60 - 64	6,799	52	367	560	837	913	1,073	1,177	912	667	241
65 - 69	1,085	8	65	122	167	155	160	121	100	103	84
70 & over	148	2	21	25	18	19	12	15	11	10	15
Unknown	514	252	248	12	2	--	--	--	--	--	--
<b>Total</b>	<b>65,324</b>	<b>3,101</b>	<b>11,881</b>	<b>10,504</b>	<b>10,168</b>	<b>9,373</b>	<b>7,955</b>	<b>6,640</b>	<b>3,600</b>	<b>1,704</b>	<b>398</b>

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**EXHIBIT VII**

**Statement of Actuarial Assumptions/Methods  
(Schedule MB, line 6)**

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**Decrements:**

Rates of Retirement: Table A, except effective July 1, 2011, benefits commence no earlier than age 57

Rates of Withdrawal Prior to Retirement: Table B

Rates of Disability: Table C

Rates of Mortality for Healthy Lives: RP-2000 Combined Healthy Blue Collar Mortality Table (sex distinct), projected on a generational basis using Scale AA for 13 years and Scale BB thereafter as described in Table D

Rates of Mortality for Disabled Lives: According to the RP-2000 Disability Retiree Mortality Table (sex distinct)

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.

The RP-2000 Combined Healthy Blue Collar Mortality Table, projected on a generational basis using Scale AA for 13 years and further projected under Scale BB to the measurement date, reasonably reflects the projected mortality experience of the Plan as of the measurement date. The resulting mortality table was then adjusted to future years using generational projection under Scale BB to reflect future mortality improvement.

**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 12/31/03 are assumed to retire in accordance with the “20-24” rates.



**Table A (continued)**  
**Retirement (%)**

Age	Benefit Class 18**				Benefit Classes 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 12/31/03 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 "Under 20" or "Vested Pension" rates, effective July 1, 2011. 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 applies 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	0.03	0.02	2.26	0.75
25	0.03	0.02	2.26	0.75
30	0.07	0.03	2.26	0.75
35	0.10	0.04	2.26	0.75
40	0.12	0.07	2.26	0.75
45	0.15	0.11	2.26	0.75
50	0.19	0.16	2.90	1.15
55	0.33	0.25	3.54	1.65
60	0.67	0.46	4.20	2.18
65	1.28	0.96	5.02	2.80
70	2.17	1.72	6.26	3.76
75	3.54	2.75	8.21	5.22
80	6.10	4.41	10.94	7.23
85	10.35	7.59	14.16	10.02
90	17.06	13.00	18.34	14.00

\* Rates above are sample rates in 2014. Healthy rates are projected on a generational basis after 2014 using Scale BB.

**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, 2014 actuarial valuation.

**Future Benefit Accruals:** One year of service per year

**Frequency of Employer Contributions:**

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 the participation date.

**Definition of Active Participants:**

Active participants are defined as those reported as Active by Central States 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.

**Percent Married:**

80%

**Age of Spouse:**

Females are three years younger than male spouses.

**Benefit Election:** Married participants are assumed to elect the 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).

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**Net Investment Return:** 7.50% - 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 used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes, as well as the Plan's target asset allocation.

**Annual Administrative Expenses:** \$37,000,000, payable monthly, for the year beginning January 1, 2014 (equivalent to \$35,586,296 payable at the beginning of the year)

**Actuarial Value of Assets:** 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.

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**Actuarial Cost Method:** Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service.

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**Benefit Class:** Plan participants are assumed to remain in their current Benefit Class until termination or retirement.

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**Benefits Valued:** Unless otherwise indicated, includes all benefits summarized in Exhibit VIII.

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**Current Liability Assumptions:**

*Interest* 3.64%, within the permissible range prescribed under IRC Section 431(c)(6)(E)  
*Mortality* 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

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**Estimated Rate of Investment Return:**

*On actuarial value of assets*  
*(Schedule MB, line 6g):* 15.1%, for the Plan Year ended December 31, 2013  
*On current (market) value of assets*  
*(Schedule MB, line 6h):* 18.6%, for the Plan Year ended December 31, 2013

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**Funding Standard Account  
Contribution Timing  
(Schedule MB, line 3(a)):**

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the Funding Standard Account is therefore assumed to be equivalent to a July 1 contribution date.

2014 Schedule MB - Other Attachment  
Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243 / PN 001

**Line 8c**

The 2014 Schedule MB does not reflect the 412(e) amortization extension that was reflected prior to the 2009 Schedule MB. 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, this Schedule MB was completed without recognition of the amortization extension.

5533726v1/10346.006



**March 31, 2015**

**Documentation Regarding Progress Under Rehabilitation Plan (Schedule MB, line 4c)  
ACTUARIAL STATUS CERTIFICATION AS OF JANUARY 1, 2015 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, 2015 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, 2014 actuarial valuation, dated September 3, 2014. 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.



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Daniel V. Ciner, MAAA, EA  
Senior Vice President and Actuary  
Enrolled Actuary No: 14-05773

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**Certificate Contents**

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<b>EXHIBIT I</b>	Status Determination as of January 1, 2015
<b>EXHIBIT II</b>	Summary of Actuarial Valuation Projections
<b>EXHIBIT III</b>	Funding Standard Account Projections
<b>EXHIBIT IV</b>	Funding Standard Account – Projected Bases Assumed Established After January 1, 2014
<b>EXHIBIT V</b>	Solvency Projections
<b>EXHIBIT VI</b>	Actuarial Assumptions and Methodology

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**EXHIBIT I**

**Status Determination as of January 1, 2015**

Status	Condition	Test Component Result	Final Result
<b>Critical Status:</b>			
<b>Determination of critical status:</b>			
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 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 (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 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
<b>Regular emergence test:</b>			
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
<b>In Critical Status? (If any of (C1) through (C6) is Yes then Yes) .....</b>			
		<b>Yes</b>	<b>Yes</b>

<b>Determination of critical and declining status:</b>		
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
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
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
<b>In Critical and Declining Status? (If any of (C7) through (C9) is Yes, then Yes).....</b>		<b>Yes</b>
<b>Endangered Status:</b>		
E1. (a)	Is not in critical status, .....	N/A
(b)	AND the funded percentage is less than 80%? .....	N/A
E2. (a)	Is not in critical status, .....	N/A
(b)	AND a funding deficiency is projected in seven years? .....	N/A
<b>In Endangered Status? (Yes when either (E1) or (E2) is Yes).....</b>		<b>No</b>
<b>In Seriously Endangered Status? (Yes when BOTH (E1) and (E2) are Yes) .....</b>		<b>No</b>
<b>Neither Critical Status Nor Endangered Status:</b>		
<b>Neither Critical nor Endangered Status?.....</b>		<b>No</b>

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 2026. The actuarial assumptions and methods used for this projection are as described in Exhibit VI.B.

**EXHIBIT II**

**Summary of Actuarial Valuation Projections**

The actuarial factors as of January 1, 2015 (based on projections from the January 1, 2014 valuation certificate):

<b>I. Financial Information</b>			
1. Market value of assets			\$17,863,105,558
2. Actuarial value of assets			16,781,283,666
3. Reasonably anticipated contributions			
a. Upcoming year			688,851,179
b. Present value for the next five years			2,825,563,790
c. Present value for the next seven years			3,534,636,719
4. Projected benefit payments			2,893,742,525
5. Projected administrative expenses			42,799,735
<b>II. Liabilities</b>			
1. Ratio of inactive participants to active participants			5.3
2. Present value of vested benefits for active participants			4,360,084,995
3. Present value of vested benefits for non-active participants			30,566,558,680
4. Total unit credit accrued liability			35,165,770,917
5. Present value of payments			
a. Next five years		<b>Benefit Payments</b>	<b>Administrative Expenses</b>
b. Next seven years		\$12,234,876,386	\$193,193,111
6. Unit credit normal cost plus expenses		16,088,222,850	257,339,938
<b>III. Funded Percentage (1.2)/(II.4)</b>			273,750,718
<b>IV. Funding Standard Account</b>			47.7%
1. Credit balance/(funding deficiency) as of the end of prior year			-\$6,623,445,113
2. Years to projected funding deficiency			0
<b>V. Years to Projected Insolvency</b>			11

**EXHIBIT III**  
**Funding Standard Account Projections**

The table below presents the Funding Standard Account Projections for the Plan Years beginning January 1, 2014 through 2021.

	Year Beginning January 1,							
	2014	2015	2016	2017	2018	2019	2020	2021
1. Credit balance/(funding deficiency) at beginning of year	-\$4,983,597,170	-\$6,623,445,113	-\$8,507,992,120	-\$10,432,642,984	-\$12,366,372,819	-\$14,062,196,207	-\$15,874,278,958	-\$17,752,140,510
2. Interest on (1)	-373,769,788	-496,758,383	-638,099,409	-782,448,224	-927,477,961	-1,054,664,716	-1,190,570,922	-1,331,410,538
3. Normal cost	246,731,360	230,950,983	229,280,609	223,327,825	213,512,137	199,607,060	188,065,335	182,698,870
4. Administrative expenses adjusted to beginning of year	35,586,296	42,799,735	43,655,730	44,528,845	45,419,422	46,327,810	47,254,366	48,199,453
5. Net amortization charges	1,684,241,384	1,682,036,930	1,577,310,062	1,442,184,890	1,077,317,194	1,125,799,389	940,336,833	870,632,065
6. Interest on (3), (4) and (5)	147,491,928	146,684,074	138,768,480	128,253,117	100,218,656	102,880,069	88,174,239	82,614,780
7. Expected contributions	817,323,193	688,851,179	677,073,182	662,181,268	643,972,995	693,799,129	555,701,343	536,487,884
8. Interest on (7)	<u>30,649,620</u>	<u>25,831,919</u>	<u>25,390,244</u>	<u>24,831,798</u>	<u>24,148,987</u>	<u>23,397,164</u>	<u>20,838,800</u>	<u>20,118,296</u>
9. Credit balance/(funding deficiency) at end of year:								
(1) + (2) - (3) - (4) - (5) -								
(6) + (7) + (8)	-\$6,623,445,113	-\$8,507,992,120	-\$10,432,642,984	-\$12,366,372,819	-\$14,062,196,207	-\$15,874,278,958	-\$17,752,140,510	-\$19,711,090,036

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.

**EXHIBIT IV**

**Funding Standard Account – Projected Bases Assumed Established After January 1, 2014**

**Schedule of Funding Standard Account Bases**

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Actuarial Gain	01/01/2015	-\$594,482,832	15	-\$62,648,667
Actuarial Gain	01/01/2016	-322,668,524	15	-34,003,931
Actuarial Gain	01/01/2017	-596,383,450	15	-62,848,961
Actuarial Gain	01/01/2018	-362,225,298	15	-38,172,561
Actuarial Loss	01/01/2019	34,698,162	15	3,656,613

**EXHIBIT V**  
**Solvency Projection**

The table below presents the projected Market Value of Assets for the Plan Years beginning January 1, 2014 through 2026.

	Year Beginning January 1,							
	2014	2015	2016	2017	2018	2019	2020	2021
1. Market Value at beginning of year	\$18,740,758,554	\$17,863,105,558	\$16,881,126,867	\$15,812,289,060	\$14,658,047,472	\$13,376,824,164	\$12,035,769,499	\$10,444,971,848
2. Contributions	582,358,731	574,805,811	571,165,233	563,502,681	554,280,189	612,705,066	522,132,459	510,127,262
3. Withdrawal liability payments	232,836,446	120,000,000	120,000,000	120,000,000	120,000,000	120,000,000	80,000,000	80,000,000
4. Benefit payments	2,822,248,295	2,888,100,132	2,896,302,772	2,892,783,934	2,921,588,354	2,941,593,387	2,956,355,431	2,952,535,449
5. Administrative expenses	38,077,564	44,500,000	45,390,000	46,297,800	47,223,756	48,168,231	49,131,596	50,114,228
6. Interest earnings	1,167,477,686	1,255,815,630	1,181,689,732	1,101,337,465	1,013,308,613	916,001,887	812,556,917	692,903,298
7. Market Value at end of year:								
(1)+(2)+(3)-(4)-(5)+(6)	\$17,863,105,558	\$16,881,126,867	\$15,812,289,060	\$14,658,047,472	\$13,376,824,164	\$12,035,769,499	\$10,444,971,848	\$8,725,352,731
	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>			
1. Market Value at beginning of year	\$8,725,352,731	\$6,864,309,999	\$4,835,063,809	\$2,625,782,700	\$253,043,389			
2. Contributions	498,768,852	488,061,847	477,667,580	467,480,904	38,958,222			
3. Withdrawal liability payments	80,000,000	87,000,000	94,000,000	101,000,000	8,750,000			
4. Benefit payments	2,952,176,857	2,975,038,127	2,997,436,221	2,991,028,918	296,903,273			
5. Administrative expenses	51,116,512	52,138,842	53,181,619	54,245,252	4,610,846			
6. Interest earnings	563,481,785	422,868,932	269,669,151	104,053,955	762,508			
7. Market Value at end of year:								
(1)+(2)+(3)-(4)-(5)+(6)	\$6,864,309,999	\$4,835,063,809	\$2,625,782,700	\$253,043,389	\$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, except for the remaining balance of the YRCW Contribution Deferral Agreement, which is assumed to be paid December 31, 2019.



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**EXHIBIT VI**

**Actuarial Assumptions and Methodology**

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The actuarial assumptions and plan of benefits are as used in the January 1, 2014 actuarial valuation certificate, dated September 3, 2014, 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, 2014 were based on formal commitments by the collective bargaining parties settled before January 1, 2015 based on preliminary data as of December 31, 2014.

**Asset Information:**

The financial information as of December 31, 2014 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 match the projected amount in the unaudited financial statement for 2015 and were increased by 2% per year after 2015 and the benefit payments were projected based on the January 1, 2014 actuarial valuation. The projected net investment return was assumed to be 7.5% of the average market value of assets beginning with the 2015 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, 2014 actuarial valuation, the number of active participants is assumed to decline by 4% during the 2014 Plan Year followed by declines of 4% per year for 10 years and 2% per year thereafter. The number of employment units (weeks, days, and hours worked) are assumed to be in accordance with the assumptions used in the January 1, 2014 valuation. The decline is increased by 16% per year for the first 5 years following the year the Default-Schedule applied to a group and 6% per year for the next 5 years for participants under the Default Schedule. On average, 2/3 of active

participants on the Default Schedule are assumed to have become subject to that schedule as of December 31, 2008, and 1/3 as of December 31, 2011.

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.

Based on information from the plan sponsor, it is assumed that, as a result of an agreement with YRCW (Contribution Deferral Agreement), the Fund will receive \$8.0 million in annual property sale and interest income during the Calendar years 2015-2019 and the December 31, 2014 balance of \$81,488,707 will grow with 7.5% per year interest, paid monthly, reduced by the property sale income, and will be paid on December 31, 2019.

**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 and the new entrants to have a demographic mix consistent with recent entrants.

**B. Assumptions for Solvency Projection and Scheduled Progress**

Assumptions for this purpose are the same as shown in Section A with the following exceptions:

- Unless noted otherwise in the data used for the 2014 actuarial valuation, Classes 15 and above (other than YRCW) are assumed to remain under the Primary Schedule, and make all future required contribution rate increases, and Classes 14 and below (other than YRCW) are assumed to have elected the Default Schedule, and make all future required contribution rate increases. YRCW is assumed to remain on the Distressed Employer Schedule with no contribution rate increases.
- 15% of the attrition for Classes 15 and above is attributable to voluntary employer withdrawal (Rehabilitation Plan Withdrawals).

**C. Amortization Extension**

This 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, 2015.

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.

5499852v3/10346.001

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND  
EIN: 36-6044243 PN: 001  
SCHEDULE R – UPDATE OF REHABILITATION PLAN  
DECEMBER 31, 2014

The following 98 pages contain a summary of the updated Rehabilitation Plan and related exhibits.

## **APPENDIX M-1. REHABILITATION PLAN**

### **Section 1. PREAMBLE AND DEFINITIONS.**

This Appendix M-1 is added to the Pension Plan effective on and after March 26, 2008 in order to comply with the requirements of the Pension Protection Act of 2006 (“PPA”). The Central States, Southeast and Southwest Areas Pension Fund (the “Fund”) was 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 Board of Trustees, as the plan sponsor of a “critical status” pension plan, is charged under the PPA with developing a “rehabilitation plan” designed to improve the financial condition of the Fund in accordance with the standards set forth in the PPA. That is the purpose of this Rehabilitation Plan.

Under the PPA, a rehabilitation 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).

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 (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.

However, 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(F) below eliminated or reduced to the extent indicated in Subsection B(1) below.

## **2. Contributions**

Compliance with the Primary Schedule requires annually compounded contribution rate increases 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 below, depending on the year that the new agreement is effective (as shown below). 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.

- Pre-2006 agreements: 7% per year  
(beginning with 2006 agreement anniversary or reallocation dates)
- 2006 agreements: 7% per year
- 2007 agreements: 8% per year
- 2008 agreements: 8% per year
- 2009 agreements: 8% per year

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).

## **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(F) 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 at the time of retirement, 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. 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 C, effective March 26, 2008, all Adjustable Benefits (listed below in Section 2(F)) 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(G) 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.

*Provided, however,* that any Pensioner otherwise subject to the elimination of Adjustable Benefits, due to a Rehabilitation Plan Withdrawal pursuant Subsection C(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.

*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 C(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.

**D. 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 D, effective March 26, 2008, all Adjustable Benefits (listed below in Section 2(F)) shall be eliminated or reduced (to the same extent indicated in Subsection 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.

*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 D, 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.

*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 D, 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.

#### **E. RESTORATION OF ADJUSTED BENEFITS.**

Any Participant who incurs a benefit adjustment or elimination under the terms of Sections 2(A), 2(B), 2(C) or 2(D) 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(G) 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.

## F. 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 Section 4.02); (ii) a 25-And-Out Pension (Pension Plan Section 4.05); or a 30-And-Out Pension (Pension Plan Section 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 ½% 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 ½% per month for each month prior to age 65 at the time of retirement.
- (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.

**G. REHABILITATION PLAN WITHDRAWAL.**

Subject to the discretionary authority of the Board of Trustees indicated in the final clause of this Section 2(G), a "Rehabilitation Plan Withdrawal" occurs on the date 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 (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 Subparas. (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.

### **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 --

- Meet the increasingly stringent requirements of the amortization extension granted to the Fund by the Internal Revenue Service (IRS) in July 2005. The requirements include a funded ratio and a required minimum credit balance requirement (see attached Exhibit B) (pertinent portions of IRS amortization extension).
- Enable the Fund to emerge from critical status in approximately the year 2028.

The annual standards for meeting the requirements of the Rehabilitation Plan are as follows:

- The annual actuarial valuation for the Fund shows that, as of the valuation date, the Fund satisfies the annual funding ratio and required credit balance conditions contained in the IRS amortization extension approval letter.
- 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 continue to satisfy the increasingly more stringent IRS amortization extension requirements.
- Actuarial projections updated for each year show, based on reasonable assumptions, that under the Rehabilitation Plan and its schedules (or as amended from time to time) the Fund is expected to emerge from Critical Status. The Board of Trustees recognize that actual experience may differ from their reasonable assumptions, and therefore the exact year of emergence may be difficult to predict.

### **Section 4. ALTERNATIVES CONSIDERED BY THE TRUSTEES.**

The Board of Trustees considered numerous alternatives (including combinations of contribution rate increases and benefit adjustments) that would satisfy the amortization extension conditions and might enable the Fund to emerge from Critical Status either by the end of ten year PPA Rehabilitation Period (which begins on January 1, 2011 and ends on December 31, 2020). 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 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

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, emergence by the end of the presumptive 10 year Rehabilitation Period could 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 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.

In the last several years, the Trustees have implemented 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 about \$400 million per year of benefit contributions to the Pension Fund;
- ◆ Obtaining the amortization extension with its IRS-imposed conditions; and
- ◆ 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.

The Board of Trustees determined that mandating additional significant benefit cuts, or mandating 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.

**EXHIBIT A**

**Primary Schedule: Contribution Rate Increases By Bargaining Agreement Year  
(all rate increases are to be compounded annually)**

Calendar Year of Contribution Rate Increase	Year of New Bargaining Agreement			
	2006	2007	2008	2009
2006	7%			
2007	7%	8%		
2008	7%	8%	8%	
2009	7%	8%	8%	8%
2010	7%	8%	8%	8%
2011	6%	8%	8%	8%
2012	5%	6%	8%	8%
2013	4%	4%	6%	8%
2014	4%	4%	6%	8%
2015	4%	4%	6%	8%
2016	4%	4%	4%	6%
2017	4%	4%	4%	4%
2018	4%	4%	4%	4%
2019	4%	4%	4%	4%
2020	4%	4%	4%	4%
2021	4%	4%	4%	4%
2022	4%	4%	4%	4%
2023	4%	4%	4%	4%
2024	4%	4%	4%	4%
2025	4%	4%	4%	4%
2026	4%	4%	4%	4%
2027	4%	4%	4%	4%

**EXHIBIT B**

Significant Index No. 0412.00-00

**200620024**

**DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
WASHINGTON, D.C. 20224**

**TAX EXEMPT AND  
GOVERNMENT ENTITIES  
DIVISION**

FEB 22 2006

SE:T:EP:RA:T:A2

In re:

Fund =

Industry =

This letter constitutes notice that your request for a 10-year extension for amortizing the unfunded liabilities described in section 412(b)(2)(B) of the Internal Revenue Code ("Code") and section 302(b)(2)(B) of the Employee Retirement Income Security Act of 1974 ("ERISA"), has been approved subject to the following conditions:

- (1) A credit balance is maintained such that the credit balance is at least as large as the accumulation (at the plan's valuation rate) of the amortized (at the Plan's valuation rate over a period of 15 years) differences between the amortization payments of the extended bases (amortized at the section 6621(b) rate) and the amortization payments of such bases had such bases been extended and amortized at the Plan's valuation rate;
- (2) The Plan's funded ratio, calculated by dividing the market value of Plan assets as of the Plan's valuation date by the Plan's actuarial accrued liability (computed using the unit credit method and the Plan assumptions as of January 1, 2004), is:
  - (a) no less than 59% for each valuation date from January 1, 2005, through January 1, 2011, inclusive;
  - (b) no less than 60% as of January 1, 2012 and as of January 1, 2013;
  - (c) no less than 61% as of January 1, 2014, and as of January 1, 2015;
  - (d) no less than 62% as of January 1, 2016;

**200620024**

- (e) for each valuation date subsequent to January 1, 2016, no less than 1% greater than the floor funded ratio as of the previous valuation date. (For example, because the floor funded ratio as of January 1, 2016, is 62%, the funded ratio must be at least 63% as of January 1, 2017, and 64% as of January 1, 2018); and
- (3) For each plan year that the extension remains in effect, starting with the plan year beginning January 1, 2004, a copy of the actuarial valuation report for each plan year will be provided to this office by September 15 of the following calendar year at the address below:

Your authorized representative agreed to these conditions in a letter dated July 13, 2005. If any one of these conditions is not satisfied, the approval to extend the amortization periods for amortizing the unfunded liabilities would be retroactively null and void. However, the Service will consider modifications of these conditions especially in the event that unforeseen circumstances beyond the control of the Fund cause the actual experience of the Plan to fail the funded ratio condition. An example of such an unforeseen circumstance would include a market fluctuation affecting the value of the Plan's assets. Of course, any request for a modification is considered another ruling request and would be subject to an additional user fee.

The extensions of the amortization periods of the unfunded liabilities of the Plan have been granted in accordance with section 412(e) of the Code and section 304(a) of ERISA. Section 412(e) of the Code and section 304(a) of ERISA authorize the Secretary to extend the period of time required to amortize any unfunded liability (described in section 412(b)(2)(B) of the Code and section 302(b)(2)(B) of ERISA) of a plan for a period of time (not in excess of 10 years) if the Secretary determines that such extension would carry out the purposes of ERISA and would provide adequate protection for participants under the plan and their beneficiaries and if the Secretary determines that the failure to permit such extension would (1) result in (A) a substantial risk to the voluntary continuation of the plan, or (B) a substantial curtailment of pension benefit levels or employee compensation, and (2) be adverse to the interests of plan participants in the aggregate.



## **APPENDIX M-2. REHABILITATION PLAN (INCLUDING 2010 UPDATE)**

### **Section 1. PREAMBLE AND DEFINITIONS.**

An amended Appendix M was added to the Pension Plan effective on and after December 31, 2010 in order to update the Rehabilitation Plan in compliance with the requirements of the Pension Protection Act of 2006 ("PPA"). This Appendix M-2 is added to the Pension Plan in order to incorporate effective as of May 17, 2011, the Distressed Employer Schedule provisions (Section 2(C) and 2(F) below) into the Rehabilitation Plan.

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 for the 2009 and 2010 plan years. The Fund's Board of Trustees, as the plan sponsor of a "critical status" pension plan, is charged under the PPA 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 plan year 2010 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.

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 57<sup>th</sup> 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 H below eliminated or reduced to the extent indicated in Subsection 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.

## **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 ½% 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 ½% 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.

*Provided, however,* that any Pensioner otherwise subject to the elimination of Adjustable Benefits, due to a Rehabilitation Plan Withdrawal pursuant Subsection 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.

*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 Subsection 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.

*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.

*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 Subsection 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.

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.

*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 Section 4.02); (ii) a 25-And-Out Pension (Pension Plan Section 4.05); or a 30-And-Out Pension (Pension Plan Section 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 ½% 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 ½% 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 Section 2(l), 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 Subparas. (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 57<sup>th</sup> birthday and will not be eligible to receive retirement benefit payments of any type until after achieving age 57.

**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 2023. 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 2021.

**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 begins 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 2010, the Trustees concluded that in light of current valuation data, 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 update process 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.

In recent years, the Trustees have implemented 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 about \$400 million per year of benefit contributions to the Pension Fund;

- ◆ Obtaining an amortization extension from the Internal Revenue Service in 2005, and seeking a waiver of the conditions of that extension in 2009 in light of anticipated investment losses resulting from the 2008 collapse of the financial markets;
- ◆ 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; and
- ◆ 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.

The Board of Trustees determined that mandating additional significant benefit cuts (beyond those provided in this updated rehabilitation plan), or mandating 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, accelerate the Fund's insolvency and would be counterproductive to the Trustees' effort to forestall 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 Increase	Year of Initial Bargaining Agreement Conforming to Primary Schedule			
	2006 & Earlier	2007	2008	2009 & Later
2006	7%			
2007	7%	8%		
2008	7%	8%	8%	
2009	7%	8%	8%	8%
2010	7%	8%	8%	8%
2011	6%	8%	8%	8%
2012	5%	6%	8%	8%
2013	4%	4%	6%	8%
2014	4%	4%	6%	8%
2015	4%	4%	6%	8%
2016	4%	4%	4%	6%
2017	4%	4%	4%	4%
2018	4%	4%	4%	4%
2019	4%	4%	4%	4%
2020	4%	4%	4%	4%
2021	4%	4%	4%	4%
2022	4%	4%	4%	4%
2023	4%	4%	4%	4%
2024	4%	4%	4%	4%
2025	4%	4%	4%	4%
2026	4%	4%	4%	4%
2027	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)**

<b><u>Age</u></b>	<b><u>Percent of Age 65 Benefit Based on Actuarial Equivalence</u></b>
65	100%
64	90%
63	81%
62	74%
61	67%
60	61%
59	55%
58	50%
57	46%



## **APPENDIX M-3. REHABILITATION PLAN (INCLUDING 2011 UPDATE)**

### **Section 1. PREAMBLE AND DEFINITIONS.**

An amended Appendix M was added to the Pension Plan effective on and after December 31, 2010 in order to update the Rehabilitation Plan in compliance with the requirements of the Pension Protection Act of 2006 ("PPA"). Appendix M-2 was added to the Pension Plan in order to incorporate effective as of May 17, 2011, the Distressed Employer Schedule provisions (Section 2(C) and 2(F) below) into the Rehabilitation Plan.

This Appendix M-3 is added to the Pension Plan effective on and after December 31, 2011 in order to update the Rehabilitation Plan in compliance with the requirements of the 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 for the 2009 and 2010 plan years. The Fund's Board of Trustees, as the plan sponsor of a "critical status" pension plan, is charged under the PPA 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.

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 57<sup>th</sup> 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.

## **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 ½% 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 ½% 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 Section 4.02); (ii) a 25-And-Out Pension (Pension Plan Section 4.05); or a 30-And-Out Pension (Pension Plan Section 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  $\frac{1}{2}\%$  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  $\frac{1}{2}\%$  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 57<sup>th</sup> birthday and will not be eligible to receive retirement benefit payments of any type until after achieving age 57.

**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 2023. 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 2021.

**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 2010, and again in 2011, the Trustees concluded that in light of current valuation data, 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 and 2011 update process 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.

In recent years, prior to Plan/calendar year 2011, the Trustees have implemented 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 about \$400 million per year of benefit contributions to the Pension Fund;
- ◆ Obtaining an amortization extension from the Internal Revenue Service in 2005, and seeking a waiver of the conditions of that extension in 2009 in light of anticipated investment losses resulting from the 2008 collapse of the financial markets;
- ◆ 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; and
- ◆ 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.

And specifically during the Plan/calendar year 2011, the Trustees have, in addition to continuing with the implementation of the measures listed above, implemented the following measures to improve the Fund's funding:

- ◆ Approved a Distressed Employer Schedule as part of the Fund's Rehabilitation Plan. Pursuant to this Schedule, YRC, Inc. and its affiliate USF Holland, Inc., two distressed (but historically significant) Contributing Employers whose participation in the Fund the Trustees had been terminated by the Board of Trustees in July 2009 due to chronic contribution delinquencies, were permitted to resume Contributions at a rate lower than would have been permitted under the pre-2011 Rehabilitation Plan Schedules. The Trustees determined that this Contribution rate was the highest these Employers could pay without unduly risking their insolvency and dissolution. Therefore, the Trustees permitted these Employers to resume contributions in June 2011 at these lower rates under a newly approved Distressed Employer Schedule; this 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 improve the Fund's funding.
  
- ◆ Adopted a new withdrawal liability method, and obtained 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. Under direct attribution method, the Trustees believe that a Contributing Employer's potential exposure to future withdrawal is virtually eliminated. The Trustees believe that this new "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. This, in turn, will tend to improve the Fund's funding position as Employers who might otherwise withdraw from the Fund are encouraged to continue to participate.

The Board of Trustees determined that mandating additional significant benefit cuts (beyond those provided in this updated rehabilitation plan), or mandating 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, accelerate the Fund's insolvency and would be counterproductive to the Trustees' effort to forestall 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 Increase	Year of Initial Bargaining Agreement Conforming to Primary Schedule						
	2006 & Earlier	2007	2008	2009	2010	2011	2012
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%
2014	4%	4%	6%	8%	8%	8%	8%
2015	4%	4%	6%	8%	8%	8%	8%
2016	4%	4%	4%	6%	8%	8%	8%
2017	4%	4%	4%	4%	6%	8%	8%
2018	4%	4%	4%	4%	4%	6%	8%
2019	4%	4%	4%	4%	4%	4%	6%
2020	4%	4%	4%	4%	4%	4%	4%
2021	4%	4%	4%	4%	4%	4%	4%
2022	4%	4%	4%	4%	4%	4%	4%
2023	4%	4%	4%	4%	4%	4%	4%
2024	4%	4%	4%	4%	4%	4%	4%
2025	4%	4%	4%	4%	4%	4%	4%
2026	4%	4%	4%	4%	4%	4%	4%
2027	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)**

<b><u>Age</u></b>	<b><u>Percent of Age 65 Benefit Based on Actuarial Equivalence</u></b>
65	100%
64	90%
63	81%
62	74%
61	67%
60	61%
59	55%
58	50%
57	46%

## **APPENDIX M-4. REHABILITATION PLAN (INCLUDING 2012 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-4 is added to the Pension Plan effective on and after December 31, 2012 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 2012. The Fund's Board of Trustees, as the plan sponsor of a "critical status" pension plan, is charged under the PPA 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.

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 ½% 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 8(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 Section 4.02); (ii) a 25-And-Out Pension (Pension Plan Section 4.05); or a 30-And-Out Pension (Pension Plan Section 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.

**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 2023. 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 2021.

**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 2010, 2011 and 2012, the Trustees concluded that in light of current valuation data, 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, 2011 and 2012 update process 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.

In recent years, prior to Plan/calendar year 2012, the Trustees have implemented 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 seeking a waiver of the conditions of that extension in 2009 in light of investment losses resulting from the weakness in financial in recent years;
- 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.

And specifically during 2012, the Trustees continued to implement the funding improvement measures listed above, and also amended 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 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.

As part of their responsibility to consider updates to the Rehabilitation Plan for Plan Year 2012, the Board of Trustees also determined that mandating additional significant benefit cuts (beyond those provided in this updated Rehabilitation Plan), or (as noted) mandating 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 Increase	Year of Initial Bargaining Agreement Conforming to Primary Schedule							
	2006 & Earlier	2007	2008	2009	2010	2011	2012	2013
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%
2015	4%	4%	6%	8%	8%	8%	8%	8%
2016	4%	4%	4%	6%	8%	8%	8%	8%
2017	4%	4%	4%	4%	6%	8%	8%	8%
2018	4%	4%	4%	4%	4%	6%	8%	8%
2019	4%	4%	4%	4%	4%	4%	6%	8%
2020	4%	4%	4%	4%	4%	4%	4%	6%
2021	4%	4%	4%	4%	4%	4%	4%	4%
2022	4%	4%	4%	4%	4%	4%	4%	4%
2023	4%	4%	4%	4%	4%	4%	4%	4%
2024	4%	4%	4%	4%	4%	4%	4%	4%
2025	4%	4%	4%	4%	4%	4%	4%	4%
2026	4%	4%	4%	4%	4%	4%	4%	4%
2027	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)**

<b><u>Age</u></b>	<b><u>Percent of Age 65 Benefit Based on Actuarial Equivalence</u></b>
65	100%
64	90%
63	81%
62	74%
61	67%
60	61%
59	55%
58	50%
57	46%

## **APPENDIX M-5. REHABILITATION PLAN (INCLUDING 2013 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-5 is added to the Pension Plan effective on and after December 31, 2013 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 2013. The Fund's Board of Trustees, as the plan sponsor of a "critical status" pension plan, is charged under the PPA 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.

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 ½% 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.

**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 2026. 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 2010, 2011, 2012 and 2013 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, 2011, 2012 and 2013 update process 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.

In recent years, prior to Plan/calendar year 2013, 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 seeking a waiver of the conditions of that extension in 2009 in light of investment losses resulting from the weakness in financial markets in recent years;
- 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 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.

As part of their responsibility to consider updates to the Rehabilitation Plan for Plan Year 2013, the Board of Trustees also determined that mandating additional significant benefit cuts (beyond those provided in this updated Rehabilitation Plan), or (as noted) mandating 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 Increase	Year of initial Bargaining Agreement Conforming to Primary Schedule								
	2006 & Earlier	2007	2008	2009	2010	2011	2012	2013	2014
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%
2016	4%	4%	4%	6%	8%	8%	8%	8%	8%
2017	4%	4%	4%	4%	6%	8%	8%	8%	8%
2018	4%	4%	4%	4%	4%	6%	8%	8%	8%
2019	4%	4%	4%	4%	4%	4%	6%	8%	8%
2020	4%	4%	4%	4%	4%	4%	4%	6%	8%
2021	4%	4%	4%	4%	4%	4%	4%	4%	6%
2022	4%	4%	4%	4%	4%	4%	4%	4%	4%
2023	4%	4%	4%	4%	4%	4%	4%	4%	4%
2024	4%	4%	4%	4%	4%	4%	4%	4%	4%
2025	4%	4%	4%	4%	4%	4%	4%	4%	4%
2026	4%	4%	4%	4%	4%	4%	4%	4%	4%
2027	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))**

<b><u>Age</u></b>	<b><u>Percent of Age 65 Benefit Based on Actuarial Equivalence</u></b>
65	100%
64	90%
63	81%
62	74%
61	67%
60	61%
59	55%
58	50%
57	46%

## **APPENDIX M-6. REHABILITATION PLAN (INCLUDING 2014 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-6 is added to the Pension Plan effective on and after December 31, 2014 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 2011. The Fund's Board of Trustees, as the plan sponsor of a "critical status" pension plan, is charged under the PPA 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.

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.

### **B. 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 ½% 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.

### **3. 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.

**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 2026. 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 through 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 - 2014 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.

In recent years, prior to Plan/calendar year 2014, 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 seeking a waiver of the conditions of that extension in 2009 in light of investment losses resulting from the weakness in financial markets in recent years;
- 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 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.

As part of their responsibility to consider updates to the Rehabilitation Plan for Plan Year 2014, the Board of Trustees also determined that mandating additional significant benefit cuts (beyond those provided in this updated Rehabilitation Plan), or (as noted) mandating 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	2006 & Earlier	Year of initial Bargaining Agreement Conforming to Primary Schedule								
		2007	2008	2009	2010	2011	2012	2013	2014	2015
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%
2017	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%
2018	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%
2019	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%
2020	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%
2021	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%
2022	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%
2023	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
2024	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
2025	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
2026	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
2027	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)**

<b><u>Age</u></b>	<b><u>Percent of Age 65 Benefit Based on Actuarial Equivalence</u></b>
65	100%
64	90%
63	81%
62	74%
61	67%
60	61%
59	55%
58	50%
57	46%



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, 2014

<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
Jack Cooper Transport Company, Inc.	73-0493030	1 account with a CBA expiring 5/31/15 34 accounts with CBAs expiring 8/31/15 2 accounts with CBAs expiring 9/30/15



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, 2014

NAME OF EMPLOYER	EIN	CONTRIBUTION RATE
Jack Cooper Transport Company, Inc.	73-0493030	1 account with a \$148.60 weekly pension rate and 36 accounts with a \$69.60 daily pension rate, resulting in rates per contribution base unit of \$148.60 and \$348.00 for weekly and daily, respectively.
YRC Inc.	34-0492670	231 total pension accounts with pension rates of \$69 weekly, \$14 daily and \$1.75 hourly, resulting in rates per contribution base unit of \$69.00 and \$70.00 for weekly and daily/hourly, respectively.

**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 6047(e), 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

**2014**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

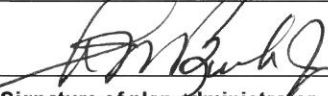

- A** This return/report is for:  a multiemployer plan;  a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or  a single-employer plan;  a DFE (specify) \_\_\_\_\_
- B** This return/report is:  the first return/report;  the final return/report;  an amended return/report;  a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here. . . . .
- D** Check box if filing under:  Form 5558;  automatic extension;  the DFVC program;  special extension (enter description)

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN	<b>1b</b> Three-digit plan number (PN) ▶	001
	<b>1c</b> Effective date of plan	02/01/1955
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND  C/O CENTRAL STATES FUNDS 9377 WEST HIGGINS ROAD  ROSEMONT IL 60018-4938	<b>2b</b> Employer Identification Number (EIN)	36-6044243
	<b>2c</b> Plan Sponsor's telephone number	(847) 518-9800
	<b>2d</b> 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.

<b>SIGN HERE</b>		10/9/15	ARTHUR H. BUNTE, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		10/9/15	CHARLES A. WHOBREY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	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) (optional)			Preparer's telephone number (optional)

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number
<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 401,646
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6a(1)</b> 65,324 <b>6a(2)</b> 64,527 <b>6b</b> 170,543 <b>6c</b> 128,814 <b>6d</b> 363,884 <b>6e</b> 33,608 <b>6f</b> 397,492 <b>6g</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b> 1,565
<b>8a</b> 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>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

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

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

**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 2014 Form M-1 annual report. If the plan was not required to file the 2014 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 \_\_\_\_\_